

# St. Johns Christian School 2022-2023 Enrollment Forms

<input type="checkbox"/> McKay	<input type="checkbox"/> BC
<input type="checkbox"/> SUFS	<input type="checkbox"/> DH680
<input type="checkbox"/> FES	<input type="checkbox"/> DH3040
<input type="checkbox"/> SP/SJBC	<input type="checkbox"/> SSC
<input type="checkbox"/> Records	<input type="checkbox"/> DL
<input type="checkbox"/> Registration	<input type="checkbox"/> Re-Enroll

**School Administration Checklist**

**Student's Legal Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Mailing Address if different** \_\_\_\_\_

**Student's Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex:** M  F

**Place of Birth: City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

White  Black  Hispanic  Asian  American Indian  Hawaiian  Other

**Mother/Legal Guardian** \_\_\_\_\_  
First Last Relationship to Student

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Father/Legal Guardian** \_\_\_\_\_  
First Last Relationship to Student

**Primary Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Student lives with:** mother      father      grandparent      aunt/uncle      legal guardian

**As the Parent/Legal Guardian enrolling my student/s, I** \_\_\_\_\_ **am**  
**responsible for all fees, tuition, and costs not covered by scholarship. \*\*\* SSN #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact OTHER THAN person listed above.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

I attest that all the information above is true and correct to my knowledge, and I have received a copy of the Family Education Rights and Privacy Act.



**SY 22/23 STUDENT MEDICAL INFORMATION**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

MY STUDENT HAS:    ASTHMA    SEIZURES    ALLERGIES    FOOD ALLERGIES    FAINTING SPELLS

OTHER: \_\_\_\_\_

Symptoms: \_\_\_\_\_  
\_\_\_\_\_

How to respond: \_\_\_\_\_  
\_\_\_\_\_

Does your student require an EpiPen? \_\_\_\_\_ Is one available to keep at school? \_\_\_\_\_

**DISPERSING MEDICATION**

In the event of an Emergency, please list all prescription medications taken daily.

**CURRENT MEDICATIONS:**

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

**MEDICATIONS TO BE ADMINISTERED AT SCHOOL:**

**PRESCRIPTION MEDICATION;** SJCS will only administer prescription medication with a doctor's note and instructions. Parents must bring the medication in the **original container**, with the student's name and dosage printed on the prescription label.

**OVER THE COUNTER (OTC) MEDICATIONS;** Parents must bring the medication in the **original container (unopened)**, with their student's name printed on the box of the OTC medication. The school office will administer certain OTC medications that are listed on the Consents Form **ONLY** if the form has been signed.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
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\_\_\_\_\_  
Date

# St. Johns Christian School

## SY 22/23 Consent / Permission

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. FIRST AID & OTC MEDICATIONS:

It is normal within the course of the school year for students to need minor first aid care. Some may result in playing at recess, while others may have a cold or sore throat. For a topical application or an over the counter medication such as Tylenol, the following are supplies we may have on hand.

#### *Topical first aid supplies include:*

Anti-Itch Cream	Ace Bandages	Antiseptic Spray	Antacids
Aspercreme	Band-Aids	Benadryl cream	Calamine Lotion
Hot & Cold Compress	Neosporin	Orajel	Peroxide
Rubbing Alcohol	Visine eye drops	Lavender Essential Oil	Owie Essential Oil

#### *OTC Medications Include:*

Tylenol                      Motrin                      Cough Drops

**Any item on the list is known to be a source of allergic reaction, please cross it off.**

By signing below, I **give consent** for SJCS to administer first aid or OTC medications listed above to my child as needed.

### 2. LUNCHES & TREATS

My student: has permission / does not have permission to participate and consume foods brought in by other students for birthday parties and/or special occasions.

My student is **allergic** to the following foods/ingredients: \_\_\_\_\_

My student **may not eat** the following: \_\_\_\_\_

Special note to teacher: \_\_\_\_\_

### 3. Field Trips

I consent for my student going on various field trips throughout the academic year and agree to release and discharge St. Johns Christian School, it's officers, teachers, and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting or occurring during these activities, or in transit to and from said activities, as stated above.

### 4. Media

I consent to allow **St. Johns Christian School** to take photographs or recordings of my student during the course of their school activities. The school has my permission to use such media in their advertising and promotion.

\_\_\_\_\_  
Parent Signature

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\_\_\_\_\_  
Date



# St. Johns Christian School SY 22/23 Hold Harmless Agreement

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, understand that my student's participation and/or involvement in **St. Johns Christian School, daily activities in the classroom or outside on the grounds, field trips on or off campus, and anything relating to sports or the church or school facility** carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

I further acknowledge that these risks could cause my child, or others around him/her, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or distress to others.

By signing this agreement, I agree to release, indemnify, and hold harmless **St. Johns Christian School & St. Johns Baptist Church**, as well as all {their/its} employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my attendance at **St. Johns Christian School, it's events, programs, etc..**

I also do hereby give permission to **St. Johns Christian School** to seek emergency and/or medical treatment in the event that I cannot be reached.

This hold harmless/release agreement also applies when my child is not on campus; prior to school and/or after dismissal/released under another's recognizance (or their own) as a "walker", bicycle rider, or when not on bus at designated stops.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# St. Johns Christian School

## SY 22/23 Parent/Guardian Certification

Date: \_\_\_\_\_

Affiant (Parent/Legal Guardian Name): \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the Parent/Legal Guardian of \_\_\_\_\_ and therefore have the legal right/authority to enroll him/her in St. Johns Christian School. Additionally, I am financially responsible for any and all fees incurred while enrolled at St. Johns Christian School.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
SSN of Affiant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_ (Affiant).

State of Florida, County of \_\_\_\_\_

Personally Known  Produced Identification

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

Notary Seal

# St. Johns Christian School Request for Student Records

## TO THE PARENT/GUARDIAN

Please complete the following information and return this form to the St. Johns Christian School office with the enrollment form.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I acknowledge notification of this transfer of records as required by St. Johns Christian School and understand that I have a right to receive a copy at my own expense. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## BELOW – OFFICE USE ONLY

### TO THE PRINCIPAL OR RECORDS CLERK

The above named student is applying for admission at St. Johns Christian School. Please send copies of the following forms:

- Official Transcript/Permanent Records
- Most Recent Test Scores
- Most Recent Report Card
- Behavior Records
- Withdrawal Grades
- Immunizations/Health Records
- Special Services Assessments/IEP
- Other \_\_\_\_\_

Please send requested records by: \_\_\_\_\_ mail to: St. Johns Christian School  
938 West River Rd. Palatka, FL 32177  
\_\_\_\_\_ fax to: Phone/Fax: 386-328-2120 (please call before faxing)

All records should be sent "Attention: Amanda Clouser"



## SJCS Dress Code

### Shirts/T-Shirts

- The "uniform" shirt is a polo style shirt with 2 or 3 top buttons and a collar (provided by school)
- **Must be worn every day** as part of the daily dress code unless otherwise allowed for special days
- Any SJCS t-shirts from prior years or from SJBC can be worn on Fridays only.

### Pants

- Uniform style pants (khaki, navy blue, or black) or jeans (holes are allowed below the knee, if above the knee they must be covered with tights/patches behind them.) -not tight, form-fitting, or excessively small or large.
- **Athletic pants are NOT ALLOWED!**
- **Tights are NOT ALLOWED!**
- **Pajama pants are NOT ALLOWED!**

### Shorts/Skorts

- Uniform style must be knee length, in approved school uniform colors (khaki, navy blue, or black) not form-fitting, or excessively small or large.
- **Athletic shorts - soccer, basketball, or loose-fitting athletic shorts are not permitted.**
- **Gym shorts, form fitting shorts, and spandex shorts are not permitted.**

### Dresses/Shirts

- Sleeveless jumper style dresses (uniform style & colors) must be worn over a polo shirt with sleeves.
- Must be knee-length
- Form-fitting dress or skirts are not permitted.

### Shoes

- Tennis shoes/sneakers/athletic shoes that lace up and tie, close with Velcro, or have fitted elastic laces are recommended.
- Flip flops are not allowed.
- Sandals with a back strap may be worn.
- **Noisemaking, wheeled, wedge, or "high heel" style sneakers are not allowed.**
- SJCS K - 6<sup>th</sup> grade students have recess daily, sandals, slip-ons, ballerinas, crocs, slippers, boat shoes, or other footwear styles that are inappropriate for active movement do not allow student safety.
- Boots are not to be worn on PE days.
- **Crocs are NOT ALLOWED!**

### Sweaters/Sweatshirts/Heavy Outer Wear

- Must not have inappropriate images, characters, or wording.
- Heavy outer wear must be taken off once inside the building/classroom
- **Pullover hoodies are NOT ALLOWED** on campus.
- Zip up or button up outer wear only
- Sweaters, sweatshirts, heavy outerwear must be taken off while outside if the outside temperature is 85 degrees or higher. This is a safety matter for all students.

## ADDITIONAL DRESS CODE INFORMATION FOR BOTH BOYS AND GIRLS

- Polo shirts must be worn everyday unless a field trip, special program, or activity is planned, and you are notified by the teacher in advance.
- Students are required to wear items appropriate for their size. Clothes are to fit well and not be tight or baggy.
- Boys' pants are to be worn at the natural waistline.
- Appropriate undergarments are to be worn and not visible.
- Shoes must be always worn.
- Extreme or distracting hair styles and excessive hair accessories are not allowed unless permission is given by the teacher for a special occasion.
- Boys' hair must be neatly groomed, not worn over the eyes, trimmed to the neckline. Boys may not wear ponytails or pigtails.
- Students may not wear any pierced body ornaments. Girls may wear pierced earrings that are not extreme. Boys' earrings must be flesh colored or diamond, gold, or silver studs.
- Clothing, jewelry, cosmetics, or other items that refer to, symbolize, or endorse a culture of groups, gangs, racial prejudice (i.e. - Confederate flag, BLM) drugs, alcohol, satanism, death, immorality, rude/crude/profane wording, or any other items that reference an inappropriate theme for a Christian school (as determined by the administration) are not permitted at any school function, on or off campus. Standardized dress apparel is selected for specific fit and style reasons. SJCS logo clothing items may not be altered.
- Administrators, at their discretion, may not allow any clothing, jewelry, cosmetics, or other items that are determined to be causing a distraction, disruption, or danger.
- From time to time there may be occasions in which students will have other "dress up" or "dress down" requirements. Teachers will inform parents regarding these occasions.

I have read and understand the dress code policy for SJCS.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

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