

### Registration Checklist

- Enrollment Application
- Parent Agreement
- Technology Acceptable Use Policy
- Medical History
- Consent for Treatment
- Medical Administration Form
- Immunization Record Form 121 (new students and seventh graders)
- Copy of Social Security Card (new students)
- Copy of Birth Certificate (new students)
- Copy of Parents Driver's License (new students)
- Tuition Agreement
- \$450 Registration Fee (includes registration, supply, and field trip fee)
- \$400 Monthly Tuition due August 1, 2025 (NOT THE FIRST DAY OF SCHOOL)  
- Tuition is due the first of each month.



120 College Drive  
Pearl, MS 39208  
601.933.0990

### Enrollment Application

New Student       Returning Student: I have reviewed the previous year's application. \_\_\_\_\_  
I have updated and/or added any missing/changed information. \_\_\_\_\_ Initial

#### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Male  Female  DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
State of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Is applicant a US Citizen? Yes  No  Is applicant baptized? Yes  No  If yes, when? \_\_\_\_\_

#### Father | Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
State of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Church/Religion \_\_\_\_\_  
Email \_\_\_\_\_

#### Mother | Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
State of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Church/Religion \_\_\_\_\_  
Email \_\_\_\_\_

#### Family Information

*List children of elementary school age or younger*

Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_  
Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_  
Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_  
Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_

**Emergency Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Previous School Information**

School \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your child ever been dismissed from school? Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved Transportation & Pickup**

*My child is approved to leave campus with the following people.*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent | Guardian Signature**

*I authorize that the above-mentioned information is accurate.*

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

### Registration Fee and Tuition

Registration Fee\* \$450

What does the registration fee go towards?

- Student Liability and Accident Insurance
- Curriculum and Textbook Materials
- Internet and App Subscriptions (IXL, Razkids, Big Ideas Math)
- Internet Filter and Security
- Educational Technology Updates
- Library Fees
- Families will not be required to shop for their own supplies
- Student's School Supplies
- Field trips off campus
- School parties or events held on campus

Tuition \$400 Monthly

What does the tuition fee go towards?

- Teacher's Salaries
- Building Maintenance and Utilities
- Classroom and School Needs

**Student Medical History**

Has your child had: *(Please check all that apply)*

- Measles
- Whooping Cough
- Polio
- Rheumatic Fever
- Scarlet Fever
- Chickenpox
- Diphtheria
- Diabetes
- Heart Disease
- Chorea (St. Vitus' Dance)
- Epilepsy
- Hay Fever or Asthma

List any other serious illness, operations or injuries and the age at which they occurred:

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List any specific allergies your child may have and how they are triggered:

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Has your student ever been around anyone known to have tuberculosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your student ever been skin tested for tuberculosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your student ever had a chest x-ray?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When was your student's last dental visit? *(mm/dd/yyyy)* \_\_\_\_\_

When was your student's last eye exam? *(mm/dd/yyyy)* \_\_\_\_\_

Use the space below to provide any other information that could be important to your student's health:

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***I authorize that the above-mentioned information is accurate and up to date.***

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

Date \_\_\_\_\_

**Consent for Treatment**

I/we the undersigned parents/legal guardians of (student name) \_\_\_\_\_, a minor, do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special supervision of any physician and/or surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before any other physician is called by the school or organization.

It is further understood that this consent is given in advance of any specific diagnosis treatment or hospital care which might be required but is given to provide authority to the treatment facility or hospital care which might be required but is given to provide authority to the treatment facility or the physician to exercise their best judgement as to the requirements of such diagnosis and treatment. It is further understood that reasonable effort will be made to contact the parents/guardians or emergency contact prior to using this consent.

I/we hereby authorize any hospital or physician which has provided treatment to the above-named minor to surrender physician custody of such minor to the above agent upon completion of treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the above-named school or organization entrusted with the custody of said minor, or through the specified dates indicated.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I/we hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions or treatments, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

**Physician Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

**Insurance Information**

Health Insurance Coverage Yes  No

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**I/we understand that we are responsible for any fees incurred that are not covered by insurance.**

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

Date \_\_\_\_\_

**Medication Administration Form**

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their chosen physician has prescribed medication for the student. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the student's name, dosage, physician, pharmacy, and the name of the drug.

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

School \_\_\_\_\_ Grade \_\_\_\_\_

**Statement of Physician**

Medication \_\_\_\_\_ Date of Prescription \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Dosage and Time(s) for administration \_\_\_\_\_

Illness requiring medication \_\_\_\_\_

Possible medication side effects \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**Statement of Parent/Guardian**

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever occasioned by the administration or non-administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_



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### Parent Agreement

#### Student Handbook

I have received the College Drive Christian School Student Handbook. I am aware of the rules and regulations within. I agree to be supportive of these rules and regulations, and to assist my child in observing said rules and regulations. In addition, I agree to supply all information requested by the school in a timely manner.

Initials: \_\_\_\_\_

#### Photo Release

I give permission for my child to participate in pictures for the school to be used for school bulletin boards, class projects, local newspaper, school website, and College Drive Christian School Facebook page.

Initials: \_\_\_\_\_

#### Directory Release

I give permission to publish my student's home address and phone number in the student directory. I understand that this directory is for distribution to other students and parents.

Initials: \_\_\_\_\_

#### Records Release

I realize that in order to admit a new student, College Drive Christian School will request all records from the last school attended. I also understand that if my student withdraws from College Drive Christian School, records will be sent at the request of the new attending school.

Initials: \_\_\_\_\_

#### Parent | Guardian Signature

*I have read all the above items and have initialed all the items that I am in agreement with.*

Parent/ Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



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**Financial Agreement**

**Tuition Agreement**

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

The College Drive Christian School registration is \$450 due by August 1, 2026\*

First month’s tuition of \$400.00 is due by August 1, 2026.

- I understand that my tuition payment of \$400.00 is due on or before the first of each month and can be paid by check or money order mailed to:  
     College Drive Christian School  
     120 College Drive  
     Pearl, MS 39208
- There is also a lock box on the office door where payments may be deposited. The student’s name should be written on the check to insure credit to the proper account.
- You may also pay online at [www.collegedrivechristianschool.com](http://www.collegedrivechristianschool.com) using AdventistSchoolPay, a Secure Socket Layer (SSL) encrypted website that safeguards information using the latest industry-standard security methods available. AdventistSchoolPay accepts the following methods of payment, however it is recommended to pay via electronic check to reduce the credit card fees charged to the school.
  - Electronic Checks (direct withdrawal from your checking account)
  - Debit cards (cards with the Visa or MasterCard logos)
  - Visa
  - MasterCard
  - Discover Network

**Statement of Responsibility**

Each student is accepted at College Drive Christian School with the understanding that his/her parents or legal guardian is/are responsible for the legal aspects of his/her attendance, regardless of age. These include, but are not limited to, the following:

- Payment of the account
- Damage to property
- Liability through altercation

**Parent | Guardian Signature**

Parent/ Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## **Technology Acceptable Use Policy**

As a Christian school we encourage our students to present a positive impression of God, church, school, family, and personal character. We understand that wherever our students and staff are they represent not only College Drive Christian School but Jesus Christ. At College Drive Christian School, we provide educational opportunities and learning for today and tomorrow, through the implementation and use of technology. With this opportunity also comes a responsibility to act in a responsible and ethical manner for the benefit of the entire student body.

College Drive Christian school is committed to the effective and safe use of technology and the school blocks internet access to inappropriate and questionable internet sites. This Technology Acceptable Use Policy is to ensure students are making appropriate and ethical use of technology within the classroom.

### **DEFINITIONS**

**Artificial Intelligence** - refers to the integration of computer systems and tools that simulate human thinking—such as reasoning, problem-solving, learning, and language processing. This can include tools like chatbots, personalized learning software, writing assistants, and data-driven tutoring systems.

**Chatroom** - an area on the Internet or other computer network where users can communicate.

**Copyright Laws** - protection of the ownership and usage rights for creative works including works of art, written word, and media.

**Computer Virus** - malicious software program loaded onto a user's computer that performs malicious actions.

**Cyber Bullying** - bullying that takes place over digital devices like cell phones, computers, and tablets, through SMS, Text, and apps, or online in social media or gaming where people can view or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, mean content about someone else, or sharing personal or private information about someone else causing embarrassment or humiliation.

**Download** - computer is receiving data from the Internet such as web pages, images, and files.

**Social Media** - websites and applications that enable users to create and share content or to participate in social networking such as Facebook, Instagram, Twitter, Tik Tok, Snapchat, Tumblr.

**Tablets** - a mobile device typically with a touchscreen such as an iPod, Kindle Fire, Nook, Galaxy Tab.

**Upload** – sending data from a computer to the Internet include sending email, posting photos on a social media site, and using a webcam.

## **ACCEPTABLE USE**

- I will use the computers and tablets only to do schoolwork.
- I will use the Internet only in ways the teacher has approved.
- I will be polite and considerate when I use the computer.
- I will follow copyright laws and give appropriate credit to sources and internet sites as needed for content. If in doubt I will ask the supervising teacher or adult for specific guidance in these matters
- If I have or see a problem, I will not try to fix it myself, but I will tell the teacher.
- My teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.
- I will only use artificial intelligence when approved by the teacher.

## **UNACCEPTABLE USE**

- I will not store, save, or download material that is not related to my schoolwork and without the expressed permission of the teacher.
- I will not give my password to anyone else, and I will not ask for or use anyone else's password.
- I will not put on the computer my address or telephone number, or any other personal information about myself or anyone else.
- I will not log into social media accounts or chat rooms on College Drive Christian School computers and devices.
- I will not use social media to humiliate or threaten other students, teachers, or staff even when I am not on school grounds.
- I will not take photos, videos, or audio record another student, teacher, or staff member and upload or link them without my teacher's permission.
- I will not bring any software or other unauthorized computer related materials into the school setting.
- I will not play games that a teacher has not approved or use games or other electronic resources that have objectionable content or that engage me in an inappropriate activity.
- I will not try to see, send, or upload anything that says and/or shows obscene language, pornography, or violence.
- I will not try to see, send, or upload anything that is harassing, insulting, or attacking anyone's race, religion, or gender.
- I will not damage the computer or anyone else's work willfully or as a result of inappropriate behavior. This includes the uploading or creation of computer viruses, taking food or drink near computers, and not following teacher direction carefully so as not to harm the equipment.
- I will not waste or take supplies, such as paper, printer ink, cartridges, or flash drives.
- I will not disrupt the learning environment of any class whether it is in a physical or online setting.
- I know that the conduct that is forbidden in school is also forbidden when I use computers outside of school if it interferes with other students' education, and if I break the rules there will be consequences in school.
- I will not use artificial intelligence without my teacher's permission.

## CONSEQUENCES

For major offenses students will meet with the principal and any damages incurred are the responsibility of the student and/or parents. The following steps will be taken for students who do not comply with the Technology Acceptable Use Policy:

1. Written Warning and/or Failing Grade
2. Parent/Teacher Conference
3. Loss of technology use for one or more weeks
4. Appear before the school board
5. Suspension
6. Suspension with possible expulsion

## STUDENT AND PARENT TECHNOLOGY ACCEPTABLE USE AGREEMENT

I, \_\_\_\_\_ (student name) understand that technology is a privilege not a right and if I do not follow the acceptable use policy there will be appropriate consequences to protect myself and the whole student body.

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

\_\_\_\_\_  
Date

I understand that College Drive Christian School is concerned for the physical, mental, emotional, and spiritual welfare of my student not only in the physical presence of the school but the virtual as well. I understand that technology is a privilege not a right for my student. I, also, understand that the Technology Acceptable Use Policy not only pertains to my student's activity, but to mine as well. I will uphold the Acceptable Use Policy for the benefit of my student, the student body, and College Drive Christian School.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Emergency Soiling Assistance Permission Form**

**(Pre-K & Kindergarten Students)**

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

School Year: \_\_\_\_\_

Because students in Pre-K and Kindergarten are expected to be fully potty trained, parents/guardians are typically contacted in the event of a bowel movement accident requiring assistance.

However, in situations where a parent/guardian cannot arrive at the school within a reasonable time, the school may need to assist a child with necessary cleaning to ensure the child's health, comfort, and dignity.

By signing below, I acknowledge and agree to the following:

- I understand that school staff are generally not permitted to physically assist students with toileting.
- In the event of a bowel movement accident, I will be contacted as soon as possible.
- If I am unable to come to the school in a reasonable amount of time, I give permission for designated school personnel to assist my child with necessary cleaning and hygiene.
- I understand that assistance will be limited to what is reasonably necessary and will be conducted in a manner that maintains my child's privacy and dignity.
- I understand that verbal consent may also be requested at the time of the incident.

\*This permission is valid for the current school year unless revoked in writing.

Parent/Guardian Name (Printed): \_\_\_\_\_

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

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

Primary Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_