

EMERGENCY INFORMATION

Responsible adult (18 years or older) to contact and pick up child if parent cannot be reached:

Name _____ Phone _____ Relationship to Student _____

Additional authorized adults to pick up child: (Only those listed on this form may pick up child.):

Name _____ Phone _____ Relationship to Student _____

Name _____ Phone _____ Relationship to Student _____

Name _____ Phone _____ Relationship to Student _____

MEDICAL INFORMATION

Give a brief medical history (list family physician, hospital preference, any physical limitations, and allergies). The appropriate medical forms, regardless of student's State of residence, must be on file before the first day of school for all new students, incoming kindergarten students, and incoming 6th graders as required by the Indiana Department of Health to attend school.

Does the student have a life threatening allergy or physician documented allergy plan? Yes / No

Does the student have a physician documented asthma action plan? Yes / No

**If YES to either an allergy or asthma plan, a copy must be submitted as part of the registration process.*

STUDENT INFORMATION

Is the **student** a U.S. citizen? Yes / No

Is the **student** Hispanic or Latino? Yes / No

If the **student** was not born in the U.S.,
What is the country of birth? _____

Ethnicity/Race	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	White
<input type="checkbox"/>	Multi-Racial
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

STUDENT HISTORY

Has the student ever been suspended, asked to withdraw from school, or expelled? Yes / No

Has the student ever been retained in a grade? Yes / No

Has the student ever been recommended for academic or psychological testing? Yes / No

Has the student ever received accommodations or modifications, including IEP, 504, behavior plan, etc.? Yes / No

Has the student had any history of trouble with legal authorities? Yes / No

Has the student previously applied to attend ECS? Yes / No

***If you answered "yes" to any of the questions above, please provide complete details below (use a separate sheet if necessary).** _____

Describe the student's interests, talents, abilities. _____

Is there any further information which may assist in your child's success at ECS? _____

How did you hear about ECS/ECS was recommended by? _____

Reason(s) for selecting ECS? _____

REFERENCES

Provide the names of two references, including pastors, principal/teachers (at least one is REQUIRED for those applying to ECS for 1st-8th grade), preschool teachers (if applicable, for those entering kindergarten), and/or current ECS parents.

Name	Phone & Email Address	Relationship

FINANCIAL COMMITMENT - See the Tuition & Fee Schedule for more information.

INDICATE DESIRED TUITION PAYMENT PLAN (may pay via ACH*)

- Option 1 – Single Payment due August 1
- Option 2 – Two Payments – due August 1 and January 1
- Option 3 – Ten Payments – due monthly August 1 through May 1

Which parent is the first person ECS should contact regarding financial matters? _____

If more than one person is paying on the account, please contact the Business Manager to discuss allocations.

The ACH option is available for parents. You will receive a monthly statement, generated around the 15th of each month detailing the charges to be debited from your bank account the following month. For example, you will receive a statement around May 15th for the amount to be withdrawn from your bank account on either June 1st or June 15th (you select the date). The June 1st and July 1st Book/Supply and Technology fee payments will be made via ACH; but, tuition & BASC will be spread over 10 months (Aug.–May).

*** An Authorization Form must be submitted to set up the automatic bank transfers. A new form is NOT required each year unless your banking information has changed. Forms are available in the school offices and on-line.**

For School Choice & Tuition Assistance - Specific deadlines apply. ECS is a participant in the Indiana School Choice programs including vouchers and special opportunities for kindergarten students. In addition, ECS administers a tuition assistance program to supplement the State programs and for families who do not qualify for the State programs. These programs work together to provide low- and middle-income families with a choice of the best school to meet their needs and support their values. We encourage all families with potential financial needs to inquire about the programs. Contact the school office for current information and applications.

MINISTRY SUPPORT

The costs involved in operating ECS exceed the amount that is charged in tuition and fees. Please prayerfully consider supporting our ministry. **Donations to ECS are tax-deductible as permitted by law.** Donations may be made at anytime with one option as part of your payment plan (indicate below). Further, donations may also be made via automatic monthly bank transfer (ACH), regardless of whether or not you select the ACH option above. ACH Forms are available on-line and in the school offices.

Optional Donation—\$_____ (please indicate amount)

- I would like the indicated annual amount to be spread evenly over my payment plan selected above
- I would like to be contacted to obtain my credit/debit card information to make my donation(s)

Desired Use of Donated Funds

- Area of Greatest Need
- Worthy Servant's Fund
- Tuition Assistance
- Technology
- Athletics
- Music/Fine Arts
- Other (call to discuss)

*To donate to the SGO Grant and make the gift of a Christian education to a student, your gift may be eligible for a 50% Indiana state tax CREDIT. Donations must be made through www.I4QED.org and choose ECS as your designated school. If you have any questions or would like to give with a check, please contact the school office.

DIRECTORY WAIVER

ECS publishes a Student Directory, in RenWeb, including the names of all students and parents' home addresses, email addresses, and home phone numbers. The directory is for parent and internal use only; it is not published on our website. If you desire to have this information published, do nothing. **If you do NOT want to have the information included in the Student Directory, please indicate by signing below.** Only the student's name will remain on the class page.

Parent/Guardian's Signature _____

(To be included in the directory, do **NOT** sign)

STATEMENT OF AGREEMENT

I certify that all statements provided by us are true. Further, in making application for my child, it is my desire to have him/her complete the school year. I understand that admission to Evansville Christian School is a privilege and not a right. I understand that ECS has a religious purpose, that it is a religious school that adheres to biblical standards in teaching and conduct, and that breach of this standard can lead to dismissal of the student.

I understand that Evansville Christian School promotes a biblical worldview based on their Articles of Faith. While students are always encouraged to ask questions about beliefs of biblical faith and other faiths, it is not permitted to actively promote a worldview outside of what ECS endorses through its Articles of Faith.

I commit to cooperate with the teachers/staff and accept the responsibility of obeying the rules by which the school is operated, including those contained in the Student Handbook (available on-line or may be viewed in the school offices). I commit to resolve all school-related conflicts by applying Biblical principles and in accord with the teaching of Matthew 18:15-17.

I/We hereby attest that I/we have primary/joint legal/physical custody of my/our child and that no other person has primary/joint legal/physical custody of the student. I/We acknowledge and agree that ECS may release the child to the custody of any person possessing primary/joint legal/physical custody of the student and to any person duly authorized **in writing** by any person possessing primary/joint legal/physical custody of the student. I/We promise to notify ECS immediately **in writing** of any change regarding which persons have primary/joint legal/physical custody of the student and any change regarding the authority of ECS to release the student to the persons designated above. Additionally, I/we promise to notify ECS immediately **in writing** of the existence of any custody dispute involving the child, including any custody dispute existing at the time of this Agreement.

I agree to meet my financial obligations as indicated above and as due. I understand that the commitment, registration, and book/supply fees are non-refundable. Further, if the book/supply fees, technology fees, and August 1 tuition are not paid as due, ECS reserves the right to withdraw my child.

I understand that I am responsible for any collection costs incurred in securing payment on my account if it becomes delinquent. If the past due account is assigned to a third party collection agency, a collection fee equal to 50% of the unpaid balance will be added to the account. I agree to pay any attorney fees, or other legal fees incurred in the collection process.

I understand that if a language other than English has been indicated, my child will be tested to determine if they qualify for English language development services. If entered into the program, I understand my child will be entitled to English language development services, which are limited to minor modifications of the educational program, and will be tested annually to determine English proficiency.

If I need to withdraw my child, I understand a written or electronic notice must be provided. Further, I understand that my account will continue to be charged until notice is submitted. Upon notice, I will be released from future tuition obligations; however, I understand that my student's records will not be released until our account is paid in full.

I give permission for my child to take part in all school activities, including athletics and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school/during any school activity.

I understand that during the course of the school year, my child's likeness may be captured in photographs or video. I agree to allow Evansville Christian School to use photographs or video footage of my child for promotional purposes.

I give permission for information regarding my child's medical condition, treatment and/ or allergy to be shared with staff and faculty as needed. If my child is in need of immediate medical attention and I cannot be contacted, I give permission for any necessary treatment by medical personnel. I/We also waive and release ECS from any liability in regards to this circumstance.

I have read, understand, and agree to be bound by this Agreement and the policies and standards contained in the ECS Student Handbook. I/We have also reviewed the policies and standards with my child and I will be responsible to make sure that he/she and I will follow the policies and standards in the Student Handbook.

Both custodial parents must sign or submit legal documentation.

Custodial Father's Signature _____ Date _____

Custodial Mother's Signature _____ Date _____