



# High Plains Christian School

A balanced preparation for service in this world and a focus on your eternal walk with Christ.

## Application for Admission: Parent Agreements

Please initial each line below:

\_\_\_\_\_ I agree to meet my monthly financial obligations to the school.

\_\_\_\_\_ I agree to cooperate with the school board and teachers by avoiding adverse criticism of any teacher or school policy in the presence of the students.

\_\_\_\_\_ I have read the school handbook and agree to support each regulation of the school.

\_\_\_\_\_ I hereby authorize the school board to send, upon request, the permanent records to the next school to which my child may enroll.

\_\_\_\_\_ High Plains Christian School has permission to use my child's name, picture, and video for school-related materials (yearbook, bulletin boards, HPCS website and church website, newsletters, fundraising, brochures, etc.)

\_\_\_\_\_ I hereby give permission to take my child on all field trips with High Plains Christian School. I understand that I will be notified in advance of all field trips. I will express in writing to the classroom teacher if I do not wish for my child to attend a field trip.

I understand that my child's attendance at High Plains Christian School is a privilege and not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with school requirements, the school reserves the right to terminate my child's enrollment at its discretion.

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from school premises. I absolve the school from all liability in the event my child is injured at school or during a school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and all other phases of the curriculum.

I pledge not to interfere with the school in its efforts to administer discipline to my child in accordance with the standards the school has for itself. If my child voluntarily withdraws or is requested to withdraw by the school, I understand and accept that no refund of registration fee or monthly tuition will be made.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



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## PREVIOUS EDUCATION RECEIVED

Has your child repeated any grade? \_\_\_\_\_ If yes, what grade: \_\_\_\_\_

Has your child ever been expelled, dropped, or suspended by any school? \_\_\_\_\_

Has your child been treated for a nervous, mental, or emotional disorder? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## Parent Release Form for Students with Special Academic Needs

**We do affirm our commitment accepting the breadth and scope of High Plains Christian School's program, realizing that the school cannot mee the educational needs of all children. The school retains the right, after careful evaluation and examination, to deny admission to any student whose needs are not best met by its program. High Plains Christian School does not discriminate on the basis of age, race, color, disability, or national origin in its dealings with employees, students, and the general public, applicants for employment, education programs, activities, or access to its facilities.**

Is your child currently receiving any services or accommodations while at school? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

We the parents of \_\_\_\_\_, desiring a Christian environment for our  
Name of Child

child and understanding that High Plains Christian School is not able to meet all of the special academic needs of our child, do hold harmless the school from all liability in its efforts to provide an education for our child.

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

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

\_\_\_\_\_  
School Administrator Signature Date



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## TRANSPORTATION AUTHORIZATION

Besides the primary caregivers listed in the student's application, the following individuals are authorized to pick up my child(ren) from school in emergency, early pick-up, and regular dismissal situations:

name	(cell) phone number	relationship
name	(cell) phone number	relationship
name	(cell) phone number	relationship
name	(cell) phone number	relationship

\_\_\_\_\_ I give my permission for the school to dismiss my child(ren) to walk home from school.

Initials

The following person(s) are **NOT** authorized to pick up the student:

name	relationship	helpful information
name	relationship	helpful information
name	relationship	helpful information
name	relationship	helpful information

## IMMUNIZATION RECORD/WAIVER

State law requires that your child be immunized or that you sign a waiver for immunizations to be kept on file. You must bring an updated copy of your student's immunization record to school before they start.

If you do not immunize your child, please sign and date this form.

\_\_\_\_\_ I choose to NOT VACCINATE my child.  
Initial                  Date



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## Consent to Treat Authorization

**Only designated staff will have access to the completed form. This form will be stored in a locked file.** This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Address

Parent/Guardian Information:

Father/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Other Phone

Mother/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Other Phone

Please give the name of a relative or friend who has consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named person, notify the school in writing.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Please give the name of your local family physician to be called in case your child becomes ill or has an accident at school and you cannot be reached:

\_\_\_\_\_  
Family Physician Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Physician's Office Name and City

Please list allergies to substances and medications:

\_\_\_\_\_

If on regular medication, please specify: \_\_\_\_\_

\_\_\_\_\_  
Date of Last Tetanus Shot

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

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

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## Acceptable Use Policy Information Technology Resources

High Plains Christian School is pleased to offer students access to the school's information technology resources, including the computer and Internet, for educational purposes. To gain access to these resources, the legal parent/guardian and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and, therefore, choose to make the Internet available to our students. But because parents and guardians are ultimately responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access.

The school's information technology resources are for educational purposes only. Since they are provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege—not a right. Access entails responsibility. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Respect and safeguard the privacy of themselves and others.
  - Use only assigned accounts.
  - Not view, use, or copy passwords, data, or networks to which they are not authorized.
  - Not share private information about others or themselves.
- Respect and safeguard the integrity, availability, and security of all electronic resources.
  - Observe all posted security practices.
  - Report security risks or violations to a teacher.
  - Not destroy or damage data, networks, or other resources that do not belong to them, without clear permission of the owner.
  - Conserve, protect, and share these resources with other students and internet users.
- Respect and safeguard the intellectual property of others.
  - Not infringe copyrights.
  - Not plagiarize.
- Respect and practice the principles of community.
  - Communicate only in ways that are kind and respectful.
  - Report threatening or discomfoting materials to the teacher.
  - Not intentionally access, transmit, copy, or create materials that violate Christian principles or that are illegal (such as messages that are threatening, rude, discriminatory, harassing, stolen, illegal copies of copyrighted works, etc.).
  - Not use the resources to further other acts that are criminal or violate the school's principles.
  - Not send spam, chain letters, or other mass unsolicited mailings.
  - Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.



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Violations of these rules may result in a loss of a student's privileges to use the school's information technology resources, as well as other disciplinary or legal action.

School administrators and other authorized individuals monitor the use of information technology resources to help confirm that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information technology resources in order to further safeguard the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

Your signature below affirms your understanding of, and agreement to abide by, this Acceptable Use Policy. Any violation of the standard as set forth herein may result in the immediate termination of the student's access to the school's information technology resources and/or other disciplinary action.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

### When using iPads or computers at school I will:

- **Respect Others**
- **Respect Myself**
- **Respect the Teachers**
- **Honor God**

\_\_\_\_\_  
Student Name (please print)

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date



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## Request for Release of Student Records

School Name: \_\_\_\_\_.

City and State: \_\_\_\_\_

To Whom It may Concern:

The following students has enrolled in, or been accepted to, High Plains Christian School.

_____	_____
Name of Student	Date of Birth

Please forward all school records that are needed for this change of schools.

- Cumulative Folder and/or report cards
- Withdrawal Grades – with your grading key
- Health and Psychological Records
- Academic Testing Information

If for any reason your school is not able to release these records, please advise us immediately.

Thank you for your assistance.

_____	_____
Parent's Signature	Date

_____	_____
School Official's Signature	Date