



PO Box 509  
Gladwin, MI 48624

[office@skeelschristianschool.com](mailto:office@skeelschristianschool.com)

# Student Enrollment Form

School Year: 2023/2024

## Nonrefundable Enrollment Fee

Preschool - 12th Grade:

\$150 Feb 15 - May 31

\$250 After May 31

**FOR OFFICE USE ONLY**

10 monthly payments (August - May)

Tuition paid in full (August 5% Discount)

Opt out of Family Service Hours - Pay \$100

### 1. Student Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Enrolling Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### MEDICAL HISTORY / HEALTH CONCERNS

Please indicate any allergies, medications, and/or health conditions/concerns our staff should be aware of. For children entering K or 7th grade, we MUST receive an updated **Immunization Record OR a waiver** (if undervaccinated) from the Health Department by October 2nd, 2023.

None

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

### 2. Student Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Enrolling Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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None

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

### Family Address:

\_\_\_\_\_

**We provide important school communication through an email and texting platform. Please provide the owner of and the phone number(s) and email(s) to be used in the system.**

Phone 2: \_\_\_\_\_ Name: \_\_\_\_\_

Phone 3: \_\_\_\_\_ Name: \_\_\_\_\_

Email 1: \_\_\_\_\_ Name: \_\_\_\_\_

Email 2: \_\_\_\_\_ Name: \_\_\_\_\_

Email 3: \_\_\_\_\_ Name: \_\_\_\_\_

## Student Enrollment Form, Pg. 2

Primary Care Physician or Preferred Health Clinic	Physician or Health Clinic Phone Number
Name of Insurance Carrier	Health Insurance Policy Number

### Name, Contact Numbers, & Relationship of Persons to be Notified in an Emergency When Parent(s) Not Available

1)	2)
3)	4)

### In making this application, I understand that:

Tuition costs are established by the SCS Board of Education. It is the intent of the Board that tuition will remain the same throughout the academic year and will not be impacted by school closures caused by natural disasters, illness, building damage, weather conditions, or other unforeseeable factors.

1. My cooperation is expected in regular tuition payment, practical help, fulfilling Family Service Hours, and faithful prayer support. All accounts from the previous semester must be paid in full before continuing the second semester or re-enrolling for the next year unless previous arrangements have been made with the administration. Warning letters will be sent out prior to the end of the semester.
2. I will bring any complaints directly to the appropriate teacher or administrator without engaging in destructive verbal criticism of the school or its staff in the presence of my child or friends.
3. The administration has full responsibility for placing my child in the proper grade.
4. The school has full discretion in the classroom discipline of my child.
5. Attendance at Skeels Christian School is a privilege and the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
6. I will not allow my child, presently enrolled or transferring to SCS, to utilize class work (i.e. answer keys, class notes, tests, quizzes, homework, labs, etc.) from this or another school that will undermine their responsibilities academically.
7. For my child to participate in scheduled field trips and other school activities, I understand that they will be transported in private vehicles.
8. I give permission to SCS to secure emergency medical and/or emergency surgical treatment for my child if needed.
9. I understand Skeels Christian School does not carry medical insurance on it's students. Parents are encouraged to consult with an insurance professional to make sure that their child is covered in transportation to/from, and while at, Skeels or any Skeels events off of campus.

We are willing to have our child(ren) trained in accordance with the above statements.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_