



PO Box 509
Gladwin, MI 48624

office@skeelschristianschool.com

Student Re-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: _____

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: _____

Father Name: _____ Email: _____

Phone: Cell: _____ Home: _____ Work: _____

Address: _____

Mother Name: _____ Email: _____

Phone: Cell: _____ Home: _____ Work: _____

Address: _____

We provide important school communication through an email and texting platform. Please (circle) phone numbers and emails to be used in the system.

Father's Cell Father's Email Other: _____

Mother's Cell Mother's Email Other: _____

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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)
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Family Church Information

Church Name: _____

Church Address: _____

Lead Pastor's Name: _____

Family Church Attendance: Weekly Occasionally Rarely

Other Information: _____

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.

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

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____