

Kingdom Academy



ADMISSION PACKAGE NEW STUDENT

VERSION 2016-2017

Admission Package

Any parent who is interested in enrolling a child in Kingdom Academy of Bluffton, Inc. should request an Admission Package from the school. The package contains the following materials:

- Page:
2. Admission Procedures
 3. School Registration
 4. Student Application Form
 5. Statement of Parents or Guardian
 6. Student Health Record
 7. Waiver Form for Immunizations
 8. Medication Form
 9. Permission for CHIRP access
 10. General Waiver – Field Trips
 11. Visual Health Form (Kindergarten only)
 12. Request for Student Records
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Admission Procedure

1. Request an Admission Package from the school or download from the web site.
2. Read the enclosed literature carefully.
3. Fill out all of the forms in the Admissions Package and return them to the school.

School Registration

For each child, please give the following completed forms to one of the board members or mail to Kingdom Academy:

- Student Application Form**
- Statement of Parents or Guardian**
- Student Health Record**
- Immunization Records or Waiver Form for Immunizations**
- Medication Form**
- Permission for CHIRP access**
- General Waiver – Field Trips**
- Birth Certificate (Photo-Copy) (Initial admission only)**

BOOK FEES

GRADES	K through 6th	\$175.00
	7 th through 12th	\$225.00

Make the check payable to Kingdom Academy of Bluffton, Inc., send to the school address, and note it is for book fees.

STUDENT APPLICATION FORM

Student's name _____ Birthdate _____ Grade _____

Address _____

City/State/Zip code _____

Last School Attended (If applicable) _____

I have read and will support the Kingdom Academy Handbook.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Guardian _____ Date _____

Home/Cell Telephone _____

Parental place of employment _____

Work Telephone _____

Statement of Parents or Guardian

We understand the policies and standards of Kingdom Academy and pledge our support of the school and its administration.

1. Kingdom Academy of Bluffton, Inc. has full discretion in the discipline of our child.
2. Kingdom Academy of Bluffton, Inc. has full discretion for grade placement of our child regardless of the grade completed prior to transfer.
3. Kingdom Academy of Bluffton, Inc. can expect our practical help and prayerful support in a mutual effort to train our children.
4. Kingdom Academy of Bluffton, Inc. reserves the right to suspend or dismiss any student who does not cooperate with the education process.

This form is kept on file and only needs to be filled out once per family.

Father _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____

Student Health Record

Name _____ Age _____

Address _____

City _____ State _____

Date of Birth _____ Sex: M / F

Name of Parents/Guardian _____

Home/cell Phone _____

PREVIOUS DISEASES, CONDITIONS AND TESTS (include dates):

Chickenpox _____ Diabetes _____

Asthma _____ Seizures _____

Surgeries _____

Allergies _____

List other health problems?

Is child on any medication? _____ If yes, please list:

Signature _____ **Date** _____

Waiver Form For Immunizations

IN ACCORDANCE WITH THE STATE OF INDIANA CODE 20-8,1-7-2, 2.5, PARENTS WHO HAVE A STRONG CONVICTION AGAINST THEIR CHILD BEING IMMUNIZED, OR PARENTS WHO HAVE A CHILD WITH A MEDICAL CONDITION PREVENTING IMMUNIZATIONS MUST SIGN THIS RELEASE FORM EXEMPTING THEIR CHILD FROM BEING IMMUNIZED. THIS SIGNED DOCUMENT WILL BE KEPT ON FILE AT THE SCHOOL OFFICE AND MUST BE DATED AT THE BEGINNING OF EACH SCHOOL YEAR.

I UNDERSTAND AND AGREE THAT THIS RELEASE SHALL HOLD ANY TEACHER, EMPLOYEE OR OTHER PERSON ENGAGED IN THE OPERATION OF THE SCHOOL FAULTLESS OF ANY AND ALL LIABILITY RELATING TO MY DECISION TO WITHHOLD IMMUNIZATION FROM MY CHILD.

IT IS FURTHER UNDERSTOOD THAT NO CHILD WILL BE ALLOWED TO ATTEND KINGDOM ACADEMY OF BLUFFTON, INC. WITHOUT STATE REQUIRED IMMUNIZATIONS UNTIL THIS FORM IS SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN.

PLEASE INITIAL ONE:

____RELIGIOUS EXEMPTION

____MEDICAL EXEMPTION (MUST HAVE A SIGNED FORM FROM YOUR PHYSICIAN)

STUDENT'S NAME _____

SIGNATURE OF PARENT OR GUARDIAN

DATE _____

MEDICATION FORM

For Student: _____

This student, if in need of medication for pain or discomfort, may with my permission and under the supervision of a responsible staff member, take the following initialed medication once during normal school hours unless written instruction by the parent is noted. If the school medication is administered, a written note will be sent home with the child.

The following medications are kept at school:

Please initial and sign below:

(36-47 lbs) or 4-5 yrs ___ Children’s Acetaminophen 160 mg (1 Jr. chew)

 ___ Children’s Ibuprofen 100 mg (1 Jr. chew)

(48-71 lbs) or 6-10 yrs ___ Children’s Acetaminophen 320 mg (2 Jr. chews)

 ___ Children’s Ibuprofen 200 mg (2 Jr. chews)

(72-95 lbs) or 11 yrs ___ Children’s Acetaminophen 480 mg (3 Jr. chews)

 ___ Children’s Ibuprofen 300mg (3 Jr. chews)

(>96 lbs) or 12 yrs ___ Acetaminophen (1) 360 mg reg,

12 yrs and older ___ Ibuprofen 200 mg (1-2)

13 yrs and older ___ Acetaminophen reg. str. 360 mg (1-2) or ES 500 mg (1-2)

*Other Medication _____

Dates/Time/Dosage _____

***Other medication must be sent to school in the original container with a written request that the student be permitted to take it.**

Signature of Parent or Guardian _____ **Date** _____

I do not wish my child to have any of the medication listed above without first notifying me:

Signature of Parent or Guardian _____ **Date** _____

PERMISSION FOR CHIRP ACCESS

Every year Kingdom Academy is required to send immunization records or waivers to the state. This is recorded online at a site called CHIRP. Kingdom Academy cannot access CHIRP without your consent. You may refuse consent. Please fill out the form accordingly.

PLEASE FILL OUT ONLY ONE FORM PER FAMILY

CHILD’S INFORMATION:

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

PARENT OR GUARDIAN:

I GIVE Kingdom Academy consent to access my child’s records on CHIRP.

NAME (print) _____ DATE _____

SIGNATURE _____

I DO NOT GIVE Kingdom Academy consent to access my child’s records on CHIRP.

NAME (print) _____ DATE _____

SIGNATURE _____

General Waiver – Field Trips

No child will be allowed to participate in an activity until his/her parent or guardian signs this form. It is understood that each child will be properly restrained according to Indiana law.

I hereby certify that my son/daughter, _____, has permission to participate in school field trips during the 2016-2017 school year. I have the choice to decline his/her participation when notified about specific field trips.

I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activity, from all claims, present and future, known or unknown, in any manner arising out of the activity.

I further understand and agree that this release shall hold any teacher, employee, or other person engaged in field trip activities, harmless from any and all liability relating to my son/daughter for any and all personal injury or illness that may be suffered by my son/daughter. I also agree to hold them harmless from any loss of property by my son/daughter that may occur during the field trip activities.

Signature of Parent
or Guardian _____ Date _____

EMERGENCY MEDICAL RELEASE

In case of an emergency in my absence, I give permission to the school authorities, or its representatives, to obtain medical treatment for my child.

Signature of Parent
or Guardian _____ Date _____

VISUAL HEALTH FORM

Good eyesight is recognized as essential to the learning process. It is required that children receive an evaluation of their vision prior to their enrollment in the Kindergarten program.

At the time of the examination, please ask your eye care specialist to complete this statement, and then return it to the school nurse.

Name: _____ Age: _____

VISUAL ACUITY: Uncorrected right eye _____ left eye _____

Corrected right eye _____ left eye _____

DEFECT: Myopia _____ Hyperopia _____ Astigmatism _____

Binocular co-ordination _____ Tropias _____

Phorias _____ Convergence _____ Supression _____

Stereopsis _____ Color Vision _____

TREATMENT: Glasses _____ If required, how are they to be worn? _____

ANY SPECIAL SEATING ARRANGEMENT NEEDED FOR THE CLASSROOM _____

REFERRAL: Medical _____ Surgical _____

Visual Training _____ No Rx at present _____

RECOMMENDATION FOR RE-EVLUATION: _____ Weeks _____ Months _____ Years

COMMENTS:

Date

Signature or Eye Care Specialist

HEALTHRECVISION

**Request for Student Records
(This is only required when a student initially transfers to Kingdom Academy from another school)**

Dear Sir/Madam,

My children, whose names are listed below, have been withdrawn from your school. Please release their academic and health records, and send them to the school whose name and address appear below.

Thank You

Student's Name(s)	Age	Grade Level at Time of Withdrawal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

KINGDOM ACADEMY OF BLUFFTON, INC.
225 FERGUSON PARK COURT
BLUFFTON, IN. 46714

Signature of Parents _____ Date _____

(or Guardian) _____ Date _____

Signature of Principal _____ Date _____

Supply List For Students

- Kindergarten-
Blanket and pillow for nap time
Crayons
Scissors
2 Big Glue Sticks
1 Big bottle of glue
#2 lead pencils
Large eraser
Pencil Box/Bag to store supplies
1 box Kleenex
2 Folders with pocket and holes for binder
Gym shoes for gym class
Addition / Subtraction (1-20) flashcards (for home summer between K and 1st grades)
- First, Second and Third Grades
approximately 10 #2 lead pencils- (make sure your child has pencils through out the year)
Large eraser
Box of crayons
Scissors
2 Big Glue Sticks
Pencil box/bag to store supplies
Ruler (metric & inches)
2 boxes of Kleenex
2 assorted folders with pockets
Water bottle
Bible (optional)
Dictionary (for 3rd grade students)
2 notebooks
- Fourth, Fifth and Sixth Grades
12 #2 lead pencils
Large eraser
Hi-liter
2 boxes of Kleenex
KJV Bible
Notebook paper
Webster's pocket dictionary
2 folders with pockets
Crayons or colored pencils
Scissors
Glue (list continued on next page)

Supply List For Students (Continued)

Fourth, Fifth and Sixth Grades (continued)	Protractor (6th grade) Red grading pen Ruler
Seventh - Eighth	12 #2 lead pencils Large eraser Ruler (metric & inches) Hi-liter 1 box of Kleenex Red grading pen KJV Bible (2) 3-ring binders Loose-leaf paper for one binder Spiral bound single subject notebooks for Mr. Bertch's class A journal (or composition notebook) Computer headset with microphone for Rosetta Stone Protractor Calculator for Algebra I students
Ninth through Twelfth Grade	Graphing calculator (Algebra I and up) 12 #2 lead pencils Large eraser Hi-liter 1 box of Kleenex Red grading pen KJV Bible Spiral bound single subject notebooks for Mr. Bertch's class Loose-leaf paper for one binder (3) 3-ring binders A journal (or composition notebook) Computer headset with microphone for Rosetta Stone Ruler Protractor Compass for Geometry

*There may be additional items needed during the school year.

NON-DISCRIMINATION POLICY

Kingdom Academy of Bluffton, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school administered programs.