

ADMISSION PACKAGE NEW STUDENT



Version 2020-2021

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 & Emergency Medical Release 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. Visual Health Form (Kindergarten only)
11. 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 & Emergency Medical Release Form

Statement of Parents or Guardian

Student Health Record

Immunization Records or Waiver Form for Immunizations

Medication Form

Permission for CHIRP access

Birth Certificate (Photo-Copy) (Initial admission only)

Note: Field trip permission forms will be sent home prior to each planned trip.

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 & EMERGENCY MEDICAL
RELEASE FORM**

Student's name _____ Birthdate _____ Grade _____

Address _____

City/State/Zip code _____

Last School Attended (If applicable) _____

By signing below, I acknowledge the following:

- 1) I have read and will support the Kingdom Academy Handbook.**
- 2) 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 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)

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

(72-95 lbs) or 11 yrs ___ Children’s Acetaminophen 480 mg (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 _____

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 K through 6th Grade Students

Kindergarten and First Grade	2 folders with pockets Blanket and pillow for quiet time Crayons Scissors 2 Big Glue Sticks 1 Big bottle of glue #2 lead pencils Pencil Box/Bag to store supplies 1 box Kleenex Clorox wipes Family and friends pictures
Second and Third Grades	#2 pencils mechanical pencils (optional) 1 package of small erasers for the top of #2 pencils or large eraser 1 small box of crayons 1 scissors 1 glue stick 1 pencil box or zip pouch 1 box of Kleenex 1 Clorox wipes (brand does not matter) 1 folder 1 water bottle (preferably one that doesn't fall over easy)
Fourth, Fifth and Sixth Grades	#2 pencils or mechanical pencils Pencil top erasers or large eraser 1 box of Kleenex KJV Bible Notebook paper Webster's dictionary or pocket dictionary or dictionary/thesaurus 2 folders with pockets Crayons or colored pencils Scissors Glue Red grading pen

(list continued on next page)

Supply List For Students (Continued)

Fourth, Fifth and Sixth Grades (continued) Ruler with inches and centimeters
Protractor (clear) (6th grade)
Compass (for drawing circles) (6th grade)

MS/HS Supply List

All Middle and High School Students

- KJV Bible
- 1 box of Kleenex
- 1 ream of copy paper

Literature Classes (grades 7-11)

- 2” 3-ring binder
- College-ruled paper (HS)
- Regular-ruled paper (MS)
- Dividers for binder
- Journal or Composition book
- Red pen
- Highlighter
- 5 pencils - #2 lead
- Two photographs showing your summertime favorite funtimes! (on vacation or at home)

Grammar (7-8)

- 1” 3-ring binder
- Regular ruled paper
- Headset with microphone for Rosetta Stone-Latin

Math Classes

- 2” 3-ring binder
- Loose leaf lined paper for binder
- Tabbed dividers for binder (optional for organization)
- Pencil bag that can fit in the 3-ring binder to help hold supplies
- 5 pencils - #2, or equivalent mechanical pencils
- Inch & centimeter ruler that can be stored in pencil bag or directly in 3-ring binder
- Protractor & compass that can be stored in pencil bag
- TI-83 Plus graphing calculator (for HS only)

Kingdom Academy

of Bluffton, Inc.

225 Ferguson Park Court
Bluffton IN 46714

Foreign Language

- Headset with microphone

History

- Notebook of paper (any size)
- Red grading pen
- Plenty of pencils to take notes (any type)

Science

- Notebook of paper (any size)
- Red grading pen
- Plenty of pencils to take notes (any type)

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

If your child is beginning 8th grade, please contact Mr. Bertsch to find out information about 21st Century Scholars and/or RaiseMe to get funds for college. You can also visit the following websites: www.raise.me www.scholars.in.gov

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.