

Kingdom Academy



ADMISSION PACKAGE RETURNING STUDENT

Version 2017-2018

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. Medication Form
- 6. Student Health Record Yearly Update
- 7. Waiver Form for Immunizations
- 8. Permission For CHIRP Access
- 9. General Waiver – Field Trips
- 10. Supply List For Students
- 11. Supply List For Students, continued
- 12. Non-discrimination Policy

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**
- Student Health Record Yearly Update**
- Permission for CHIRP Access**
- Medication Form**
- General Waiver – Field Trips**

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

Please add or note any changes.

Student's name _____ Birthdate _____ Grade _____

Address _____

City/State/Zip code _____

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 _____

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** _____

Student Health Record Yearly Update

Name _____ Age _____

Please initial any changes or write “same” and sign at the bottom

ANY KNOWN HEALTH PROBLEM THE PAST YEAR

Asthma _____ Seizures _____

Surgeries _____

Allergies _____

Other

Is child on any medication? Yes/No

If yes, please list:

List any new immunizations: _____

Parent _____ **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 PHYSCIAN)

STUDENT'S NAME _____

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

CHILDREN'S INFORMATION:

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 _____

Kingdom Academy

of Bluffton, Inc.

225 Ferguson Park Court
Bluffton, IN 46714

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 _____

Supply List For Students

Kindergarten-	2 folders with pockets 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 Water bottle (optional) 1 watercolor set 1 spiral bound notebook Clorox wipes Family and friends pictures
First, Second and Third Grades	#2 pencils or mechanical pencils(optional) Large Eraser Small box of crayons Scissors Glue stick Pencil Box Ruler 2 Boxes of Kleenex Clorox Wipes 1 Folder Water Bottle Bible Dictionary (3rd grade only)
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 Grades	12 #2 lead pencils, large eraser, highlighter, red grading pen (2) 2" 3-ring binders (one for math, one for english) Loose-leaf lined paper for one binder Spiral bound single subject notebooks for Mr. Bertch's class A journal (or composition notebook) Ruler (metric & inches) Protractor Calculator for Algebra I students 1 box of Kleenex KJV Bible
Ninth through Twelfth Grades	12 #2 lead pencils, large eraser, highlighter, red grading pen Spiral bound single subject notebooks for Mr. Bertch's class (2) 2" 3-ring binders (math & english) Loose-leaf lined paper Graphing calculator (Algebra I and up) Ruler, Protractor, Compass for Geometry 1 ream of copy paper KJV Bible

*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.