

Start of School Year Packet
School Year 2018 - 2019

Student Information

Full Name: _____ Nickname: _____
Home Address: _____
Home Phone: _____ Birthdate: _____
Student Lives With: _____ Relationship: _____
Food Allergies: _____
Acute/Chronic Health Problems: _____
Medications: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Company: _____ Phone: _____
Policy #: _____ Group #: _____
Siblings: _____

Parent / Guardian Information

Father: _____ Mother: _____
Address: _____ Address: _____
Place of Work: _____ Place of Work: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email Address: _____ Email Address: _____
Stepmother: _____ Stepfather: _____

- Would like information sent to both addresses
- Please use Father email address as primary email *or*
- Please use Mother email address as primary email

In Case Of Emergency

Please list in order who to call first

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Carpool Information:

The following people/family may pick up my child(ren)

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Student Medical, Liability, Permission Release Form
School Year 2018 - 2019

Child's Name: _____ Birthday: _____

Yes No - Is your child presently being treated for any injury or sickness, taking any medication, or carrying any emergency medication?

Medication	Dose	Taken For

Yes No - Does your child have any allergies or allergic reactions to any form of medications?

Medication	Reaction

Yes No - Does your child require a special kind of diet?

Dietary need	Reason

Yes No - Does your child have any physical handicap or illness preventing his / her participation in any physical activity?

Physical limitation	Non-Participating activity

Yes No - Does your child sleepwalk?

Yes No - My child CAN swim.

Yes No - Is your child aware of their allergies?

Yes No - Is your child aware of their limitations?

Student Medical, Liability, Permission Release Form page 2

PARENT / GUARDIAN: MEDICAL TREATMENT CONSENT

I, the undersigned being the parent or legal guardian of the child named herein do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment which may be deemed necessary for my minor child. Furthermore, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for my child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor. I furthermore understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Furthermore, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my Insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. The policy of the church or organization sponsoring this event will be used as the secondary coverage. In Addition, I agree to notify Skopos Christian School in the event of any health changes which may restrict my child's participation in any youth activities for which this form stands.

PARENT / GUARDIAN: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent / legal guardian of the child named herein do hereby consent to the participation of my child in all Skopos Christian School activities and trips for the current year. This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically able to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisor's reserves the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. Furthermore, I agree to notify Skopos Christian School about any changes to the information provided on this form. I understand all reasonable safety precautions will be taken by the leaders of this activity and the possibility of an unforeseen hazard does exist. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including injuries that may prove fatal. I understand that the risks my child may be exposed to include the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, as well as any and all risks that may not be foreseeable. I agree that I will discuss with my child the importance of following all directions of the activity leaders. For the sole consideration of Skopos Christian School arranging for my child to participate in all activities occurring in the current year. I hereby release and discharge Skopos Christian School, its officers, agents, volunteers and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities.

Signature of Parents:

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Date: _____

Date: _____

Yearly Field Trip Parental Agreement Form
School Year 2018 - 2019

Name of Student: _____

Address: _____

Name of Parent(s) or Guardian: _____ Phone: _____

Emergency Name and Phone: _____

Medical Insurance Information: Provider: _____

Doctor Name: _____ Member #: _____ Group #: _____

Permission is hereby granted for the above-named student to participate in **ALL** school sponsored events. In case of accident or injury, permission is granted for medical treatment to be administered, as needed.

I/we acknowledge that, in the event of an injury or accident, our own medical insurance takes priority. In the case that I/we are not adequately insured in the case of injury or accident, I/we agree personally to assume the risks of ourselves and our family.

I/we agree to be responsible to pay for said transportation to transport my child home if they disqualify themselves during the event. Disqualifications may occur if my child commits a major violation such as inappropriate conduct with the opposite sex, possession and/or use of tobacco, alcohol, or illegal substances, or unwillingness to follow the instructions of the leader in charge. The leader in charge will determine if disqualification is necessary and parents will be contacted.

I/we agree to not hold Skopos Christian School or the staff/chaperones of this activity responsible in case of an illness, accident, or accidental death that my child might incur while on activity or being transported to or from this activity.

Signature of Parents:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Date: _____ Date: _____

Student Agreement:

I agree to abide by the policies and rules set forth by the chaperones of this event. If I have difficulty doing this, I understand that the chaperones may call my parents, which may result in me having to return home early before the completion of this activity, at my own expense.

Print Name: _____ Signature: _____

Date: _____

Photo Release Form
School Year 2018 - 2019

I, _____, give Skopos Christian School permission to use photos and/or video of my student, _____, in any category I have checked off below.

<input type="checkbox"/>	Posted in hallways or classrooms at school
<input type="checkbox"/>	School Website (www.skoposcs.org)
<input type="checkbox"/>	School's Social Media sites
<input type="checkbox"/>	Advertising Materials
<input type="checkbox"/>	School Newsletters
<input type="checkbox"/>	School Yearbook

By signing this form, I release Skopos Christian School, their staff, and any affiliated member from all liability related to the ownership and use of photos and video used in accordance with the instructions in this form.

Signature of Parents:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Date: _____ Date: _____

Internet & Computer Use Policy

Skopos Christian School believes that the benefits to educators and students from access to the Internet in the form of information resources and opportunities for collaboration exceed any disadvantages of access. Ultimately, parent/guardians of minors are responsible for setting and conveying the standards that their child should follow.

Every computer user has the responsibility to respect and protect the rights of every user in our community and on the Internet. Skopos Christian School students are expected to act in a responsible, ethical, and legal manner. Using online services is a privilege, not a right, and the privilege may be revoked at any time for unacceptable conduct.

Unacceptable conduct includes, but is not limited to, the following:

- Using online services for any illegal activity including violation of copyright for other contracts
- Using online services for financial and commercial gain
- Degrading or disrupting equipment or system performance
- Vandalizing the data of another user
- Wastefully using finite resources
- Gaining unauthorized access to resources or entities
- Invading the privacy of individuals
- Using an account owned by another user without authorization
- Posting personal communications without the author's consent
- Posting anonymous messages
- Placing of unlawful information on a system
- Using abusive or otherwise objectionable language in either public or private messages
- Sending of "chain letters" or "broadcast" messages to lists or individuals and any other types of use that would cause congestion of the networks or otherwise interfere with the work of others
- Accessing pornography or other information or graphics intended for adults only
- Accessing social media or other non-school-related websites during class hours

No student shall be permitted to access the Internet at Skopos Christian School without an adult present at all times, and all students are required to follow the directions of the supervising teacher or TA regarding Internet usage. It is possible for all users of the Internet (including your child) to access information that is intended for adults only. Although Skopos Christian School has taken reasonable steps to ensure the Internet connection is used only for purposes consistent with the curriculum and purposes of the school, Skopos Christian School cannot prevent the availability of inappropriate material elsewhere on the Web. Computer security cannot be made perfect and it is likely that a determined student could make use of computer resources for inappropriate purposes. Therefore it is the responsibility of every student to hold her/himself to a high standard of ethical behavior regarding Internet access at school, acknowledging that all infractions will be dealt with according to the standards laid out in the Skopos Christian School Handbook.

Student Signature:

Print Name: _____ Signature: _____
Date: _____

Parent Signature:

Print Name: _____ Signature: _____
Print Name: _____ Signature: _____
Date: _____ Date: _____