

Please read each statement carefully, check the appropriate boxes, then sign and date the bottom of this form. Please note that all applicable boxes must be checked in order for your student to fully participate in all Skopos Christian School activities.

I have read the Skopos Christian School Statement of Faith and agree to support it wholeheartedly.

I have read the Skopos Christian School Handbook in its entirety and agree to support it wholeheartedly.

I understand that legally, Skopos Christian School is a homeschool organization. Accordingly, I have registered my student with the state of Oregon as a homeschool student and agree to keep and file all tests my student takes throughout the year.

I understand that Tri-City Baptist Temple is in no way related to Skopos Christian School, and that the school is an independent entity. I agree that I will not hold Tri-City Baptist Temple liable for any action taken by Skopos Christian School.

I understand that in the course of the year, my student may use computers or other forms of electronic media as part of the curriculum. I understand that while Skopos Christian School and its staff strive to protect students and teach them in a manner that is uplifting and godly, no form of computer protection is perfect. I understand that any access to the Internet may result in a student accessing inappropriate materials. I agree to instruct my child to use electronic media only in a manner that is pleasing to the Lord—understanding that SCS staff will be supplementing my instruction—and understand that should my child deviate from that basic guideline, consequences may be necessary.

I understand that every family is required to complete 30 hours of volunteer work on behalf of Skopos Christian School each school year. If I do not complete the 30 hours by May 14, 2019, I agree to pay the \$15/hour opt-out fee for every hour not completed.

I understand that my student will be attending field trips throughout the year, and that any field trip carries an inherent risk of physical harm, up to and including death. I hereby release Skopos Christian School and its associates from all liabilities and give permission for my student to attend off-campus field trips, understanding that I will be given full information regarding individual field trips before my student leaves campus.

I understand that background checks will be run on all parents and consent to the background check for myself and any other adults in my family who will be volunteering in any capacity at SCS.

My student requires medication to be administered at school. I hereby grant permission for my student to self-administer the following medication:

My student requires medication to be administered at school. I hereby grant permission for any staff member to administer the following medication:

I understand that the success of a community such as Skopos Christian School rests, in large part, on the support of its constituents. I agree to support Skopos Christian School in both word and deed. In the event that I have a concern or disagreement with an SCS policy or action, I agree to address it directly with a staff member or board member, refraining from slander or gossip, but instead discussing the issue with the school in a manner that is pleasing to the Lord.

By signing below, I agree to all checked statements above.

Parental Signature

Printed Name

Date

Skopos Christian School
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Physical Address Tri-City Baptist- 18025 Webster Rd. Gladstone, OR 97027