

Start of School Year Packet  
School Year 2019 - 2020

**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: \_\_\_\_\_

Parents with whom child does not live?

Please provide additional page with the additional parent's contact information.

**Carpool Information:**

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**In Case Of Emergency**  
Please list in order who to call first

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Student Medical, Liability, Permission Release Form**  
School Year 2019 - 2020

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 have to take medication during school hours?

Yes  No - School Administration has my permission to dispense medication when necessary to my child

Physical limitation	Non-Participating activity

**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 Skopos 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yearly Field Trip Parental Agreement Form**  
School Year 2019 - 2020

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_

Medical Insurance Information: Provider: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**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 hazards including but not limited to: 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 leader(s) and 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: \_\_\_\_\_

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 parents' expense. – Pre-K and Kindergarten children may not be able to print name.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Release Form**  
School Year 2019 - 2020

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 ( <a href="http://www.skoposcs.org">www.skoposcs.org</a> )
<input type="checkbox"/>	School's Official 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: \_\_\_\_\_

Date: \_\_\_\_\_

## Internet & Computer Use Policy (Grade 3-8 only)

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: \_\_\_\_\_