



STUDENT APPLICATION

Applying for School Year _____ - _____

PART I: STUDENT INFORMATION

1st Student: _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

2nd Student: _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

3rd Student: _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

4th Student: _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

PART II: FAMILY INFORMATION

Father _____ Step Father _____ Grandfather _____ Guardian _____

NAME: _____
Last First Middle

ADDRESS:

Street City ST ZIP

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS:

Street City ST ZIP

WORK PHONE: _____ POSITION HELD: _____

CHURCH HOME: _____ PASTOR'S NAME: _____

Mother _____ Step Mother _____ Grandmother _____ Guardian _____

NAME: _____
Last First Middle

ADDRESS:

Street City ST ZIP

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS:

Street City ST ZIP

WORK PHONE: _____ POSITION HELD: _____

CHURCH HOME: _____ PASTOR'S NAME: _____



FINANCIAL AGREEMENT

1st Student Name: _____ Grade: _____

2nd Student Name: _____ Grade: _____

3rd Student Name: _____ Grade: _____

4th Student Name: _____ Grade: _____

REGISTRATION FEES – Registration fees are paid each year and are non-refundable.

TUITION INSTALLMENTS – Installment payments begin in July and end in April. All installment plans must be set up AND paid through SMART TUITION. It is the responsibility of each parent/guardian to be sure payments are made directly to SMART TUITION. Payments that are late will be charged a \$35 late fee.

CURRICULUM – All curriculum fees are due upon receipt of the July statement of the upcoming school year, or upon enrollment if student enrolls after July. Curriculum fees are non-refundable once the student begins school.

LATE ENROLLMENT FINANCIAL POLICY –

K-8	Enroll anytime during 1 st quarter:	Full Tuition due (no discount)
	Enroll anytime during 2 nd quarter:	¼ off Tuition
	Enroll anytime during 3 rd quarter:	½ off Tuition
	Enroll anytime during 4 th quarter:	¾ off Tuition
9-12 Grade	Enroll anytime during 1 st or 2 nd quarter:	Full Tuition due (no discount) *
	Enroll anytime during 3 rd or 4 th quarter:	½ off Tuition **

If the student completes the year and passes the course work, a full year credit per course will be issued from CLCS, providing transcripts are received from prior school, course description matches, and grades are passing.

If the student completes the year and passes the course work, ½ credit per course will be issued from CLCS, providing transcripts are received from prior school, course description matches, and grades are passing.

MISCELLANEOUS SCHOOL FEES – School statements (separate from Smart Tuition statements) are generated monthly for miscellaneous fees such as charged lunches, lab fees, tardy fees, dress code fees, etc. Payment is due in the business office upon receipt.

WITHDRAWAL FINANCIAL POLICY – An elementary or middle-school student who attends any portion of a quarter will be charged for the entire quarter. A high school student who attends any portion of a semester will be charged for the entire semester.

This policy exists because the hiring of teachers and staff and the ordering of textbooks and other classroom materials are based upon anticipated enrollment. Parents/Guardians will be expected to honor their commitment to the school. Requests for exceptions must be addressed to the Business Office, in writing, and will only be considered in extreme circumstances.

PAYMENT OPTION:

- _____ I will be paying tuition in full on or before the designated deadline.
- _____ I will be paying tuition per semester on or before the designated deadlines.
- _____ I am currently paying tuition through Smart Tuition. I wish to continue with an installment plan for the upcoming School Year. I am aware of the tuition increase for the new school year and understand my payment amount will reflect the increase, with the first payment in July and the final payment in April.
- _____ My Smart Tuition form is attached. Please set up an installment plan for this School Year.

MUST BE SIGNED IN FRONT OF A NOTARY

I fully understand the requirements set forth in the CLCS Student Handbook (online), the CLCS Financial Agreement, and agree to abide by the policies therein.

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



Authorization and Consent to Provide Emergency Medical Care

My child, _____ (full name of student), is now in my custody and under my authority. I authorize Clear Lake Christian School and/or its representatives to consent to emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip. Such treatment may be administered by physicians, other medical personnel, hospitals, and/or clinics as may be selected by Clear Lake Christian School and/or its representatives. I hereby assume responsibility for such professional service.

Student is covered by an insurance policy Yes No
Insurance Company _____ Membership/Policy # _____

I do I do not authorize any such treating physician or medical personnel to administer blood or blood products to my child.

Hospital Preferred _____

Physician: _____ Phone: _____

MEDICAL HISTORY

Date of Birth: ___/___/___ Date of last Tetanus _____ Student wears contacts? Yes No

Allergies to medications _____

Other allergies _____

Daily medications _____

Pertinent information about illness, surgery, or chronic conditions: _____

Check if your child has had any of the following:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> diabetes | <input type="checkbox"/> frequent sore throat | <input type="checkbox"/> kidney disorder |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> frequent earaches | <input type="checkbox"/> frequent stomachaches | <input type="checkbox"/> muscular dystrophy |
| <input type="checkbox"/> cerebral palsy | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> hearing loss | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> cystic fibrosis | <input type="checkbox"/> frequent nose bleeds | <input type="checkbox"/> heart disease | <input type="checkbox"/> scarlet fever |
| <input type="checkbox"/> seizures | <input type="checkbox"/> surgery | <input type="checkbox"/> tuberculosis | <input type="checkbox"/> other: _____ |

EMERGENCY CONTACT INFORMATION:

1st: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
2nd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
3rd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER

MUST BE SIGNED IN FRONT OF A NOTARY

Parent/Guardian Signature _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____

MEDICATION RELEASE

The school supplies the items listed below which cannot be administered to students without parental consent. Please check only the items that you will allow to be administered. If your child is currently on a daily medication (i.e. Ritalin, Amoxicil, Penicillin, etc.), please consult with your doctor to make certain that none of the items listed below, when administered, will conflict in any way with the medication. This would also apply to any medication given throughout the school year. Medication will be given in compliance with the directions on the product.

- _____ Acetaminophen (i.e. Tylenol, etc.)
- _____ Ibuprofen (i.e. Advil, Motrin, etc.)
- _____ Antacid (i.e. Tums, etc.)
- _____ Benadryl
- _____ Insect Repellant

I am giving my permission for the health station attendant to give my child the medication I have indicated. I understand that I must provide all other medication prescription or non-prescription, if my child is to be given them at school.

I understand that all medication I send to school during the school year must be in the original container and will be accompanied by a written request which will include the following:

1. date to be given
2. student's name
3. name of medication
4. dosage, which must include a physician's written direction if different from the recommended dosage of the manufacturer
5. time to be given or how often
6. signature of parent or guardian

If these criteria are not met, I understand that the school reserves the right not to administer medication to my child.

I understand that it is my child's responsibility to report to the designated area in the health station to take his/her medication. I also understand that all medications are to be turned in to the health stations and are not to be carried in the student's possession or stored in his/her locker.

I hereby indemnify Clear Lake Christian School and hold it harmless on behalf of myself, my spouse, if any, and my child against any and all loss, damage (economic or otherwise), health care provider or emergency transportation expense, or other costs and expenses, including but not limited to reasonable compensation of employees, agents and counsel in defending itself against claims or liabilities, arising out of or related to the administration of medication as requested and authorized herein, unless it is proved that CLCL staff members or volunteers acted willfully or in reckless disregard of my child's health.

Parent/Guardian Signature

Date

(Unless this form is dated, signed, and properly completed, your child will not be given medication during the school year.)



MEDIA RELEASE

STUDENT NAME:

Last

First

Middle

Clear Lake Christian School (CLCS) would appreciate your permission to allow CLCS to use photographs, video and/or audio tape recordings of your child, which may be included on our web site, promotional material(s), school brochure(s), newsletter(s), athletic flyer(s) and reports.

In addition, we would like to include samples of student's art or literary work and athletic pictures in these same Medias. We also ask for your permission to display these items on our web site, school brochure(s), newsletter(s), athletic flyer(s) and reports.

Please check ONE of the following choices and initial all media that apply:

_____ I grant permission for CLCS to use video, audio recording or photos of our child or of our child's performances, artwork, athletics or literary work to be published on the ...

- | | |
|---|--|
| <input type="checkbox"/> CLCS web site
<input type="checkbox"/> School brochure(s)
<input type="checkbox"/> Newsletter(s) | <input type="checkbox"/> Athletic flyer(s)
<input type="checkbox"/> Report(s) - ACSI, Fundraisers, ICAA, etc.
<input type="checkbox"/> Local Newspaper(s)/Billboard(s) |
|---|--|

_____ I DO NOT grant permission for CLCS to use video, audio recording or photos of our child or of our child's performances, artwork, athletics or literary work to be published on the ...

- | | |
|---|--|
| <input type="checkbox"/> CLCS web site
<input type="checkbox"/> School brochure(s)
<input type="checkbox"/> Newsletter(s) | <input type="checkbox"/> Athletic flyer(s)
<input type="checkbox"/> Report(s) - ACSI, Fundraisers, ICAA, etc.
<input type="checkbox"/> Local Newspaper(s)/Billboard(s) |
|---|--|

MUST BE SIGNED IN FRONT OF A NOTARY

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



TEACHER COMMUNICATION FORM

The information that you provide will go directly to each of your child/children's teachers. Thank you in advance for assisting us in making Clear Lake Christian School's Mission not just a philosophy but a reality.

"Our mission is to develop Christian individuals who are responsible, productive members of our society by providing quality academic, social, spiritual, and physical fitness opportunities through teaching, guiding, training, and inspiring today's youth in the active pursuit of wisdom."

STUDENT NAME: _____ GRADE: _____

Student Cell Phone: _____ Student e-mail address: _____

Father _____ Step Father _____ Grandfather _____ Guardian _____

NAME: _____
Last First Middle

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____ POSITION HELD: _____

Mother _____ Step Mother _____ Grandmother _____ Guardian _____

NAME: _____
Last First Middle

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____ POSITION HELD: _____