



ADAMS COUNTY CHRISTIAN SCHOOL
187 Willow Drive West Union, Ohio 45693
Phone: (937) 544 - 5502 Fax: (937) 544 - 5503
e-mail: mpalm@ealgesaccs.com
Website: www.eaglesaccs.com

RE-ENROLLMENT

School Year 2020-2021

Grade entering: _____

Student Name: _____
Last First Middle

Home Address: _____

City State Zip

Home Phone: (____) _____ **Cell Phone Mother/Guardian:** (____) _____

Cell Phone Father/Guardian: _____

E-mail Mother/Guardian: _____

E-Mail Father/Guardian: _____

Allergies and/or medications currently taking:

Church now attending: _____

Address: _____

Pastor: _____ **Regular:** _____ **Irregular:** _____ **Seldom:** _____

Do you have any objections to photos of your child being used in our newsletter, yearbook, or local newspapers? _____



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Parent's Pledge of Acceptance

We, as parents who are accepting the challenge, "to train up a child in the way he should go," do place our trust in the Adams County Christian School, to help us extend that training more completely.

We do hereby state that we have made a thorough investigation of the curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline and motives of the school, and do pledge to make them our glad-hearted choice for the coming year. We have read the school handbook and agree to abide by its rules.

We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs, but will withdraw him quietly and without delay. (A six-week probation period is adequate for most entering students. The one who has not adjusted by the end of twelve weeks should be withdrawn).

We acknowledge that this is a Christian School and as such, our child will be encouraged to attend a church of their own choosing. We also acknowledge that the school encourages us to attend with our child.

We pledge our loyal support to the school through praying for its program, giving to its school extension fund as we are able, and by paying the tuition payments regularly and on time.

We hereby invest authority in the school to discipline our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed. (Prov. 13:24; 19:18; 22:6; 23:13-14; 29:15,17; Col. 3:20; and Heb. 12:6)

We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Rom. 13:8-10; I Corth. 12:12-14; Gal 5:13-15, 25, 26; Eph. 4:1-7).

We understand that assessments will be made to cover damage to school property (including window breakage, etc.)

ACCS is not a lending organization, neither is it licensed to make loans for tuition, books, or any expenses the student may owe for, therefore, I/we, _____ and _____, agree to obtain any and all monies owed to ACCS from such source that I/we choose. I/we will be prompt in paying all expenses owed to ACCS by the student, _____ (student's name), and I/we also understand that I/we will be charged a "late" fee. If I/we are one month late with our payment, I/we understand that we will be asked to appear before the ACCS Board to explain our situation. I/we have read the above statement and I/we totally agree with it.

We as parents (or guardian) of the student applicant, do sincerely give our pledge to all items as stated above.

Parent Signature (or guardian) _____ Date _____

Parent Signature (or guardian) _____ Date _____

CORPORAL PUNISHMENT FORM

In determining the use of corporal punishment, the following considerations are taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength of the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct not related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

Parent/Guardian approval of corporal punishment shall be on file prior to administering corporal punishment. The parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than three (3) times, of a student with a flat-surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

The witness and the employee paddling the student will pray with the student after the punishment is administered.

I _____ agree (or) _____ disagree with the use of corporal punishment for my child(ren).

If you disagree, what is your alternative form of discipline?

Parent Signature(s) _____

Date _____ Time _____

Student _____ Grade _____

Offense

Teacher Administering Paddling _____

Witness _____



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Release of Students /School Emergency Information

Student's name: _____ Grade _____

Please list additional contacts other than you to help us reach you in case of an emergency and that your child can be released to.

Please note that IN ALL CASES, if anyone other than those listed below arrives to pick up your child, you must have given the school prior permission. We are extremely careful to prevent any tragedy that could result from an error in such a situation. Please be patient and ask your friends to understand if we ask for identification before allowing them to leave with your child.

If any name on this list changes, or you need to add a name, please contact the office and stop in and make the necessary changes on this form.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Other information we should know: _____

Please list anyone FORBIDDEN to pick up your child. Is there a court order? _____

1. _____ 3. _____

2. _____ 4. _____

Signature: _____ Relationship to student: _____

Annual Field Trip Release/Emergency Medical Form

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West Union, OH 45693

Phone: 937-544-5502
Fax: 937-544-5503

____/____ School Year

This form will be on file at the school office for the current school year. An additional Permission Slip form will be sent home prior to each off-campus trip.

I give permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice, hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Adams County Christian School as affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed:

Name Printed:

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by:

Date

Physician:

Phone:

Dentist:

Phone:

Health insurance carrier:

Policy #:

Under the name of:

Relationship:

Allergies (including reactions to medication):

Medication being taken:

Preferred hospital: Date of last tetanus shot: _____

Are there any physical or medical conditions we should know about not already stated?

Student's home phone: Student's home address: _____

Father's work #: Father's cell #: Mother's work #: _____

Mother's cell # In case you are unable to be reached, nearest relative or neighbor:

Name Relationship Phone: _____