Student Enrollment

Student Name _____

Grade _____

Birthdate _____

Social Security Number _____

Address _____

_____

Mother/guardian name _____

Mother/guardian phone number _____

Mother/guardian email _____

Father/guardian name _____

Father/guardian phone number _____

Father/guardian email _____

Enrollment Documentation Needed:

- Immunization records
- Copy of Social Security card
- Copy of birth certificate
- Utility bill for proof of address

All forms and documentation must be submitted to the school office within one week from the date of acceptance.

Release of Students/School Emergency Information

Student's name _____ Grade _____

Please provide additional emergency contacts, other than yourself, who are authorized to pick up your child and assist us in reaching you if necessary.

Kindly note that if anyone not listed below arrives to pick up your child, prior permission must be granted by you to the school. We take every precaution to ensure the safety of your child and avoid any potential errors in these situations. We ask for your understanding and cooperation if identification is requested from individuals picking up your child. If any changes occur to the names listed or if you need to add a new contact, please inform the office so we can update the form accordingly.

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. _____
2. _____
3. _____

Signature: _____

Relationship to student: _____

Policy and Procedure

Adams County Christian School welcomes students of all races, colors, nationalities, and ethnic backgrounds. We ensure that every student has access to the rights, privileges, programs, and activities available at the school. We do not discriminate on the basis of race, color, national origin, or socioeconomic status in the administration of our education policies, admission procedures, scholarship programs, or other school-administered programs.

To be eligible for admission, a child must turn 5 years old on or before August 1 of the school year for which they are applying. Additionally, the child must demonstrate appropriate intellectual, physical, emotional, behavioral, and social development, as determined by a representative of the school.

Admissions Criteria

Our admission criteria are designed under the belief that Adams County Christian School is a partner with Christian families. The following criteria help determine if our school is the right fit for your child:

1. **Spiritual Commitment:** At least one parent or guardian must have a personal relationship with Jesus Christ.
2. **Church Involvement:** The family must be members of, or regularly attend, a church that sincerely believes the Bible is the inspired Word of God and the foundation of all learning.
3. **Mission Agreement:** The family must understand and agree with the mission of Adams County Christian School to provide a Christ-centered education where Jesus Christ is acknowledged in every aspect of life.
4. **Parental Commitment:** Parents must be committed to supporting the work of the school through prayer, volunteering, and fulfilling all financial obligations.
5. **Student Commitment:** The student must show evidence of being committed to the learning process, as demonstrated by past academic records and the results of an entrance interview.
6. **Emotional and Behavioral Readiness:** The student must show emotional stability, satisfactory behavior that aligns with biblical principles, and appropriate social adjustment.

Review and Approval Process

- If a student meets the criteria and provides the necessary documentation, the school Principal may approve enrollment immediately after the interview process.
- If a student fails to meet the established criteria or does not submit the required documentation, the principal reserves the right to deny enrollment. The decision may be appealed, and the appeal will be reviewed by the school board.
- The Board may conduct the review via email or request an interview with the prospective student and family.
- In some cases, the Board may vote to make an exception to the criteria and approve the enrollment of a student who does not meet all the criteria.

ACCS Statement of Faith

1. We believe the Bible to be the infallible, inerrant Word of God, inspired and authoritative. (II Timothy 3:16-18; II Peter 1:20-21; Jude 3)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Deuteronomy 6:4; Matthew 28:19; Luke 3:21-22)
3. We believe in the humanity and divinity of our Lord Jesus Christ, in His virgin birth, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Genesis 1:26-27, 2:16-17, 3:16-19; Romans 3:10-23, 6:23, 7:18, 11:32; Galatians 3:22)
4. We believe that man is sinful by nature and that regeneration by the Holy Spirit is essential for his salvation. (Romans 3:24-28, 5:8-10; I Timothy 2:5-6; I John 2:1-2)
5. We believe in the continuing ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life. (John 17:17; Romans 3:24-28, 8:9-11; I Corinthians 12:13; Ephesians 4:30, 5:26; Hebrews 10:14; Colossians 3:1-4; I John 3:1-3)
6. We believe in the resurrection of both the saved and the lost. Those who are saved are resurrected into eternal life and they who are lost unto eternal damnation. (John 20:1-29; Acts 1:9-11; I Corinthians 15:1-50; Ephesians 1:20-23; I Thessalonians 4:13-18; Hebrews 1:3; Revelation 20:11-15, 21:22)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ. (Acts 2:1-47; Romans 12:1-8; I Corinthians 11:23-24, 12:1-31; Ephesians 1:22-23)
8. We believe in the creation of man by the direct act of God. (Genesis 1:26-27, 2:16-17, 3:16-19; Romans 3:10-23, 6:23, 7:18, 11:23; Galatians 3:22)

Family Commitments (please check all statements and sign below to indicate agreement)

☐We affirm the statement of faith above and agree to teach the truths it states in our home. We recognize that our students will be taught in accordance with this statement of faith at school. We recognize that the school strongly encourages church attendance.

☐We agree to complete and return all necessary paperwork, especially for Ed Choice, in a timely manner. We understand that failure to do so will result in our being responsible for all tuition costs

☐We agree to help our children who attend the school with the work assigned as necessary and to ensure that all assigned work is completed and submitted in a timely manner.

☐We invest authority in the school to discipline our children as necessary and commit to reinforcing such discipline at home.

☐We understand that assessments may be made to cover damage to school property by students, including textbooks and other instructional materials.

Parent/Guardian signature: _____ Date:_____

ADAMS COUNTY
CHRISTIAN SCHOOL
187 Willow Drive, West Union, Ohio 45693 (937)544-5502
Email: info@eaglesaccs.com Website: www.eaglesaccs.com

Nurse Forms for Students

[ ] Over The Counter Medication Authorization Form

[ ] Immunization records or exemption form

[ ] Annual Field Trip Release/ Emergency Medical Form

[ ] Updated Health History Form

[ ] Prescription Medication Administration Form
(Only needed if student will be required to take Medications during school hours Form available upon request)

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OVER-THE-COUNTER MEDICATIONS AUTHORIZATION FORM

I give permission for (Child's Name)_____
DOB:_____

To receive the following medication(s):
[ ] Acetaminophen (Tylenol) 325mg 1–2 tablets
[ ] Acetaminophen (Tylenol)160mg Liquid or Chewable dosed by weight
[ ] Ibuprofen (Motrin) 200mg 1–2 tablets
[ ] Ibuprofen (Motrin) 100mg Liquid or Chewable dosed by weight
[ ] Cough Drops, 1 drop (every 2 hours as needed)
[ ] Tums 1000mg, 1–2 tablets

Statement/Response

Please notify me **BEFORE** my child takes medications: | [ ] Yes [ ] No |
Please notify me the **day** my child takes medications: | [ ] Yes [ ] No |
My child has taken the above selected medications in the past without problem: | [ ] Yes [ ] No

Parent/Guardian Signature: _____
Date _____

SUNSCREEN PERMISSION

By checking a box below, I understand that ACCS is not responsible for carrying sunscreen at all times, but this permission is for if the situation would arise that sunscreen would be available for my student at special occasions.

[ ] I give permission for personnel at ACCS to apply sunscreen as needed while at school/school-based activities.

[ ] I do NOT give permission for personnel at ACCS to apply sunscreen as needed while at school/school-based activities.

[ ] I give permission for personnel at ACCS to apply sunscreen as needed while at school/school-based activities, but **I WILL PROVIDE MY OWN SUNSCREEN**.

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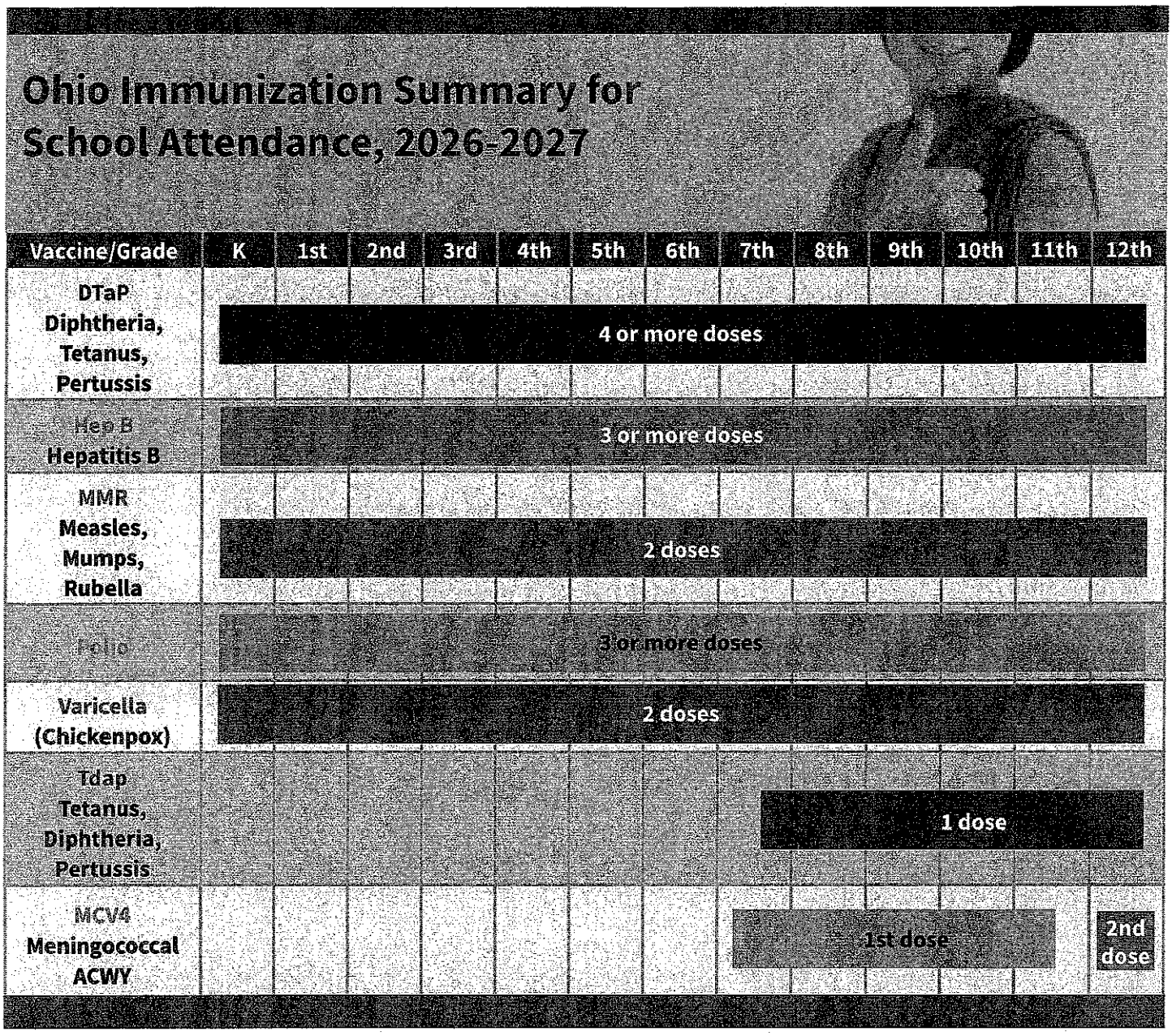
OVER-THE-COUNTER MEDICATIONS AUTHORIZATION FORM

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

School policy requires written permission by a parent/guardian for administration of any medication at school. By signing, you acknowledge the following:

* You have reviewed the information and agree that your child may safely take the medications according to the recommended dose.
* The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.
* A licensed prescriber's authorization will be required if:
  * Your child requires more than 5 consecutive doses of acetaminophen and/or ibuprofen in a 30 day period.
  * In the judgement of the school nurse, your child is ill and not improving.
* Your child's medication may be provided by a nurse, unlicensed or other school personnel.

Ohio Immunization Summary for School Attendance, 2026-2027



Important Notes:

- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate.
- If MMR and varicella are **not** given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information, please refer to the Ohio Revised Code 3313.67 and 3313.671 and the Ohio Department of Health (ODH) Director's Journal Entry regarding school immunization requirements, recommended vaccines, and exemptions to immunizations.
- **Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions.**

Ohio Department of Health

Last updated 02/2026.

Ohio School Immunization Requirement Details	
DTaP Diphtheria, Tetanus, Pertussis	**Grades K-12** Four or more doses of DTaP or DT vaccine, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required. *Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses.*
Hep B **Hepatitis B**	**Grades K-12** Three doses of hepatitis B vaccine. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
MMR **Measles, Mumps, Rubella**	**Grades K-12** Two doses of MMR vaccine. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.
Polio	**Grades K-12** Three or more doses of IPV vaccine. The FINAL dose must be administered on or after the fourth birthday with at least six months between the final and previous dose, regardless of the number of previous doses. *If both tOPV and IPV were administered as part of a series, the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should* **not** *be counted.*
Varicella **(Chickenpox)**	**Grades K-12** Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.
Tdap **Tetanus, Diphtheria, Pertussis**	**Grades 7-12** One dose of Tdap vaccine must be administered on or after the tenth birthday. Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. *Children aged seven years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age seven to nine years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.*
Meningococcal **Meningococcal ACWY**	**Grades 7-11** One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10th birthday. **Grade 12** Two doses of meningococcal (serogroup A, C, W, and Y) vaccine. Second dose on or after age 16 years. If the first dose was given on or after the 16th birthday, only one dose is required.

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Annual Field Trip Release/ Emergency Medical Form

School Year_____ / _____
Note: 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.

Permission & Terms

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 responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Adams County Christian School, its 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 an 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 my 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.

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Annual Field Trip Release/ Emergency Medical Form

Signatures

* **Father/Guardian's Signature & Date:**

_____

* **Name Printed:**

_____

* **Mother/Guardian's Signature & Date:**

_____

* **Name Printed:**

_____

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

Witnessed by:_____

Date:_____

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Annual Field Trip Release/ Emergency Medical Form

Medical & Insurance Information

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 & Emergency Contact Information
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:_____

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell anemia
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other_____
☐ Blood problems	☐ Juvenile arthritis	☐ Other_____
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other_____
☐ Cancer	☐ Migraines	☐ Other_____
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other_____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date
		/ /