

***STUDENT  
INFORMATION  
AND  
PARENTAL  
AGREEMENT FORM***

***"TRAIN UP A CHILD..."***

***COEUR D'ALENE CHRISTIAN SCHOOL***

***6439 N. 4TH STREET, DALTON GARDENS, ID 83815***

***[WWW.CDACHRISTIAN.ORG](http://WWW.CDACHRISTIAN.ORG)***

## **STUDENT INFORMATION**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
                    **LAST**           **FIRST**           **MIDDLE**

**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**SCHOOL LAST ATTENDED** \_\_\_\_\_ **LAST GRADE COMPLETED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**K3/K4/K5 STUDENTS ATTENDING:**     **AM ONLY**     **3FULL&2HALF**     **FULLTIME**

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

## **FAMILY INFORMATION**

**FATHER'S NAME** \_\_\_\_\_

**EMPLOYMENT** \_\_\_\_\_

**POSITION** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**FATHER'S CELL PHONE** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

**EMPLOYMENT** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**MOTHER'S CELL PHONE** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**EMERGENCY PHONE NUMBERS (OTHER THAN NUMBERS ABOVE - 2 PLEASE)**

\_\_\_\_\_ ; \_\_\_\_\_

**MARRIED**  **DIVORCED**  **WIDOWED**  **SEPARATED**  **SINGLE**

**OTHER CHILDREN IN FAMILY:**

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

## **RELIGIOUS INFORMATION**

**CHURCH ATTENDING** \_\_\_\_\_  
**FATHER ATTENDS?** \_\_\_\_\_ **MOTHER ATTENDS?** \_\_\_\_\_ **CHILDREN ATTEND?** \_\_\_\_\_  
**\*ALL GRADES PARTICIPATE IN CHAPEL, BIBLE CLASSES AND MEMORY VERSES ON A DAILY BASIS.**

## **MEDICAL INFORMATION**

**FAMILY PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**DOES STUDENT HAVE ANY PHYSICAL DEFECTS OR ALLERGIES?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_  
**IS STUDENT TAKING ANY DAILY MEDICATIONS?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_

**PLEASE PROVIDE A COPY OF BIRTH CERTIFICATE AND IMMUNIZATIONS.**

## **SCHOLASTIC INFORMATION**

**PLEASE INDICATE ACADEMIC LEVEL OF STUDENT'S PREVIOUS WORK:**  
**EXCELLENT:** \_\_\_\_\_ **GOOD** \_\_\_\_\_ **AVERAGE** \_\_\_\_\_ **POOR** \_\_\_\_\_  
**HAS STUDENT EVER BEEN DIAGNOSED WITH ANY LEARNING DISABILITIES?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_  
**HAS STUDENT EVER FAILED A GRADE OR SUBJECT IN SCHOOL?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_  
**HAS STUDENT EVER BEEN EXPELLED, DISMISSED, SUSPENDED OR REFUSED ADMISSION TO ANOTHER SCHOOL?** \_\_\_\_\_ **EXPLAIN:** \_\_\_\_\_  
**HAS STUDENT EVER HAD DISCIPLINARY DIFFICULTIES?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_  
**HAS STUDENT EVER BEEN IN TROUBLE WITH THE LAW, ARRESTED, ETC.?** \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_  
**HAS STUDENT EVER USED TOBACCO OR DRUGS OF ANY KIND?** \_\_\_\_\_  
**EXPLAIN:** \_\_\_\_\_

## **GENERAL INFORMATION**

**THIS INFORMATION FORM MUST BE FILLED OUT COMPLETELY FOR BOTH NEW AND RETURNING STUDENTS BEFORE ENROLLMENT CAN BE PROCESSED. AN INTERVIEW WITH THE PARENTS AND THE CHILD WILL BE REQUIRED OF NEW STUDENTS BEFORE FINAL ACCEPTANCE; PLACEMENT TESTING MAY ALSO BE REQUIRED. UPON ACCEPTANCE, A REGISTRATION FEE OF \$ \_\_\_\_\_ MUST ACCOMPANY THIS FORM AND IS NOT REFUNDABLE.**

**FOR YOUR CONVENIENCE IN MEETING YOUR FINANCIAL OBLIGATIONS, TUITION IS DIVIDED INTO TEN INSTALLMENTS. THE FIRST PAYMENT IS DUE ON OR BEFORE THE FIRST DAY OF SCHOOL; THE TENTH PAYMENT IS DUE ON OR BEFORE JUNE 1ST. FINAL REPORT CARDS CANNOT BE RELEASED UNTIL ALL TUITION AND FEES ARE PAID.**

**YOU MUST PROVIDE 30 DAYS NOTICE IN WRITING IF PLANNING ON LEAVING THE SCHOOL PRIOR TO THE END OF THE SCHOOL YEAR. YOU WILL BE RESPONSIBLE FOR THE ENTIRE TUITION AMOUNT OTHERWISE.**

**\*\*I AM AWARE THAT I CAN RECEIVE A 5% TUITION DISCOUNT BY:**

- A. PAYING IN FULL BY AUGUST 31ST;**
- B. RECRUITING A NEW STUDENT (MUST BE ROOM IN THAT GRADE; NOT FROM YOUR FAMILY; AND LIKE ANY NEW STUDENT, MUST BE ONE WE CAN ACCEPT).**

**NOTE: ONLY ONE DISCOUNT OPTION PER FAMILY.**

**\*\*I AGREE TO PAY MY FINANCIAL OBLIGATIONS TO THE SCHOOL ON THE DUE DATE.**

**LATE FEES WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.**

**\*\*I UNDERSTAND THAT IF PROPER ARRANGEMENTS ARE NOT MADE ON PAST DUE ACCOUNTS, MY CHILD WILL NOT BE ALLOWED TO CONTINUE IN SCHOOL.**

**\*\*I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SCHOOL ACTIVITIES, INCLUDING SPORTS AND SCHOOL-SPONSORED TRIPS AWAY FROM THE SCHOOL PREMISES, AND ABSOLVE THE SCHOOL FROM LIABILITY TO ME OR MY CHILD BECAUSE OF ANY INJURY TO MY CHILD AT SCHOOL OR DURING ANY SCHOOL ACTIVITY.**

***HOMWORK***

**\*\*I AGREE TO SUPPORT THE HIGH ACADEMIC STANDARD OF THE SCHOOL BY PROVIDING A PLACE AT HOME FOR MY CHILD TO STUDY, AND GIVING MY CHILD ENCOURAGEMENT IN THE COMPLETION OF ANY HOMEWORK ASSIGNMENTS.**

**\*\*I HAVE READ THE PARENT/STUDENT HANDBOOK AND APPRECIATE THE STANDARDS OF THE SCHOOL. I WILL NOT TOLERATE PROFANITY, OBSCENITY IN WORD OR ACTION, DISHONOR TO GOD OR HIS WORD, OR DISRESPECT TO THE PERSONNEL OF THE SCHOOL. I HEREBY AGREE TO SUPPORT ALL REGULATIONS OF THE SCHOOL IN THE STUDENT'S BEHALF AND AUTHORIZE THIS SCHOOL TO DISCIPLINE, AS IT DEEMS WISE AND EXPEDIENT FOR THE TRAINING OF MY CHILD.**

**\*\*I UNDERSTAND THAT THE SCHOOL RESERVES THE RIGHT TO DISMISS ANY CHILD WHO FAILS TO COMPLY WITH THE ESTABLISHED REGULATIONS OR WHOSE FINANCIAL OBLIGATIONS REMAIN UNPAID.**

**\*\*I UNDERSTAND THE TERMS STATED ON THIS INFORMATION/PARENTAL AGREEMENT FORM AND AGREE THERETO.**

\_\_\_\_\_  
**SIGNATURE OF FATHER  
(OR LEGAL GUARDIAN)**

\_\_\_\_\_  
**SIGNATURE OF MOTHER  
(OR LEGAL GUARDIAN)**

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## CCS Fundraising Opportunities

Dear CCS Family Members:

**WE NEED YOUR HELP!** While we realize the added financial commitment that you have taken on to receive a Christian education for your child(ren), we ask that you also realize that tuition only covers a fraction of the cost required for us to provide this service to you. To help bridge the gap of keeping our tuition one of the lowest in the area while fulfilling our budgeted needs, we have narrowed down to three major fundraisers. Your participation is the key to the success of these events. You will always have the option to either participate actively or financially.

### The fundraising opportunities are as follows:

(MARK YOUR CHOICE WITH INITIALS AND AGREE BY SIGNING)

**1. Fall Fundraiser -- CANDY BAR/MAGAZINE SALES:**

- \_\_\_\_\_ Options: Sell one box of candy bars per student;  
\_\_\_\_\_ or Donate the equivalent amount of money.  
\_\_\_\_\_ No requirement for magazines.

SIGNED: \_\_\_\_\_

**2. Late Winter/Early Spring Fundraiser -- AUCTION:**

- \_\_\_\_\_ Options: Purchase two tickets to the auction dinner and attend;  
\_\_\_\_\_ and/or Donate items to the auction;  
\_\_\_\_\_ and/or Participate in serving on an auction committee.

SIGNED: \_\_\_\_\_

**3. Late Spring Fundraiser -- JOG-A-THON:**

- \_\_\_\_\_ Options: Ensure that your child participates in the jog-a-thon by attending and providing names and addresses of at least 10 potential sponsors per family;  
\_\_\_\_\_ or Donate \$50.00 per child to the jog-a-thon fundraiser.

SIGNED: \_\_\_\_\_

Throughout the year, the PTO will also be sponsoring various voluntary fundraisers to help provide for “extras”. We are grateful to you for your dedication to the Christian education of your child and choosing us to be able to minister to your family.