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500 ELKS ROAD P.O. BOX 1393 RICHMOND, IN 47375  
Phone: (765) 935-3215 Fax: (765) 598-5152 Web: [www.ccsrichmond.com](http://www.ccsrichmond.com)

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Congratulations!

Welcome and thank you for considering enrollment at Community Christian School, or CCS. Choosing to educate your child at CCS is a decision which will benefit you and your child for a lifetime. A history of proven academic excellence as well as practical spiritual training makes CCS an excellent choice for your child's education and future.

Parents who are considering enrollment at Community Christian School should begin the process by educating themselves about the school, its philosophies, and programs. By making the decision to place your child in this (or any) school, you are entrusting that institution and its people to "parent" your child in your absence. This choice, then, should be of utmost importance and one which should take time, thorough investigation, and prayer.

CCS is dedicated to the education of the whole person (spiritual, intellectual, emotional, and physical). Classroom instruction combines the best of traditional and contemporary teaching methods and incorporates technology as well as music, foreign language, and physical education into this well-rounded curriculum.

We appreciate the decision you have made regarding school choice. We earnestly believe that CCS is your best choice for your child's future!

Sincerely,

The Administration, Faculty, and Staff of CCS

# Community Christian School

## Registration and Tuition Information—2017-2018

1. **Registration Fees:** Registration Fees are due with Student Application, are non-refundable and non-Transferable.  
\$150.00 per student (Maximum of \$250.00 per family)  
***A student insurance fee of \$10 per student is also due at time of registration***

**TUITION SCHEDULE: SEE REFERENCE SHEET (PG. 2)**

2. **Payment Plan Options:** All Plans include: Book/Supply and Tech Fees

Payments to CCS can be via ACH\*, checks, money orders, or cash payments accepted.

*\*ACH are Direct payment from your checking to CCS checking taken out the 5<sup>th</sup> of each month.*

*Please see Financial office for arrangements.*

**Not included in the combined fees are: Registration, Student Insurance, Extended Care, Field Trip, Tardy, and Graduation or other fees not directly related to the student's classroom.**

3. **Parent Sponsor Hours/Donations**

We ask that all parents/guardians donate a minimum of 30 hours of their time to the school. We realize it may be impossible for many parents to donate time. Therefore, in lieu of time, a donation to the general fund of \$300.00 may be made. All gifts and donations are tax-deductible.

**Any payments received after the 10<sup>th</sup> of the month will be assessed an additional \$25 fee**  
**\*\*\*NSF Check Fee is \$27.50**

*It shall be the policy of the school, to admit students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available by the school. The school shall not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, admission policies, and athletic and other School Administered programs.*

# Community Christian School

## Reference Sheet (Tuition and Fees Schedule) – 2017-2018

	Tuition	Tech. Fee	Book/Supply Fee	Total
<b>PK 3 Day</b>	\$1590.00	\$90.00	\$171.00	\$1851.00
<b>PK 4 Day-BSF</b>	\$1983.00	\$90.00	\$171.00	\$2244.00
<b>PK 5 Day</b>	\$2289.00	\$90.00	\$171.00	\$2550.00
<b>Kindergarten</b>	\$3888.00	\$114.00	\$291.00	\$4293.00
<b>Grades 1-4</b>	\$3888.00	\$144.00	\$336.00	\$4368.00
<b>Grades 5-8</b>	\$3999.00	\$204.00	\$366.00	\$4569.00

### Payment Options

	<b>Annual</b> 4% tuition discount Due July 1	<b>Semester</b> 2% tuition discount Due July 1 & Jan. 1	<b>Monthly</b> Based on 12 months Due on the 1 <sup>st</sup>
<b>PK 3 Day</b>	\$1787.40	\$909.60	\$154.25
<b>PK 4 Day-BSF</b>	\$2164.80	\$1102.20	\$187.00
<b>PK 5 DAY</b>	\$2458.80	\$1252.20	\$212.50
<b>Kindergarten</b>	\$4137.60	\$2107.80	\$357.75
<b>Grades 1-4</b>	\$4212.60	\$2145.30	\$364.00
<b>Grades 5-8</b>	\$4409.40	\$2244.60	\$380.75

Mission Statement: *“Christ First, Academics Second To None”*

# Financial Contract 2017-2018

The following statements form an agreement, which define the obligation of the parent, guardian or individual who is financially responsible to Community Christian School on behalf of the following named students whose enrollment has been accepted by Community Christian School (**Forms must be initialed by parent(s). Forms without initials will NOT be accepted:**)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

I/We have elected the following payment option: Annual, Semester or Monthly (circle one) Initials \_\_\_/\_\_\_

I/We understand that upon signing this agreement, all fees are due in full by the school's fiscal year end (June 30<sup>th</sup>). Further I/we acknowledge the school has the right to terminate the attendance of any student for any reason addressed in the **CCS Parent/Student Handbook**, including the failure of the parent to maintain their financial obligation to Community Christian School. Initials \_\_\_/\_\_\_

I/We understand that if any payment is not made within sixty (60) days of the due date, the school may, at will suspend the student and is under no obligation to provide services, educational or otherwise to said student. Initials \_\_\_/\_\_\_

I/We understand if the student(s) listed above withdraws, or are suspended or dismissed from Community Christian School for any reason on or after July 1<sup>st</sup>, 2017, a Withdrawal Fee covering all Book and Technology fees along with two months tuition will be assessed. If a pre-payment has been made, the refund will be prorated from the day of withdrawal, including suspension or dismissal and will incur a 10% surcharge. Registration fees will not be returned or prorated for any reason. Initials \_\_\_/\_\_\_

I/We understand in the event that prior or present obligations have not been met; any sum paid for any purpose including Registration Deposit for a future year will be applied first to the satisfaction of prior and/or current obligations. Initials \_\_\_/\_\_\_

I/We understand that if for any reason our account is forced into collection, costs associated with the collections process will be accrued and added to the outstanding balance, which is owed to the school. It is understood that delinquent accounts of 60 days may be sent to a collection agency. If my/our account is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of said account, a collection fee equal at minimum to 33 1/3 % of the unpaid balance will be added to the account. I agree to pay such fees. I further agree to pay all reasonable attorney's fees and courts costs associated with the collection of my/our account. Initials \_\_\_/\_\_\_

I/We understand in the event that prior or present financial obligations to CCS including miscellaneous fees (see pg. 1) have not been met; registration for the upcoming school year will not be permitted until all financial obligations to date of registration have been paid in full. Initials \_\_\_/\_\_\_

I/We understand in the event that my student requires General Education Intervention Services or Special Education Service Plan I am responsible to pay an additional sum of \$20.00/month\*\* to C.C.S. for coordination of these services. Initials \_\_\_/\_\_\_  
\*\*Please see pg. 1, #4 for additional information.

**MEDIATION AND BINDING ARBITRATION AGREEMENT.** The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-27. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the enrollment relationship, including claims under federal, state, and local statutory or common law, the law of contract, and law of tort shall be settled by biblically based mediation.

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree for the mediation and arbitration process to be conducted in accordance with the "Rules of Procedure for Christian Conciliation" ("Rules") contained in the Peacemaker Ministries booklet, *Guidelines for Christian Conciliation*. Consistent with these "Rules," each party to the agreement shall agree to the selection of the arbitrator. The parties agree that if there is an impasse in the selection of the arbitrator, the Institute for Christian Conciliation division of Peacemaker Ministries of Billings, Montana [(406) 256-1583], shall be asked to provide the name of a qualified person who will serve in that capacity. Consistent with the "Rules," the arbitrator shall issue a written opinion within a reasonable time.

The parties to this contract agree that these methods shall be the **sole remedy** for any controversy or claim arising out of the enrollment relationship or this agreement and **expressly waive** their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. The parties to this agreement have had an opportunity to consult legal counsel before signing this agreement.

Signature of Parent/Guardian/Other: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian/Other: \_\_\_\_\_ Date: \_\_\_\_\_

## Name of person financially responsible for payment.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature of Parent/Guardian/Other: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian/Other: \_\_\_\_\_ Date: \_\_\_\_\_

Community Christian School  
2017-2018 Extended Care  
Enrollment Form

Child #1 \_\_\_\_\_

Child #2 \_\_\_\_\_

Child #3 \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Yes, please send my invoices to my email address

Email address: \_\_\_\_\_

Please check the space according to the time your child(ren) will be participating in the Extended Care Program.

Extended Care is in operation only on days school is open and follows the same pattern of school openings, closings, and delays. Please plan early for holiday and emergency closings.

Please note that there will **NOT** be Extended Care offered: \*the first day of school; \*the day we dismiss for Christmas Break; \*or the last day of school.

**MONTHLY FEE\*\***

\_\_\_\_\_ **PK (11:30-3:20)** **\$140.00**

\_\_\_\_\_ **BEFORE SCHOOL (7:30 - 8:00 a.m.)** **\$ 40.00**

\_\_\_\_\_ **AFTER SCHOOL (3:20 - 5:30 p.m.)** **\$175.00**

\_\_\_\_\_ **OCCASIONAL USE ONLY (\$5.50/hour)**

**\*\*Payments received after the 10<sup>th</sup> of the month will be assessed an additional \$25 fee**

**\*\*NSF Check Fee is \$27.50**

**IF A STUDENT(S) IS NOT PICKED UP BY 5:30 P.M.,  
A \$5.50 FEE FOR 5 MINUTES WILL ACCRUE.**

The following individuals have my approval and permission to pick-up or retrieve my child from CCS or its alternate site(s). Please give at least two (2).

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

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

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

For Office Use Only

Screening \_\_\_\_\_ Admit Mtg. \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Ins. Fee \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Imm. Record \_\_\_\_\_ Physical (K&6) \_\_\_\_\_  
Application \_\_\_\_\_ Fin. Con. \_\_\_\_\_ AUP \_\_\_\_\_ PE con. \_\_\_\_\_ Photo rel. \_\_\_\_\_ Field trip perm. \_\_\_\_\_  
Med/Emergency Plan \_\_\_\_\_ Referral \_\_\_\_\_ STN: \_\_\_\_\_

**COMMUNITY CHRISTIAN SCHOOL**

500 Elks Road; Richmond, IN 47374

(765) 935-3215; 765-598-5152 Fax

[www.ccsrichmond.com](http://www.ccsrichmond.com)

**APPLICATION FOR ADMISSION**

**All information is considered confidential.** ACSI/State of Indiana requires the following fields to be known of student:

Date of Application \_\_\_\_\_ Applying for grade \_\_\_\_\_ For term beginning \_\_\_\_\_ Years at CCS \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_  
*First Middle Last*

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ *Y / N*  
*Gender Race Hispanic/Latino*

1. Father's Name \_\_\_\_\_ *Y / N*  
*Race Hispanic/Latino*

Father's Address \_\_\_\_\_  
*Street City State Zip Code*

Father's Telephone \_\_\_\_\_  
*Home Work Cell Carrier*

Father's Email \_\_\_\_\_

Father's Occupation \_\_\_\_\_  
*Company Position Income*

2. Mother's Name \_\_\_\_\_ *Y / N*  
*Race Hispanic Latino*

Mother's Address \_\_\_\_\_  
*Street City State Zip Code*

Mother's Telephone \_\_\_\_\_  
*Home Work Cell Carrier*

Mother's Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_  
*Company Position Income*

3. Please describe this student's living arrangement. This student's parents are:  
a. Married and living together \_\_\_\_\_ Single Parent \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
b. Living with at least one parent? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, who has legal custody of the student? (Please attach related information.)  
c. Number of children living in home \_\_\_\_\_

4. What is the native language of student? \_\_\_\_\_ Predominant language of student? \_\_\_\_\_  
What language is most often spoken by student in the home? \_\_\_\_\_

## 5. Emergency Information

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus field trip. In the event the Community Christian School Physical plant located at 500 Elks Road, should sustain a disaster, I give my permission to move my child to a safe haven at The Hayes Regional Arboretum Nature Center at 801 Elks Road. I understand that this measure will be used only as necessary and every effort will be made to shelter in place. I will be notified at the earliest possible time that this move has occurred, but understand that my notification may not be possible under certain circumstances. I further understand that my child will not be released to any individual or group, which has not been pre-approved by me. (**Below**, please list those to whom we may release your child).

I give my 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 activities. I/we agree to hold harmless **Community 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 accident, illness, or other emergency, I/we request that the school contact me/us. 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.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy \_\_\_\_\_  
Insurance Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Under the Name \_\_\_\_\_ Relationship: \_\_\_\_\_ SS# \_\_\_\_\_

### Consent for Emergency Medical Treatment

In the event that my child becomes ill or sustains injury as to require medical care, I hereby give my consent to Community Christian School or it's designees to seek emergency medical care through a licensed clinic, hospital, or physician. I understand that I shall assume financial responsibility if such measures are deemed necessary. Community Christian will not assume responsibility for any further injury received during treatment or transport fees, which result from obtaining such medical treatment.

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

### Communicable Diseases:

Chicken Pox  Diphtheria  Measles  Whooping Cough (Pertussis)  Scarlet Fever  Influenza  Pneumonia

### Other Conditions:

Asthma  Hay Fever  Skin Allergy  Colds (frequent)  Coughs (frequent)  Tonsillitis  Ear Infections  Polio  
\_\_\_\_\_  
 Permanent Paralysis  Rheumatic Fever \_\_\_\_\_ Heart Damage  Convulsions or Fainting Spells  Other  Exposure to  
Tuberculosis  Accidents (give dates)  Operations (give dates)  Subject to headaches  Other serious illness or injuries

List any hearing or vision problems \_\_\_\_\_

Wear glasses (if so, date of last eye exam) \_\_\_\_\_

Allergies or other difficulties (including reactions to medications) \_\_\_\_\_

Current medication(s) being taken \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Other information, which may be helpful to your child in a medical emergency \_\_\_\_\_

In case of an emergency, the following individuals may be contacted if I am unavailable. These individuals have my approval and permission to pick-up or retrieve my child from CCS or it's alternate site(s). Please give at least two (2).

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

6. **CCS Statement of Faith** (All references are taken from the NIV)

- We believe the Bible to be the inspired and only infallible, authoritative Word of God. (II Timothy 3:16,17).
- We believe that there is one God, eternally existent in three persons, Father, Son and Holy Spirit. (Matthew 28: 18-20 and 2 Cor. 13:14)
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory (I Cor. 15:3-8, I Peter 2:24, John 3:16).
- We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Romans 3:21-30).
- We believe in the resurrection of both the saved and the lost, those that are saved unto the resurrection of life, and those that are lost unto resurrection of damnation (John 5:28-29)
- We believe in the spiritual unity of believers in our Lord Jesus Christ (John 17:20-26).
- We believe in the creation of man by the direct act of God (Genesis 1:1-31, 2:1-2).

7. I do/do not (*please circle*) agree with the above doctrines of the school, but I agree to allow my student to be instructed in these doctrines in order for my student to be enrolled at CCS. Further, I will personally commit my respect and will instruct my student to be respectful of the above doctrines and those who are in charge of teaching them.

\_\_\_\_\_ *Father's Signature*

\_\_\_\_\_ *Mother's Signature*

8. Which church or parish do you attend?

Name \_\_\_\_\_ Denomination \_\_\_\_\_

Telephone Number for Contact \_\_\_\_\_ Pastors Name \_\_\_\_\_

We attend: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

9. Range of income: \$0 - \$25,000 \_\_\_\_\_ \$25,000 – \$49,999 \_\_\_\_\_ \$50,000 – \$99,999 \_\_\_\_\_ Over \$100,000 \_\_\_\_\_

Have you ever filed for bankruptcy?   Y/N  

10. **Statement of Cooperation** (Please Initial beside each line.)

\_\_\_\_\_ I agree that God specifically commands that parents educate their children; that they bring them up in “the nurture and admonition of the Lord.” Great care must be taken in delegating this responsibility. Christian schools are provided to work with the parents in the education of their children. The Christian school gains its authority from the parent and has been created to provide a Bible-centered philosophy of education to compliment what is being taught in the home and local church.

\_\_\_\_\_ CCS exists to train up this generation for Jesus Christ, spiritually, academically, socially and morally. Therefore, it should be understood by every parent and guardian that students of CCS will be engaged in a rigorous course of study that includes teaching from the Holy Scripture that Jesus Christ said, “*I am the way and the truth and the life. No one comes to the Father except through me.*” John 14:6

\_\_\_\_\_ I have read and will abide by the terms of the **CCS Parent/Student Handbook, including ‘Giving A Good Report.**

\_\_\_\_\_ I understand that the school upholds scriptural principles of discipline. Positive forms of discipline are employed in all classrooms according to school policy. (See Student Handbook) I will cooperate with the school in areas relating to the discipline of my child.

\_\_\_\_\_ If my child is sick (fever of 100 degrees or above, pinkeye, vomiting, diarrhea or other infectious disease), I will not bring him/her to school or Extended care. If my child should become sick while at school I will make arrangements to pick him/her up immediately. I understand that my child should be symptom free (i.e., without fever of 100 degrees or above, pinkeye, vomiting, diarrhea or other infectious disease) **for 24 hours before returning to school.**



\_\_\_\_\_ I give permission for my child to take part in all extra-curricular school day activities, including P.E. & Recess on the school premises, and absolve the school from liability to me or my child because of any injury to my child at school during any school activity.

\_\_\_\_\_ I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement in the completion of any homework or assignments.

\_\_\_\_\_ I appreciate the moral standards of the school and will not tolerate the use of alcohol, drugs, or tobacco, and profanity or obscenity in word or action by my child. I will expect my child to show honor to the Godhead, Word of God and country. I will expect my child to respect the personnel and property of Community Christian School. I hereby agree to support all regulations of the school on my child's behalf, and understand the school disciplinary policy as stated in the Student Handbook.

**I understand the terms stated on this application and agree thereto.**

Father/Guardian Signature \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

**The registration fee must accompany application and is not refundable.**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Authorization Check List Completed \_\_\_\_\_

**Community Christian School admits students of any race, color, gender and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in administration of its educational policies, admission policies, financial assistance program, athletic and other school administered programs.**

*C.C.S. Mission Statement:  
"Christ First, Academics Second To None"*

**Records Transfer Request**

Previous School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give my permission to send the complete records of my child(ren) to:

Community Christian School  
500 Elks Road  
P.O. Box 1393  
Richmond, IN 47375  
Fax: 765-598-5152

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

**COMMUNITY CHRISTIAN SCHOOL**  
*Parental Consent For Participation and Release of  
Liability in Physical Education Programs*

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

I/we hereby give consent to the above named student (hereinafter referred to as participant) to participate in the C.C.S. Physical Education Program.

I/We acknowledge that both I/we and the participant know and appreciate the risks and dangers involved in the above designed athletic activities and the insurance under the insurance provisions hereinafter designated. I/We do hereby release, discharge, and relinquish Community Christian School, its causes of actions of any sort for any injuries sustained by the participant for me/us, and from any damages to the participant's or my/our property.

Please check the appropriate space:

- ( ) The participant is covered under a family Health Insurance Policy.  
( ) The participant is not covered under a family Health Insurance Policy.

I/We acknowledge that C.C.S. will not provide the above named participant with a physical or medical examination. I/we represent to CCS that the above named participant has been examined by the physician of our choice and is physically capable of participating in those activities herein consented to or, we choose to forego any such physical examination but nevertheless consent to such participation.

**STUDENT AGREEMENT TO PARTICIPATE IN C.C.S. PHYSICAL EDUCATION (P.E.)**

Every P.E. class has certain inherent risks, and regardless of the precautions taken, it is impossible to ensure the total safety of the participant. P.E. involves developing a high level of fitness and stamina. At times, it requires quick bursts of speed, long periods of running, or walking, and physical contact with objects such as balls, jump ropes, other miscellaneous pieces of equipment, and other participants. It is a reasonably safe class as long as certain guidelines are followed.

Some hazards are the possibility of being struck by a ball, colliding with another player or walls, etc. A variety of injuries may occur, including muscle strain, sprains, fractures, contusions, abrasions, and dehydration. Serious and disabling injuries and even death may result from participation in P.E. It is not possible to list each specific risk.

To help reduce the chance of injury to yourself and other participants, the following safety rules need to be followed during P.E. class. Participants will (1) wear the proper attire when they are in P.E. class, including but not limited to good fitting clothes, and athletic shoes, (2) obey the rules, and (3) report all discovered defects or problems in the playing fields or equipment.

I agree to follow the preceding safety rules as well as any others given by the teacher. Further, I agree to immediately report any unsafe practices, conditions, or equipment to my teacher. I also agree to report any injury to the teacher on the day that it occurs.

I certify that (1) I am physically fit to participate in P.E. (2) I understand that I am free to discontinue activity at any time I feel undue discomfort or stress, and (3) on the following lines is a complete list of any health-related conditions that might affect my ability to participate in P.E. (4) C.C.S. does not retain a full time school nurse (5) C.C.S. does not own, possess or utilize a defibrillator.

\_\_\_\_\_  
\_\_\_\_\_

I have read the preceding warning of risks, my teacher has explained the hazards to me, and I have had the opportunity to ask questions concerning the safety risks involved. Any questions I have asked have been answered to complete satisfaction. I fully know, understand and appreciate the risks inherent in P.E., and I am voluntarily participating in this activity.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**COMMUNITY CHRISTIAN SCHOOL**  
**AUP POLICY**  
**(Acceptable Use Policy)**

The purpose of this agreement is to provide Network and Internet access for educational purposes to the student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all Network and Internet acceptable use policies approved by the C.C.S. Board of Directors. CCS will periodically make determinations on whether specific uses are consistent with the acceptable-use practice. Administration reserves the right to log Internet use and to monitor electronic utilization by users.

The Administration is authorized to establish regulations and procedures as necessary to implement the terms of this policy. Student Code of Conduct:

- A. **I agree** that the use of CCS computers is a privilege, which may be revoked at any time for any reason. C.C.S. has the right to remove files, limit or deny access, and refer me for disciplinary actions.
- B. **I agree** not to purposely give out my password information (student will have a username and password through Sycamore Education) to anyone else. I am responsible for its protection. I also agree not to attempt to obtain someone else's username and password. Use of an account by misrepresenting or interfering by someone other than me is forbidden and may be grounds for loss of access privileges.
- C. **I agree** not to intentionally seek information on, obtain copies of, modify files, other data, "hacking" or other unlawful activity which includes but is not limited to: altering system or system software (includes installing/downloading applications or any software), placing of unlawful information, computer viruses or harmful programs. I will not tamper with terminals, associated equipment, or otherwise disable the system.
- D. **I agree** not to use C.C.S.'s computer system to obtain, view, download, send, print, display, or otherwise gain access to or transmit materials that are unlawful, obscene, pornographic, abusive, encouraging hatred or terrorist acts or illegal activities. The activities are strictly forbidden. I will NEVER reveal personal address or phone number or those of others.
- E. **I agree** not to cyber-bully my classmates. Cyber-bullying can be defined as harassing, sending hate mail or text messages, insult, lie, discredit with the intention of harming another person.
- F. **I agree** not to participate in any social networking sites during school and extended care hours, i.e., Myspace, Facebook, or other forms of direct electronic communication. This includes using CCS computers to play games with other CCS students.
- G. **I agree** not to use personal audio (ipods, zunes) or gaming devices, cell phones, instant messaging, texting, or any similar friend-to-friend communication at ANY time while at CCS. This includes before & after school Extended Care.
- H. **I agree** not to violate copyright laws or to use the computer for anything other than course-related work without permission from the instructor. I will search Youtube.com only as directed by an instructor.
- I. **I agree** to use a memory stick to save my work and only print what is necessary so not to waste paper/ink.
- J. **I agree** to immediately notify the instructor or administrator of issues on CCS's computer systems.
- K. **I agree** to abide by any additional guidelines that my school implements at any time.

**Agreement for Student**

I agree to adhere to the policy, other regulations that may be developed, and to any changes or additions adopted by C.C.S. I understand that failure to comply with these policies may result in loss of my access to the school's computer system, and may result in discipline under AUP policy. I further understand that C.C.S. reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of Community Christian School.

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Student's Name (Printed)

Student's Signature

Date

**Agreement for Parent/Guardian**

I am the parent/guardian of the above named minor student who has signed the C.C.S. AUP Policy for student use of computerized information resources. I also acknowledge that, unlike most traditional or library media materials, the school's computer system will potentially allow my son/daughter access to external networks not controlled by the school. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the school to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the school's computer system or any other electronic media or communications. I agree to release C.C.S., the Board of Directors, its agents and employees for any and all claims that may arise from my son's/daughter's use of the school's computer system in any manner whatsoever.

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Parent/Guardian's Name (Printed)

Signature

Date

*It shall be the policy of the school, to admit students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available by the school. The school shall not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, admission policies, and athletic and other School Administered programs.*

**COMMUNITY CHRISTIAN SCHOOL  
RELEASE FORM NOTIFICATION REGISTRY**

**PHOTO RELEASE**

Technology plays an important role at Community Christian School. Students are exposed to a number of programs that will help them improve academics. During the school year, CCS students are often involved in activities that involve taking pictures for public media (such as: Internet web design, newspapers, marketing publications, etc.). We are constantly updating our website and we would like to celebrate student achievement by posting pictures on our web site, in newsletters and in our yearbook.

Students names are not listed in our promotional materials but likenesses are used to help promote the programs of the school. We like to feature our students working together in the classroom and participating in school activities. Your consent is required for your child to be included in any of the pictures. Your child will not be identified by name except in the yearbook. We make every effort, especially on web pages, to NOT give personal information or identity. The sole purpose of photos is to help promote school programs, while protecting the privacy of individuals.

In addition, the local paper, The Palladium-Item, features articles and/or photos that feature our students. At times, The Palladium-Item will print names of students, either with photos or in articles, such as Honor Roll, Science Fair, or general information that highlights the programs of the school.

Please mark applicable line below:

\_\_\_\_\_ I hereby give consent for my child to be included in any pictures taken. I know that they will not be used for any commercial purposes and will be used solely for displaying the dimensions of the program. I also give consent for my child's name and/or likeness to be printed in the local paper, if the occasion arises. I also consent for my child to be included in pictures taken for promotional materials and on the school website.

\_\_\_\_\_ I hereby request that my child NOT be photographed, videotaped, or interviewed for possible use in newspapers, television, radio broadcasts, or the school websites.

**SCHOOL DIRECTORY**

Your family has the option of having your names, addresses, home telephone number, and/or email address in the school directory.

\_\_\_\_\_ Yes, please include the following information in the CCS directory.

Parent/Guardian Names \_\_\_\_\_

Address: \_\_\_\_\_ HomePhone \_\_\_\_\_  
City State Zip

Primary email address \_\_\_\_\_

Student Names, Grades, & Date of Birth \_\_\_\_\_

The following will only be given to Room Parents:

Cell Phone Number 1 \_\_\_\_\_ 2 \_\_\_\_\_

Alternative email addresses \_\_\_\_\_

\_\_\_\_\_ No, we do NOT want our information published.

\_\_\_\_\_  
Parent Signature Date (over)

**AS A SERVICE TO OUR VOLUNTEERS:** According to the CCS policy regarding volunteers, (see CCS Handbook, 5:14) "All CCS volunteers must have a clear Criminal background check, on file in the CCS office." The following paperwork for Limited Adult Criminal History Information is provided for your convenience in fulfilling this requirement.

CCS will submit this paperwork (4) four times per year, to the Indiana State Police, at not charge to you. You may copy this page for additional persons, such as other friends or family members who may wish to drive on, or attend field trips, or serve in any other volunteer capacity. If you do not submit your paperwork in a timely manner, a Limited Adult Criminal History may be obtained through Barada, Inc. at your cost.

**Pesticide Notification Registry for Schools**

At least 48 hours prior to a pesticide application at a school, the school corporation must provide planned pesticide application details to parents, guardians, and staff members requesting to be notified. Parents, guardians and staff must be registered with the school corporation to receive such advance notice. To register, individuals need to contact the school office and provide an e-mail address for notification purposes.

## REQUEST FOR LIMITED ADULT CRIMINAL HISTORY INFORMATION

*Please print all information*

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

Last Name: \_\_\_\_\_ Middle \_\_\_\_\_

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

Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_  
(A-Asian/Pacific; W-White; I-American Indian/Alaskan; B-Black; M-Multi-Racial; U-Unknown)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

**Mission Statement: "Christ First, Academics Second to None"**

*It shall be the policy of the school, to admit students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available by the school. The school shall not discriminate on the basis of race, color, gender, national or ethnic origin in administration of its educational policies, scholarship and loan programs, admission policies, and athletic and other School Administered programs.*