Reenrollment for 2018-2019

Date: _____

Please complete all sections indicated with an asterisks (*).

*STUDENT NAME: _____ *Grade going into: _____
*PRIMARY RESIDENCE: _____
*RenWeb information checked _____ *Changes needed? _____No _____ Yes
*EMAIL: _____
*Changes to be made: _____
*Busing information:
*CURRENT SCHOOL DISTRICT - **Circle one:** Big Spring / CV / Carlisle / So. Middleton / Other: _____
_____ My student will ride the bus to & from school
_____ I will provide transportation to and from school
*Extended Care information:
_____ My student **WILL** be in Extended Care _____ AM only _____PM only _____BOTH
_____ My student will **NOT** need Extended Care

PLEASE FILL in these sections each year

***Student Release** – list the individuals to whom your child may be released if CCA is unable to contact you. These individuals should be locally available and able to transport students. Any changes to this list must be submitted in writing to CCA with a parent signature. **CCA will require photo identification prior to releasing a student to anyone other than a parent.**

Name _____
Relationship to student _____
Primary Phone _____
Alternate Phone _____

Name _____
Relationship to student_____
Primary Phone _____
Alternate Phone _____

Name _____
Relationship to student _____
Primary Phone _____
Alternate Phone _____

Name _____
Relationship to student _____
Primary Phone _____
Alternate Phone_____

***Medical Authorization**

By signing below, we hereby authorize Carlisle Christian Academy to administer medications provided by the parent according to the recommended dosage (OTC) or instructed dosage (prescription). In the event of an emergency, if a parent or emergency contact cannot be reached, the undersigned parents or guardians authorize a representative of CCA to consent to any required X-rays, anesthetic, medical, or surgical treatment and hospital care deemed advisable by any licensed physician or surgeon, whether in his/her office or a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary. We have also reviewed the policies in the Student Handbook related to Health Services including section 7.3 titled "Nut/Peanut Allergens." Please read section 5.2 of the Student Handbook before bringing in your child's prescriptions. The handbook is available online.

_____ _____ _____
*Primary / Guardian signature Second / Guardian signature *Phone

*PRIMARY CARE PHYSICIAN: _____ *Phone:_____

Please complete both sides of this form.

*PARENT/GUARDIAN AUTHORIZATIONS:

Please initial the following:

*Please indicate which Over the Counter (OTC) medications your student **may** have: ***Please X all that are allowed:**

_____ Tylenol (Acetaminophen) _____ Advil (Ibuprofen) _____ Benadryl _____ Pepto-Bismol _____ Tums _____ Cough drops

List all allergies including drug and seasonal allergies:

_____

Initials: _____

***Travel, Trip, and Activity Permission**

By signing below, I give permission for my child to participate in all school activities, including sports and school-sponsored trips away from the school premises. I absolve Carlisle Christian Academy from all liability to us or our child due to any injury resulting from any school activity, event, or trip. Initials: _____

***Photo and Video Release Form**

I hereby give permission to CCA to use my child's photograph and/or videotaped image for the purpose of use in online publications, news media and/or any other uses by the school. I understand and agree that CCA may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I also give CCA permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school-related stories or articles. Initials: _____

***Internet Use at CCA**

I agree to my child using the internet on the school computers with the help and support of the teachers. I understand that while the school has protective filters in place they cannot possibly filter everything. I hereby absolve Carlisle Christian Academy from all liability to us or our child due to this internet access. Initials: _____

*By signing this reenrollment form, I confirm that all answers and information are true and accurate and I agree to follow the school's guidelines as written in the Student Handbook (available online) and to abide by all school rules.

_____

*Primary Contact Parent / Guardian signature

_____

Second Contact Parent / Guardian signature

Additional changes / notes:

_____

_____

_____

***Demographic Assessment Questions** (Optional)

In accordance with our accrediting bodies we are asked to collect the following demographic data.
Your participation is appreciated.

1) Parents / Guardians: What is your level of education

____ High School Graduate ____ 2 year degree / certification ____ Bachelors (4 year degree)
____ Masters or higher

2) Parents / Guardians: Ethnicity (Check all that apply)

____ White ____ Hispanic ____ African American ____ Asian Pacific ____ Other _____

3) Parents / Guardians: Vocation(s)

_____

_____