



Olive Knolls Christian School

Elementary and Middle School Registration



Student's Information

Last Name: _____ First Name: _____ Middle Name: _____ SS# (Optional): _____

Primary Home Address: _____ Zip: _____ Home Phone: _____

Bill To Address (If Different from Primary): _____ Zip: _____

Gender: M F Birth date: _____ Grade to Enter August 2009 _____ Contact Phone: _____

Birthplace, City _____ State _____ Country _____ Primary Email _____

Circle Grades Previously Attended at OKCS: None PK K 1 2 3 4 5 6 7 Physical Limitations? _____

School Last Attended (If different from OKCS) _____ Grade: _____ Phone: _____

Address: _____ Grades have been: Above Average Average Below Average

Has student ever repeated a grade? Yes No If yes, what grade? _____ Church Currently Attending _____

Ethnicity: American Indian Asian Black Caucasian Hispanic Mid.East Phillippine Other _____

Daycare Sign-up:
(Not included in Tuition Price) No Daycare Before School Est. Drop-off: _____ After School Est. Pick-up: _____

(Separate registration forms required for daycare/summer daycare.)

Father or Guardian's Information

Last Name: _____ First Name: _____ SS#: _____

Address: (If Different from Primary): _____ Zip: _____ Cell Phone#: _____

Employer: _____ Position: _____ Phone: _____

Spouse (If Different from Mother) First Name: _____ OK to Pick-up Student? Yes No

Parent Education Level High School Some College College Grad Post Grad Declined to state Unknown

Mother or Guardian's Information

Last Name: _____ First Name: _____ SS#: _____

Address: (If Different from Primary): _____ Zip: _____ Cell Phone#: _____

Employer: _____ Position: _____ Phone: _____

Spouse (If Different from Father) First Name: _____ OK to Pick-up Student? Yes No

Parent Education Level High School Some College College Grad Post Grad Declined to state Unknown

Medical, Liability, and Video Releases

Initials _____

In the event of an emergency and none of the responsible parties listed within are able to be reached, I hereby authorize the Administrator or Director to consent to emergency treatment on behalf of my child, upon the advice of the attending physician or dentist. I also authorize Olive Knolls Christian School Staff to administer aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. As parent/guardian of the named student, I hereby agree to allow him/her to participate in all activities that occur at Olive Knolls Christian School. I realize that unanticipated and unexpected dangers may arise during and associated with school activities. I vountarily agree to accept any and all risks of injury arising from school activities. Furthermore, I do hereby authorize the consent for Olive Knolls Christian School to videotape and take photos for school publications, including, but not limited to the school yearbook, website, and future advertsing of events.

Agreement

Initials _____

By signing below, I acknowledge that I have received and read the OKCS Handbook and that I understand and agree with the policies, procedures, and regulations set forth in this handbook. Specifically, but not exclusively, I agree to the Discipline Policy, Payment Policy, Fee Schedule, Scrip Program, and the Mandatory Uniform Requirements. I also understand that even though OKCS has received this application for admittance, a student is not officially registered until he/she has completed the required testing, SAT review, and interview by an OKCS Administrator. In the event that OKCS does not authorize my student to attend the school, I understand that my registration, application, or testing fees will not be refunded to me. Any book fees paid will be refunded. If I choose to withdraw my student from OKCS for any reason prior to, or after the start of the school year, I understand that I will not receive a refund for any registration, application, testing, or book fees.