



# FORT WORTH CHRISTIAN SCHOOL

*Shaping Lives That Change The World*

For office use only		
Ck #	Amount	Date

## Enrollment Contract 2010-2011 School Year

### STUDENT INFORMATION - Please List Oldest Child First

One or two children may be included on this contract; please complete another contract for additional children.

Name \_\_\_\_\_  
Last, First, Middle \_\_\_\_\_ Name Used \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Grade for 2010-2011 \_\_\_\_\_

New  Returning  Ethnicity \_\_\_\_\_

If new, list the school with address previously attended \_\_\_\_\_

Separate Student Phone Number for *Red Pages* \_\_\_\_\_

Please check all that this child will participate in:  Athletics  Band/Strings  Cheerleading

Name \_\_\_\_\_  
Last, First, Middle \_\_\_\_\_ Name Used \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Grade for 2010-2011 \_\_\_\_\_

New  Returning  Ethnicity \_\_\_\_\_

If new, list the school with address previously attended \_\_\_\_\_

Separate Student Phone Number for *Red Pages* \_\_\_\_\_

Please check all that this child will participate in:  Athletics  Band/Strings  Cheerleading

### PARENT INFORMATION

Father's Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ Employer _____ Position _____ Religious Preference _____ Church Name _____ Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother's Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ Employer _____ Position _____ Religious Preference _____ Church Name _____ Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are parents: Divorced  Separated  If so, who has legal custody? \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

Alumnus of FWC: Father Yes  No  Class of \_\_\_\_\_ Mother Yes  No  Class of \_\_\_\_\_

Grandparent Information (Name, Address, City, State, Zip) (Please complete each year for Grandparents' Day invitation.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**In consideration of the acceptance of this enrollment contract by Fort Worth Christian School, Inc., the parent or legal guardian (hereinafter “the Responsible Party”) agrees with FWC as follows:**

**Registration Fee:** In order to secure enrollment, the Responsible Party agrees to pay and deliver with this Enrollment Contract the registration fee. Once paid, this registration fee is NON-REFUNDABLE.

**Tuition:** Full tuition is due no later than the first week of July or payable in monthly option plans. I have read the current Tuition and Fee Schedule, and I agree to be bound by said terms and conditions.

**Tuition Reimbursement:** Tuition is non-refundable, except for the following special circumstances:

1. The student moves a distance that would prohibit him/her from attending the school.
2. The school determines that the student is unable to meet the demands of FWC by no fault of the student. This will be determined by teachers, counselor, and administrator.
3. The student is unable to attend due to prolonged illness, injury, or death.

*In the circumstances described above, tuition will be refunded on a prorated basis. Registration fees and special activity fees will not be refunded.*

**School Policies:** I understand that in signing this enrollment contract, I am agreeing to accept the rules and regulations of the school as stated in the current handbook and the rule concerning payments as referred to above. The school reserves the right to dismiss any student who in conduct, industry, or progress proves not to be in harmony with the school standards or policies. This applies as well to conduct taking place outside the school’s jurisdiction which nonetheless suggests the student may not be a desirable member of the school community or which reflects adversely on the school’s reputation. Furthermore, I agree to the policy that no student will be permitted to take examinations nor will transcripts be released unless the student’s account is paid current.

**Web Site Waiver:** Fort Worth Christian School, Inc. may use your children’s picture, video, and/or name on the school’s web sites or in promotional materials without permission. The children’s name and video or picture will not appear together on a web site except in situations of news that would normally appear or has appeared in a local newspaper.

**Policy of Non-Discrimination:** Fort Worth Christian School, Inc. admits students of any race, color, and national or ethnic origin. Also, as required by Title IX of the Education Amendments of 1972, Fort Worth Christian School, Inc. does not discriminate on the basis of sex in its educational program or activities or employment except where necessitated by specific religious tenets held by the institution and its controlling body.

**Medical Release:** The undersigned, being the Parent or Guardian of children enrolled in Fort Worth Christian School, hereby declares that in the event of a medical emergency involving my children, if reasonable efforts to reach me are not successful and if, in the opinion of a properly licensed and practicing physician, my children need medical or surgical treatment which would otherwise require my consent, Fort Worth Christian School, acting by and through its employees, is hereby authorized to act as my agent to give authorization or consent for such treatment to my children; and I hereby release any doctor, hospital or other provider of such emergency medical or surgical services from any liability which may otherwise occur as a result of providing such services in reliance upon this Authorization and Consent; and that any such person or entity may rely upon a photocopy of this Authorization and Consent as being fully effective and binding upon me as if it were an executed original.

**Immunization Policy:** In order to ensure the health of all our students, it is critical that each student receive proper immunizations required by law. If at any point during the school year it is determined that a student is in need of an immunization, he/she will be unable to attend school until it is administered.

**Field Trip Waiver:** I agree and do hereby release and discharge Fort Worth Christian School, Inc. and any teacher, employee or other person in charge of field trip activities from all claims, present and future, known and unknown, in any manner arising out of the described activity for each field trip. I further understand and agree that this release shall hold Fort Worth Christian School and any teacher, employee or other person engaged in the field trip harmless from any and all liability to my children and further, I agree to hold them harmless from any loss of property to my children that may occur during the field trip activities.


**Contract Coverage:** By signing this contract, I agree that this contract is valid as long as I have children at Fort Worth Christian School and includes all current and future children enrolled in the school. Future re-enrollment of current children or enrollment of additional children in my family via an online process shall not invalidate nor terminate this signed contract.

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injury to my children, which are not the result of gross negligence by the school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my children. To protect the health and safety of each student, I have completed the medical information on this contract and have indicated any restrictions which should be placed on my children’s participation in competitive sports and/or activities. I agree to keep my children’s medical information current via the Parents Web.

I certify that no information relevant to my children’s application has been withheld and agree to the terms of this application and to the policy of the school. I understand that acceptance of this application by Fort Worth Christian School in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy, and final decision will be made by the Admission Committee representing the administration of Fort Worth Christian School.

**BOTH PARENTS MUST SIGN**

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

## Fort Worth Christian School, Inc. Medical Information

*(Please be sure to update demographic and medical information as needed in Parents Web.)*

### Emergency Contact

(Parents, Friends or Relatives Name and Daytime and Cell Phones -- Attempt will be made to contact Parent/Guardian first)

1. Father \_\_\_\_\_
2. Mother \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Blood Type** \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

This child has permission to take \_\_\_\_\_  
at school but is allergic to \_\_\_\_\_

Regular Medications \_\_\_\_\_

Other medical information \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Blood Type** \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

This child has permission to take \_\_\_\_\_  
at school but is allergic to \_\_\_\_\_

Regular Medications \_\_\_\_\_

Other medical information \_\_\_\_\_

### Tuition and Fee Payment Information

The registration fee is due in full with this contract before enrollment can be completed. Once paid, this registration fee is **NON-REFUNDABLE**. Full tuition is due no later than July 1, 2010, or payable in monthly option plans listed below. Refer to the current Tuition and Fee Schedule for fees associated with making monthly payments. Please indicate your payment method below (mandatory for processing):

- Full payment due by July 1, 2010     6 payments April-September     12 payments April-March

### Other Information

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Have any of the applicants received help for learning differences?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any of the applicants been diagnosed with ADD or ADHD?<br>(If so, please include a copy of the report.)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any of the applicants been diagnosed with dyslexia?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any of the applicants ever had any serious discipline problems or<br>been suspended or expelled from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If the answer to any of the above was yes, please attach an explanation.*

**FORT WORTH CHRISTIAN SCHOOL, INC.**  
**CONSENT TO SUBSTANCE SCREENING AND ACKNOWLEDGEMENT**  
**OF FUTURE TESTING AND SEARCHES AND/OR INSPECTIONS**  
**AND PARTIAL RELEASE OF TEST REQUISITION**

I have received a copy of the Drug-Free Policy of Fort Worth Christian Schools dated below (the "Policy"), and acknowledge that the provisions of the Policy are part of the terms and conditions of my child's admission and continued enrollment in school. I agree that I and my child will abide by them. Execution of this consent form and my continued consent to the provisions of the Policy are and will be a condition of my child's continued enrollment. I understand that the Policy may be changed from time to time and that advisements concerning material changes will be distributed to parents periodically. The Policy shall control if there is any conflict between this form and the Policy.

I hereby give my voluntary consent to the school and the physician, registered nurse, duly licensed testing facility or laboratory ("test provider") designated by the school, so that they may collect, from time to time, as permitted by the Policy, urine, breath and hair follicle specimen from my children for testing of alcohol, drugs, illegal drugs and controlled substances. Children in grades 3 through 5 must be accompanied by a parent during any permitted test. If my child is in grades 6 through 12, I also give my voluntary consent for the school or test provider to collect a blood specimen from my said child from time to time in accordance with and to the extent permitted in the Policy. Permitted blood samples may be taken by the test provider, or, in the absence thereof, by my child's regular physician. Testing of any and all specimen may be conducted by the test provider. I understand that written confirmation of my consent to any individual testing for cause will be required at the time of any such test.

I understand that if my child is taking or has recently taken any prescription or over-the-counter medication, I will, to the best of my knowledge, list those medications in the space provided below. With respect to future drug testing, I will supplement this list in writing to the school nurse either in advance of or as soon after such testing as is reasonable. In the event that individual testing for cause is undertaken, the school will contact me concurrently with such testing, and I understand that my written confirmation of consent will be required in advance of such testing. I have or will review the Policy concerning my ability to have duplicate tests conducted at my expense and to review test information.

Subject to the confidentiality provisions of the Policy, I hereby authorize the test provider conducting such tests to disclose the results of the tests to the school, and require that they be released to me. I further agree that such test results shall be admissible into evidence (a) at any administrative proceeding of the school, its board or officers, in which dismissal or discipline of my child from school for alleged use of alcohol, drugs or controlled substance is placed in issue, and, (b) in any subsequent, resulting legal proceeding involving the school, its faculty members, its employees, or board of trustee members, in which such testing, test result, or administrative proceeding is in issue. Otherwise, it is my understanding that such tests and test results will be held in confidence between me, school officials who have a need to know of such tests and test results, and the test provider, except as otherwise required by applicable law.

I hereby acknowledge and grant the school authority to conduct future searches and/or inspections of my child and my child's personal effects which are on school premises, including automobiles operated or parked on school premises, as permitted by the Policy. I also consent to the school reporting information concerning possession, distribution or use of any illegal drugs to law enforcement officials, and to the school turning over to the custody of law enforcement officials any illegal substances found during a search of my child or my child's personal effects to the extent that the school, upon advice of its counsel, determines that it is required to do so under applicable law. If you are using this contract for more than one child, note child's name before each entry.

Medications my child is taking or has recently taken, and known side-effect: \_\_\_\_\_

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

Name of doctors prescribing: \_\_\_\_\_

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

Physical condition requiring drug usage: \_\_\_\_\_

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

Any other reasons test may indicate drug or alcohol usage: \_\_\_\_\_

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

I understand that this consent form shall be valid as long as my family has children enrolled at Fort Worth Christian School and includes all current and future children enrolled in the school.

\_\_\_\_\_  
Date



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



\_\_\_\_\_  
Parent's Printed Name