



Dear Prospective School Family,

We value your interest in Valley Christian School. Let us help you shape your child's future. It is our purpose to provide a loving environment that upholds a high standard of education built on a biblical worldview. We are a discipleship-based school endeavoring to inspire our young people to grow in their Christ-like character, preparing them to serve God and others as an outpouring of their faith. It is our goal to help every student reach their God-given potential in every aspect of life.

Our teachers are committed to serve as role models of Christ and have been called by God to serve in a Christian school. We offer a traditional teacher-centered classroom approach that establishes strong foundations of learning across the curriculum. Our classes are smaller in size and provide opportunity for consistent student mentorship.

Valley Christian School has been serving families since 1975 and is an independent, non-denominational school. We are accredited by the Association of Christian School International (ACSI) and Northwest Accreditation Commission (NWAC). Our PreK-12 program is approved by the State of Washington with curriculum opportunities in Bible, language, social studies, mathematics, occupational education, foreign language, advanced placement classes, music, physical education, athletics, drama, and Christian service. For more information you can visit our website at www.valleychristianschool.org.

After having the opportunity to review the enrollment packet, please let us know if you have further questions or would like to set an appointment to tour our facilities.

In His Service,

Derick Tabish
Administrator of Valley Christian School

"Let us help you shape your child's future
Invest now in their education"

10212 E 9TH AVE SPOKANE VALLEY WA 99206
PHONE 509.924.9131 FAX 509.924.2971
WEBSITE VALLEYCHRISTIANSCHOOL.ORG

MEMBER of ASSOCIATION of CHRISTIAN SCHOOLS INTERNATIONAL



VALLEY CHRISTIAN SCHOOL
SHAPING SERVANTS OF JESUS CHRIST

Admissions Guidelines

10212 E. 9th Ave ♦ Spokane Valley, WA 99206 ♦ 509.924.9131
www.valleychristianschool.org

Our Mission -

*"We are committed to be a loving school community,
providing a high standard of education
for Christian families, built on a biblical worldview,
inspiring Christ-like character and service to God and the world."*

- A student who applies for admittance to Valley Christian School will be selected according to the following guidelines:
- Complete enrollment packet and turn in to school office with \$200 enrollment fee.
- The administrator of the school or his representative will interview the parents/guardians and child.
- All students will be tested to determine academic placement. VCS may not be able to accommodate special needs of all students.
- Parents/Guardians will support the building of character qualities from a Christian perspective and support the Christian educational process in their home. One parent/guardian must be a "born again Christian," attending a Bible-believing church and endeavoring to live a separated life from the world.
- Parents/Guardians desire a Christian education for their children, not just a desire to get them out of public schools. The student should be willing to attend Valley Christian School and will come in good standing academically and behaviorally.
- Parents/Guardians agree to support school policies and procedures.
- The student must be willing to abide by all the procedures and rules of Valley Christian School.
- For detailed information about admission standards, school policies and procedures, please see the current VCS Parent/Student Handbook.



We believe that the Bible is the inspired, infallible, inerrant Word of God and is the only rule for faith and practice.

We believe in one God who exists in three persons: the Father, Son and the Holy Spirit and that these three are co-equal, co-eternal and co-essential.

We believe that Jesus Christ is God incarnate, was born of a virgin, lived a sinless life, died on the cross for the sins of the world, was buried and rose again. We believe that He is ascended and is seated at the Father's right hand where He now intercedes for all true believers.

We believe the Holy Spirit is come to convict the world of sin; that he comes to teach and guide believers into all truth; that He permanently indwells every true believer in Christ; that He wants to fill, control and empower each believer for service; that all who believe in Christ are baptized by the Holy Spirit into the church, the body of Christ.

We believe that man was created in the image of God, but in Adam's fall, every person is a sinner both by birth and by practice. We believe that every person must be born again in order to be forgiven of his sin and saved from eternal separation from God.

We believe that salvation is by grace through faith apart from works and that every true believer will be kept saved forever by the power of God, and that this faith is personally to be in Christ's substitutionary death on our behalf.

We believe that the privilege and responsibility of every Christian is to grow into spiritual maturity through obedience to the Word of God and the indwelling Holy Spirit.

We believe in the pre-millennial, pre-tribulation rapture of the church. We believe that the earth will then go through seven years of tribulation and then Jesus Christ will return to earth with his saints to set up his millennial kingdom.

We believe that the true church is one body composed of all believers, with Jesus Christ as head.

We believe that baptism and the Lord's Supper are scriptural ordinances to be observed by the church today.

A complete doctrinal statement is available upon request at the school office.



Enrollment Contract

Father/Guardian: _____

Mother/Guardian: _____

Last First Middle Email

Street _____ City _____ State _____ Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Please indicate your preference for **Pre-Kindergarten** on the line provided for grade level – **PK3=3 Day; PK4=4 Day.**

Please indicate your preference for **Kindergarten** on the line provided for grade level – **K3= 3 day Time; K4= 4 day.**

Ethnicity Code: *Caucasian (C), African American (AA), Asian (A), Hispanic (H), American Indian (AI), Other (O)*

Grades Offered: *PreK-12* (Please check program choice.)

T-Shirt Sizes: *YS, YM, YL, YXL, AS, AM, AL, AXL*

<u>Student Name</u>	<u>Birth Date</u>	<u>Ethnicity</u>	<u>Entry Grade</u>	<u>T-Shirt Size</u>	<u>Day School Program <input checked="" type="checkbox"/></u>	<u>Home School Program <input checked="" type="checkbox"/></u>
_____	_____ M / F	_____	_____	_____	_____	_____
_____	_____ M / F	_____	_____	_____	_____	_____
_____	_____ M / F	_____	_____	_____	_____	_____
_____	_____ M / F	_____	_____	_____	_____	_____

Father's/Guardian's Employer _____ Position _____ Address _____ Phone _____

Mother's/Guardian's Employer _____ Position _____ Address _____ Phone _____

I have chosen the following payment plan (see FEE SCHEDULE sheet for explanation):

- Annual Pay
- Semester Pay
- Electronic Pay 10th of the Month
- Credit Card 15th of Month
- 20th of the Month
- (a 3% fee applies)

- We choose to pay the \$360 fee in lieu of 40 family service hours OR**
- \$180 = 20 hours for part-time programs/single parent families**
- \$90 = 10 hours for full home school program**

ENROLLMENT CHECKLIST FOR OFFICE USE ONLY:

- Enrollment Contract accompanied with a non-refundable \$200 enrollment fee per family Check # _____ Cash _____
- New Student Application
- Authorization to Treat/Consent Form
- Church Involvement Form
- Parent/Guardian Commitment Form
- Opportunities for Family Involvement
- Photo Release Authorization
- Automatic Withdrawal of Funds Form
- Teacher / Principal Reference Form (new 1st-12th grade students only)
- Medication Dispense Form
- Background Check Authorization (All volunteers must complete a new form every year.)
- Grandparent Form

I have read, understand, and agree to abide by the fee and tuition schedule, withdrawal penalty, volunteer program, parent commitment agreement, and church attendance forms.

Parent/Guardian Signature _____ Date _____



VALLEY CHRISTIAN SCHOOL
SHAPING SERVANTS OF JESUS CHRIST

Student Application – to be Completed by Parent/Guardian

Student _____ Date _____

What is the reason you want your student to attend Valley Christian? _____

Has your student accepted Jesus Christ as personal Savior? _____

Is your student in good standing academically from his/her previous school? _____ If not, please explain.

Has he/she ever been tested for a learning disability? _____ Testing agency _____

What was the diagnosis? _____

Does your student have any physical handicaps or allergies? _____ If so, explain. _____

Is your student in good standing behaviorally from his/her previous school? _____ If not, please explain.

Has your student ever been suspended or expelled from any school? _____ Reason: _____

School: _____ Principal: _____

Has your student ever been arrested or detained by law enforcement officials? _____ Reason: _____

By my signature I certify these statements are accurate. _____ Date: _____



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Spokane Valley, WA 99206
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Church Involvement Form

Please complete this family church involvement form as part of the enrollment packet at Valley Christian School. The purpose of this form is to identify church attended and involvement of the family or student.

Parents'/Guardians' Names _____

Have you changed churches in the last school year? _____

Student(s) Name(s) _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Name of church currently attending _____

Pastor's Name _____

Church Address _____ Phone Number _____

Attendance at Worship Services

_____ Entire family attends on a weekly basis. If not, how often? _____

_____ Some family members attend on a weekly basis: _____ Father _____ Mother _____ Children

Comment _____

If student is in grade 9-12, describe his/her attendance pattern _____

Church Involvement

How long has your family been actively attending this church? _____

Comment _____

What church activities does your family participate in? _____

Other Comments regarding the family's involvement _____



Parent/Guardian Commitment

In this commitment between Valley Christian School and _____
I/we agree to the following: (Print Family/Guardian Name)

I/We understand the general philosophy of Christian education and the spiritual emphasis of the school and are in agreement with the purpose and intent of Valley Christian School.

I/We agree to hold and support the high academic standards of the school by providing a place at home for my/our child(ren) to study, and to give my/our child(ren) encouragement in the completion of homework and assignments.

I/We understand that I/we, as parent(s)/guardians, are primarily responsible to God for our child's spiritual well-being. I/We understand that Valley Christian does not replace the important influence of home and church in spiritual instruction.

I/We will cooperate with teachers and administration to discipline my/our child(ren) when necessary and as outlined in the Parent Student Handbook in upholding appropriate behavioral accountability in line with the VCS Standard of Conduct.

I/We agree to report to administration any prescribed medication, involvement with the law, or juvenile authorities. I/We agree to report relevant psychiatric or psychological counseling information. This information will be kept confidential. Failure to report these things may be cause for immediate dismissal.

I/We agree to support the school by regular involvement at Parent/Teacher Fellowship meetings, fundraisers, open house and other school-sponsored meetings and activities.

I/We understand and agree to the school's financial policy as outlined on the Tuition and Fee Schedule and in the Parent Student Handbook.

I/We will faithfully support the school through our prayers and positive attitude and share any concerns only with the people involved (administration or faculty) and not around my/our child(ren), following the Christian example from Matthew 18:15-17 as described under the Communication Pathway in the Parent Student Handbook.

I/We understand that I/we may forfeit my/our child(ren)'s privilege to attend VCS if I/ we refuse to comply with school policy procedures, commitment or financial obligations. I/We have agreed to participate in the service program or pay \$360 in addition to the fees and tuition.

I/We have read the commitments and I/we agree. Please sign.

Father/Guardian _____ Date _____

Mother/Guardian _____ Date _____



VALLEY CHRISTIAN SCHOOL
SHAPING SERVANTS OF JESUS CHRIST

OPPORTUNITIES FOR FAMILY INVOLVEMENT

Please provide names of family members involved in completing service hours.

Last Name	First Name	Home Phone	Cell Phone / E-mail

VCS is dependent upon each family's participation and assistance. Each family is expected to give of their time in involvement for VCS (i.e. repairs, coaching, playground help, fundraising, painting, etc.) and for a minimum of **forty hours per year** valued at \$360.00. Ten hours must be completed per quarter. Families that are enrolled in a part-time program and single parent families commit to volunteer 20 hours per school year. Full program home school families commit to volunteer 10 hours per school year. Please understand that your time and effort are more valuable than any amount of money. Each family will be given a service hour voucher card to aid in keeping track of hours volunteered. Service hours are verified by staff members by giving their initials per hour of service given. At the end of each quarter, service hour cards are turned into the school office for service hour credit. **If no service hours are submitted, you will see a billing on your statement for that quarter.**

Listed below are examples of the events and areas where you can help. Please indicate your areas of interest.

- | | | |
|--|--|--|
| <p><input type="checkbox"/> Classroom Help</p> <p><input type="checkbox"/> Indicate Grade Level</p> <p><input type="checkbox"/> Network Server</p> <p><input type="checkbox"/> PC Maintenance</p> <p><input type="checkbox"/> Technology Help</p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> VCS Promotion</p> <p>Development</p> <p><input type="checkbox"/> Development Committee</p> <p><input type="checkbox"/> Harvest/Auction Banquet (fall)</p> <p><input type="checkbox"/> Spring of Promise</p> <p><input type="checkbox"/> Communications/Marketing</p> <p><input type="checkbox"/> Recruitment</p> <p><input type="checkbox"/> Walk-A-Thon (spring)</p> <p>Special Programs</p> <p><input type="checkbox"/> Veteran's Program</p> <p><input type="checkbox"/> Kindergarten Graduation</p> <p><input type="checkbox"/> Grandparent's Day</p> <p><input type="checkbox"/> Mission's Week</p> <p><input type="checkbox"/> Pastor Appreciation _____</p> <p>Library</p> <p><input type="checkbox"/> Check In/Check Out</p> <p><input type="checkbox"/> Book Evaluation</p> <p><input type="checkbox"/> Book Maintenance</p> <p>Special Events</p> <p><input type="checkbox"/> Decorations</p> <p><input type="checkbox"/> Elementary Decorations</p> <p><input type="checkbox"/> Food Preparation</p> <p><input type="checkbox"/> Speech Mt Judge Jr.High</p> <p><input type="checkbox"/> Speech Mt Judge Elem.</p> <p>Elementary</p> <p><input type="checkbox"/> Spelling Bee</p> | <p><input type="checkbox"/> Field Day</p> <p><input type="checkbox"/> Fair Day</p> <p><input type="checkbox"/> Lunchroom</p> <p>General Service Projects:</p> <p><input type="checkbox"/> Calling</p> <p><input type="checkbox"/> Driving</p> <p>7th – 12th Service Projects</p> <p><input type="checkbox"/> Chaperones/Drivers</p> <p>5th – 6th Service Projects</p> <p><input type="checkbox"/> Drivers</p> <p>Recess</p> <p><input type="checkbox"/> Elementary AM</p> <p><input type="checkbox"/> Elementary PM</p> <p>Office</p> <p><input type="checkbox"/> Phone calls</p> <p><input type="checkbox"/> Mailings</p> <p>Bus</p> <p><input type="checkbox"/> Driver</p> <p>Chapel</p> <p><input type="checkbox"/> Special Speaker</p> <p>PE</p> <p><input type="checkbox"/> Elementary Assistant</p> <p>Sports</p> <p>Basketball</p> <p><input type="checkbox"/> Time Clock</p> <p><input type="checkbox"/> Scoreboard</p> <p><input type="checkbox"/> Gate</p> <p><input type="checkbox"/> Cleaning Gym</p> <p><input type="checkbox"/> Concession Stand</p> <p><input type="checkbox"/> Video Tape/Edit</p> | <p>Track</p> <p><input type="checkbox"/> Home Meet</p> <p><input type="checkbox"/> Video Tape/Edit</p> <p>Volleyball</p> <p><input type="checkbox"/> Scorekeepers</p> <p><input type="checkbox"/> Line Judges</p> <p><input type="checkbox"/> Game/Practice Stats</p> <p><input type="checkbox"/> Video Tape/Edit</p> <p><input type="checkbox"/> Concessions</p> <p><input type="checkbox"/> Cleaning Gym</p> <p>Drama</p> <p><input type="checkbox"/> Set/Construction Design</p> <p><input type="checkbox"/> Costumes</p> <p><input type="checkbox"/> Elementary Musical</p> <p><input type="checkbox"/> Jr. High Drama</p> <p>Home Economics</p> <p><input type="checkbox"/> Guest Presentation</p> <p><input type="checkbox"/> Grocery Shopper</p> <p>Spanish</p> <p><input type="checkbox"/> Chaperone/Driver</p> <p><input type="checkbox"/> Guest Speaker</p> <p><input type="checkbox"/> Parent Advisory Committee (PAC)</p> <p><input type="checkbox"/> Parent Teacher Fellowship (PTF)</p> <p><input type="checkbox"/> Helping Hands</p> <p><input type="checkbox"/> Booster Club</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Maintenance/Cleaning</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> |
|--|--|--|



PHOTO/VIDEO RELEASE
Parent/Guardian Permission

Projects: VCS promotional materials, website, social media, and VCS publications.

I, _____, hereby grant permission for VCS publications to photograph/videotape my son/daughter for possible use in the above projects. In addition, I grant VCS and its employees, agents, successors, licensees, and assigns the right and license to the likeness of my son or daughter on photographs or in videos; to crop such photographs at their discretion; to incorporate such photographs at their discretion; and to use such photographs or videos or any portion thereof in any manner, including posting on the VCS website as a part of or connected with the above projects, including any promotional materials.

I agree to hold VCS and its employees, agents, successors, licensees, and assigns harmless against any liability, loss, or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects.

I understand that my child's name will not appear in connection with any photographs or videos containing his/her likeness that may be used in the above projects.

I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by VCS or its subcontractors, employees, or agents.

Approval/Consent of Parent or Guardian

Minor Children's Names

Address _____

City/State/Zip Code _____

Telephone _____

Parent or Guardian Signature _____ Date _____

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Teacher/Principal Reference Form

This reference should be completed and returned by the student's most current teacher or principal only.

Dear _____,
(Teacher or Principal's Name)

_____ desires to be a _____ grade student at Valley Christian School.
(Student's name)

Please mail, email, or fax this form at the earliest possible date. The information you provide will help us determine accepted enrollment of this student. **THANK YOU** for your assistance.

Please return to: **Valley Christian School**
10212 E. Ninth Avenue
Spokane Valley, Washington 99206
Phone 509.924.9131
Fax 509.924.2971
Email: office@vcsc.org

Character and Academic Information

1. How long have you known the applicant? _____

2. Has the applicant demonstrated leadership qualities? Yes No Don't Know

Comments: _____

3. Have there been frequent absences or tardiness? Yes No Don't Know

Examples: _____

4. Has the applicant, to your knowledge, ever been suspended or expelled from school, or been in trouble with civil authorities? Yes No Don't Know

Comments: _____

5. Does the applicant have difficulty with self-discipline in school? Yes No Don't Know

Comments: _____

6. Has the applicant received an award or achieved any special recognition?

Yes No Don't Know

7. Would the applicant be a positive influence to the overall environment of this school?

Yes No Don't Know

8. Does the student have a learning disability? _____ Explain _____

9. Please rate this student in the following areas:

	Excellent	Good	Poor	Not Known
Is interested in student life activities				
Completes work on time				
Is neat / organized				
Has good study habits				
Follows directions				
Shows self – control				
Is courteous				
Is obedient to authority				
Accepts constructive criticism				
Is honest				
Shows an attitude of respect for others				
Demonstrates a positive attitude toward learning				

Additional comments that you feel are important in the consideration of this applicant:

Signature

Date

Position

School

Address

Phone

Email Address

Valley Christian School Medication Dispense Form

**2014-
2015**

To whom it may concern:

While your student is at school, they may become ill and require need of medication. Currently, the school secretaries, Heidi Santone and Rachel Dryer, dispense these medications. By signing this letter, you are providing consent that your child may be treated by the following medications:

School Secretary **can** give:

School Secretary **cannot** give:

Tylenol	Cough syrup
Ibuprofen	Mucinex
Benadryl Cream	Prescription medications
Neosporin	Other:
Cough drops	
Tums	
Pepto Bismal	
Other:	

If you would like the secretary to give medications from the right column to your student, please send the medication with a note and/or prescription if appropriate. Please provide the dosage amount and child's medical condition (if any) as well as written consent for the secretary to dispense.

Sincerely,

Valley Christian School Office

By signing this letter, I, _____, allow my student(s),

to be given the above medications when needed. For any children under the age of 12, parents/guardians will receive a phone call before each medication is given.

Signed _____ Date _____
(Parent/Guardian)

I do not allow my student to be given *any* medications when needed during school. Please understand this means that your student will be refused medication if they ask. If you have any questions or concerns, please contact Valley Christian School at (509) 924-9131.

Signed _____ Date _____
(Parent/Guardian)

Valley Christian School
Screening/Background Check Form for Paid Employees
and Unpaid Volunteers Working With Minor Children

Name (last) _____ (first) _____ (middle) _____ (maiden) _____
ID or DL# - State _____ Number _____ Date of Birth ____ / ____ / ____
Social Security Number (**REQUIRED**) _____

Sex (please indicate) Male _____ Female _____					
Race (please indicate)					
W	B	I	A	H	O
White	Black	American Indian	Asian/Pacific Islander	Hispanic	Other
(for background check purposes only)					

Present Address _____		
State _____	Zip Code _____	Time lived here _____
Phone _____	Email _____	
Occupation _____	Work Phone _____	

If you have lived at your current address for less than ten (10) years, list all addresses where you have lived during the last 10 years.

Address _____	City _____	State _____	Zip Code _____	Time Lived There _____
Address _____	City _____	State _____	Zip Code _____	Time Lived There _____
Address _____	City _____	State _____	Zip Code _____	Time Lived There _____

Have you ever been convicted of a crime? _____ Yes _____ No
Are there any legal charges pending against you? _____ Yes _____ No
Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?
_____ Yes _____ No

If yes to any of these, please attach and explanation.

Personal References (3)

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

PLEASE SIGN ON REVERSE

WORKER'S STATEMENT

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with minors. Each reference will be asked to submit the name of one person used as a reference. In consideration of the receipt and evaluation of this application by Valley Christian School, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me or my references in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Valley Christian School and to refrain from unscriptural conduct in the performance of my services on behalf of Valley Christian School.

I further state that I have carefully read the forgoing release and know the contents thereof, and sign this release as my own free act. This is legally binding agreement which I have read and understand.

BACKGROUND INVESTIGATION CONSENT

I, _____ (applicant complete name), hereby authorize Valley Christian School and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment with Valley Christian School.

I release Valley Christian School and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Print Name _____ Date _____

Applicant's Signature _____

This signature represents my current legal name and any previously used names are listed below:

Additional Names: _____



GRANDPARENT CONTACT INFORMATION

Because grandparents are important in the lives of children, Valley Christian School honors our grandparents with a special *Grandparent's Day* celebration each year and desires to provide grandparents with on-going school newsletters and communications. Please provide contact information below:

Paternal Grandparents _____

Home Address _____ City _____ State _____

Zip _____ Email _____ Phone (____) _____

Maternal Grandparents _____

Home Address _____ City _____ State _____

Zip _____ Email _____ Phone (____) _____

Other Grandparents _____

Home Address _____ City _____ State _____

Zip _____ Email _____ Phone (____) _____

When God created grandparents
the world was truly blessed
with all the special joys
that make a family happiest...

For grandparents know how to do
the things that warm a heart,
They touch our lives with loving care
right from the very start...

They show that they believe in us
and all we're dreaming of...
When God created grandparents,
He blessed our lives with love.

~author unknown

VALLEY CHRISTIAN SCHOOL CONSENT AUTHORIZATION

Treatment of a minor/releasing minor to person other than parent or guardian to the nearest hospital

The undersigned parent/guardian of (student name) _____ Birth Date _____
a minor, authorizes any school sponsor, in an emergency situation, to consent to any X-ray examination, laboratory test, anesthetic, medical or surgical procedure, or hospital care required by him/her while in their custody, and for which I am not able to be reached to provide consent.

Father's Name _____ Work No. _____ Home No. _____ Cell _____

Mother's Name _____ Work No. _____ Home No. _____ Cell _____

Father's Email _____ Mother's Email _____

1. Name for emergency contact _____ Phone No. _____ Cell No. _____

2. Name for emergency contact _____ Phone No. _____ Cell No. _____

Family Physician _____ Phone No. _____

Insurance Company _____ Policy Number _____

Allergies _____ Medication _____

Other Medical Issues _____

Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine. Upon the completion of the medical care, you are also authorized to release the above named student to the custody of the school staff member or _____ (phone _____).

Parent/Guardian Signature _____ Address _____

PLEASE COMPLETE OTHER SIDE!

VALLEY CHRISTIAN SCHOOL CONSENT AUTHORIZATION

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Father's Name _____ Work No. _____ Home No. _____ Cell _____

Mother's Name _____ Work No. _____ Home No. _____ Cell _____

Father's Email _____ Mother's Email _____

1. Name for emergency contact _____ Phone No. _____ Cell No. _____

2. Name for emergency contact _____ Phone No. _____ Cell No. _____

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Insurance Company _____ Policy Number _____

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Other Medical Issues _____

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Parent/Guardian Signature _____ Address _____

PLEASE COMPLETE OTHER SIDE!

**VALLEY CHRISTIAN SCHOOL
FIELD TRIP PERMISSION**

Field trips are planned and taken throughout the year as an outgrowth of a classroom learning experience. Each student will participate unless the teacher is notified by the parent/guardian otherwise.

I hereby give permission for my student (_____) to attend scheduled field trips during the school year.

Parent or Guardian Signature _____ Date _____

AUTHORIZATION FOR ATHLETIC ACTIVITIES

I authorize my student (_____) to participate in all regularly scheduled athletic activities at Valley Christian School. If for any reason my student is physically unable to participate either partially or fully in an activity, I will notify the school in writing the extent of the limitation.

I understand that my family insurance will provide the primary coverage should any injuries be incurred and treatment is necessary and that the school insurance will be secondary.

Parent or Guardian Signature _____ Date _____

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