

2016-2017 ENROLLMENT



**"ANCHORED IN TRUTH,
BUILDING CHARACTER,
COMMITTED TO EXCELLENCE"**



Enrollment Check List for:

Welcome to Cornerstone Classical School and the enrollment process. We will do our best to make this as easy as possible. In most cases copies of completed forms are accepted. Cornerstone will be glad to make copies of documents for you as needed. All forms become part of each student's cumulative file that parents may access when requested.

All Enrollees

- ☐ You will be asked to verify that current application information is correct
- ☐ Please sign the form granting permission for photo release, field trips and pickup policy
- ☐ Complete emergency contact, medical information, and authorized persons pickup form
- ☐ Pay book/technology/yearbook fees
- ☐ Complete over-the-counter medication form – OPTIONAL
- ☐ Complete medications at school form - OPTIONAL

All students entering preschool 3, preschool 4 and Kindergarten are required to have health forms each year prior to the start of school

- ☐ Copy of student birth certificate
- ☐ KCI Immunization form
- ☐ Physical/health form
- ☐ Records sent from a previously attended school

Cornerstone staff would be happy to assist you in the transfer of records from a previous school. To transfer records, the student must be officially enrolled and a request signed by the parent/guardian and school official will be sent to the previous school.

Note: Records sent from previous school may contain the above required forms – health forms must be completed within the past year



Character, Truth, & Excellence
CORNERSTONE
CLASSICAL SCHOOL

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical

Doctor: _____ Phone: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____



Authorized Person(s) who can pick up your child besides parent/guardian:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Cornerstone Classical School does not discriminate on the basis of race, color, national or ethnic origin in the admission of its education, admissions, scholarships, athletics, or other school administered programs.



Photo Release Permission

Cornerstone Classical School herein referred to as “school” would like to include photos of students, teachers, and school activities in the newspaper, school newsletters, brochures, flyers, website, Facebook, Twitter, video and other electronic forms of communication. Occasionally, it might be necessary to use the name of a student, but no addresses, and/or telephone numbers will ever be used. All images whether hard copy or electronic are the sole property of the school.

_____ We/I hereby give permission for School to use photos along with the name in the newspaper, school newsletters, brochures, flyers, website and other electronic forms of communication.

_____ We/I hereby *do not* give permission for School to use photos in the newspaper, school newsletters, brochures, flyers, website and other electronic forms of communication.

Please be aware that if you choose not to give permission, your child will be excluded from every photo the school takes for the purposes mentioned above.

Field Trip Permission

Students at Cornerstone will participate in educational, fun, and service oriented field trips throughout the school year. Students will ride in parent driven and insured vehicles. Field trip permission forms will be sent home and must be signed and returned prior to the student(s) leaving.

Student Late Pick-up Policy

Students will remain with a teacher or designated Cornerstone staff person for up to 15 minutes outside after their official dismissal time. After 15 minutes or during especially inclement weather the student will come inside to the office area to wait. The parent/guardian will be notified by phone that the student is waiting inside. Parent/guardians are advised to pick up students within 15 minutes of the designated dismissal time or notify the school during such times when they are unable to.

Student(s) Name: _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Signature of Parent or Guardian

Printed Name

Date



Permission for Medication Form

When the administration of medication either prescribed or over-the-counter is required during school hours, the school can provide the service. Kansas law requires written permission from the parent and a signed order from the physician for prescription medication.

Prescription medication: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and the time to be administered. Ask the pharmacist about an extra bottle for school. The first dose of ANY medication must be given by parent/guardian.

Over-the-counter medication: We require only a parent signature for dosing as recommended. For dosing beyond manufacturer's recommendation a physician signature is required. Please send over-the-counter medication in a small purchased bottle.

Student _____ DOB _____ Grade _____ Weight _____

Reason for RX: **Pain**

Medication: **Ibuprofen** Dosage: **as directed**

Time(s)/Intervals to administer at school: **as directed**

Date started _____ Date to stop _____

Adverse reactions to report to prescribing physician _____

Date _____ Signature of Physician _____

* PLEASE NOTE - A PHYSICIAN SIGNATURE IS NOT NEEDED FOR OVER-THE-COUNTER MEDICATION BUT IS REQUIRED FOR PRESCRIPTION MEDICATIONS.

I hereby give my permission for _____ to take the above medication at school as ordered. I understand that it is my responsibility to furnish the medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist or follows manufacturer's dose recommendations for the OTC medication shall not be liable for damages or adverse effects as a result of administering such drug.

Date _____ Signature of Parent or Guardian _____

Date of Approval _____ Approved by _____
Headmaster



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Student _____ DOB _____ Grade _____ Weight _____

Reason for RX: **Pain**

Medication: **Acetaminophen** Dosage: **as directed**

Time(s)/Intervals to administer at school: **as directed**

Date started _____ Date to stop _____

Adverse reactions to report to prescribing physician _____

Date _____ Signature of Physician _____

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Over-the-counter medication: We require only a parent signature for dosing as recommended. For dosing beyond manufacturer's recommendation a physician signature is required. Please send over-the-counter medication in a small purchased bottle.

Student _____ DOB _____ Grade _____ Weight _____

Reason for RX: **Nausea and/or Heartburn**

Medication: **Tums/Calcium Carbonate** Dosage: **as directed**

Time(s)/Intervals to administer at school: **as directed**

Date started _____ Date to stop _____

Adverse reactions to report to prescribing physician _____

Date _____ Signature of Physician _____

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Headmaster