



KITSAP ADVENTIST CHRISTIAN SCHOOL

Documentation Checklist 2023-2024

Thank you for applying to Kitsap Adventist Christian School. You will be contacted after all documentation has been completed and submitted.

Submitting an application is only one step in the application process and does not guarantee admission. Once acceptance has been approved, we will contact you to finalize enrollment.

Student's Last Name _____ First Name _____

To complete the application process, each student must have the following documentation on file at Kitsap Adventist Christian School. All forms need to be filled out completely and returned.

Application Documents

- A1. Application for Admission
- A2. Consent to Treat/Emergency (current school year)
- A3. Computer/Internet Use Agreement
- A4. Non-Emergency Permission Form
- A5. Student Records Request
- A6. Extended Day
- A7. Directory Information

Required Documentation on File

- Copy of ¹Birth Certificate
- Completed ²Physical (new & 6th grade)
- Current ³Immunization Record
- Student Records
 - Standardized Test Scores
 - IEP

Financial Documents

- F1. Financial Worksheet
- F2. Financial Contract
- F3. Recurring Credit Card Authorization
- F4. One-time Credit Card Authorization

Necessary Fees to Start School

- Registration - \$300 per student (\$325.00 after August 1, 2023)
- First Month – (circle one) \$435 for 1 student, \$809 for 2 students, \$1,109 for 3 students, & \$1,392 for 4 students, \$664 for ninth grade student

Office Use

Notes _____

¹ Before students are allowed to register for school, they must provide a legal birth certificate. School records are legal documents, so citizenship must be established.

² Physicals must be completed and turned in before the start of the school year.

³ Immunization Records must be received by the school before the start of the school year.

KITSAP ADVENTIST CHRISTIAN SCHOOL A1

Application for Student Admission - 2023-2024

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

Grade Entering _____ Gender: _____ Male _____ Female

Address _____

City, State _____ Zip Code _____

Birth Date _____ Age as of August 31 _____ Birth Place _____

Is student a baptized SDA? _____ Date of Baptism _____

Primary language spoken at home _____

Does student regularly require medication? If so, please identify the medication. _____

(If your student must take medication during school hours, a doctor's order must be filed with the school.)

PARENT/GUARDIAN INFORMATION

Student lives with (circle those that apply): Mother Father Step-Mother Step-Father Other

	Father/Guardian	Mother/Guardian
Name		
Street Address (If different from above)		
City, State, Zip		
Occupation		
Church Membership		
Cell Phone		
Business Phone		
Home Phone		
Email Address		

Ethnicity (circle all that apply): Asian, African American, Caucasian, Hispanic, Native American, Multi/Other _____

OVER

Additional Information if needed:

	Stepfather or Father	Stepmother or Mother
Name		
Street Address		
City, State, Zip		
Email		
Cell Phone		
Receive report card?	Yes or No	Yes or No

School Student is Attending or Last Attended

Last School Attended _____ School Phone _____

Street Address _____ City, State _____ Zip Code _____

Has student ever been retained? Yes No Grade level? _____

Has the student had any significant academic difficulties? Yes No If so, please explain.

Has your child ever been dismissed, suspended or withdrawn from school, placed on probation or incurred other serious or repeated disciplinary action? Yes No If Yes, please explain. _____

Are there any special circumstances in your child's life of which you would like us to be aware?

I have read the KACS Handbook and agree to abide by the guidelines found within.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

KITSAP ADVENTIST CHRISTIAN SCHOOL **A2**

Consent for Treatment 2023-2024

I hereby grant Kitsap Adventist Christian School permission to seek medical attention for my child, _____, in the event of an emergency, if the school cannot contact me. I further consent to medical or surgical treatment by any licensed physician and/or hospital. I also permit administration of necessary anesthetics, medical treatment, tests, transfusions, injections, or drugs, and the performing of whatever operation may be necessary or advisable.

Parent/Guardian Signature _____ **Date** _____

MEDICAL/EMERGENCY INFORMATION

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ Contact Phone _____

Preferred Doctor _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

Insurance Provider _____

Group # _____ Membership # _____

Allergies _____

Health Problems _____

EMERGENCY RELEASE PHONE NUMBERS

The school personnel are authorized to release my child to the following people in case of an emergency, such as a medical issue, snowstorm, earthquake, or other natural disaster:

Name _____ Home Phone _____

Work Phone _____

Name _____ Home Phone _____

Work Phone _____

Name _____ Home Phone _____

Work Phone _____

Parent/Guardian Signature _____ **Date** _____

Computer and Internet Use Policy

The schools of the Seventh-day Adventist educational system are pleased to offer their students access to a computer network and the internet. To gain access to the Internet, the legal parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and, therefore, support the school's choosing to make the Internet available to our students.

School computers are for educational purposes only. Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege-not a right. Access entails responsibility. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Be responsible and courteous in all communications
- Be responsible with all computer hardware and software
- Keep their passwords to themselves
- Respect the confidentiality of folders, work and files of others
- Learn about and observe copyright laws
- Comply with the Washington Conference Computer and Internet Acceptable Use Policy
- Not attempt to access or alter unauthorized areas of a computer system

Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary and/or legal action.

Additional regulations may be applied at the local level. Please complete the opposite side of this page.

INTERNET ACCESS AGREEMENT A3

STUDENTS GRADES 3-5 - I understand that the Internet can connect me to much useful information stored on computers around the world.

While I have access to the internet provided by the school

- I will use it only for educational purposes.
- I will not look at or participate in anything that is illegal, dangerous, offensive or opposed to the Adventist values of this school.

If I accidentally come across something that is illegal, dangerous or offensive, I will:

- Clear any offensive pictures or information from my screen; and
- Immediately, quietly, inform my teacher.

I will not reveal home addresses or phone numbers – mine or anyone else's.

I will not use the Internet to annoy or offend anyone else.

I understand that if the school decides I have broken these rules, appropriate action will be taken. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Student's Name: _____ Date _____

Student's Signature: _____

PARENT OR GUARDIAN

I understand that the Internet can provide students with valuable learning experiences.

I understand that the school provides a filtering system on computers connected to the Internet and that every reasonable effort will be made to provide supervision. I also understand that the school cannot completely control what is accessed and that a very small part of that information can be illegal, dangerous or offensive.

I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students.

I believe _____ (Name of Student) understands this responsibility, and I hereby give my permission for him/her to access the Internet under the school rules. I understand that students breaking these rules will be subject to appropriate action by the school. Any activity not in compliance with these rules may result in a loss of access as well as other disciplinary or legal action.

Parent or Guardian Name (printed): _____

Parent or Guardian's Signature: _____ **Date:** _____

KITSAP ADVENTIST CHRISTIAN SCHOOL A4

Non-Emergency Permissions Form 2023-2024

“Called to Love, Serve, and Inspire”

Please sign in pen.

Student’s Last Name _____ Student’s First Name _____

FIELD TRIPS PERMISSION

I understand that field trips are a regular part of the school's program. During the year, my child may leave the school campus on school-sponsored activities. The school will keep me informed of my child's participation in off-campus activities.

Parent/Guardian Signature _____ Date _____

PERMISSION TO RELEASE PHOTOS

School activities are often photographed and/or videotaped. These photos and/or videos may be used in school publications and marketing materials for the promotion of Kitsap Adventist Christian School. They may also be used on the school's website.

I hereby give permission for photographs and/or videotapes of my student to be used in the following school publications or marketing materials for promotional activities:

- | | |
|----------------------------|--------------------------------------|
| _____ Friday Flyers | _____ Church Bulletin Boards |
| _____ School Website | _____ Church Slide/Video Shows |
| _____ School Facebook Site | _____ School Bulletin Boards |
| _____ Marketing Materials | _____ School Yearbook |
| _____ Gleaner (NPUC News) | _____ Washington Conference Websites |

Parent/Guardian Signature _____ Date _____

KITSAP ADVENTIST CHRISTIAN SCHOOL A5

5088 NW Taylor Rd. Bremerton, WA 98312

360-377-4542

Student Records Request

To: **REGISTRAR**

Name of School: _____

Address: _____

Telephone #: _____

Fax#: _____

The student named below has enrolled in Kitsap Adventist Christian School. Please forward all student records.

_____	_____	_____
Name of Student	Date of Birth	Grade Entering

_____ Transcript of Grades & Credits

_____ Health Records

_____ Discipline Report

_____ Test Scores

Send Records To: **Principal**
Kitsap Adventist Christian School
5088 NW Taylor Rd.
Bremerton, WA 98312

Principal, Kitsap Adventist Christian School

KACS EXTENDED DAY A6

2023-2024

The KACS Extended Day Program will be available to all children ages 4 ½ -15 years of age who are enrolled at KACS. Hours of operation are Monday-Thursday from 6:30-8:00 a.m. and 3:30-5:00 p.m. Friday hours are from 6:30 a.m.-8:00 a.m. and 2:00–4:00 p.m. Also offered are a few of the half days, M-Th. from 12:15-5:00 p.m. or Fri. 12:15-4:00 p.m. A lunch will need to be provided by the parents for each child on these half days.

Regular Usage

Registration Fee	\$25.00 beginning of year only
1 st Student	\$80.00 per month
Add'l Student(s)	\$65.00 each per month

Occasional Usage/Drop-In

Registration Fee	\$25.00 beginning of year only
Punch Card Purchase	\$60.00 good for 10 hours (\$3 per half hour for any part of a half hour).

Late Fee

\$5.00 for every 10 minutes past pick-up time

All payments are to be made to KACS.

It is suggested that all parents of students enrolled at KACS fill out a registration form for **each** child for this program even if you do not plan on using it. This ensures the safety of your child in the event that they are in the program unexpectedly.

See other side for the registration form.

KACS Extended Day Registration Form **A6**
2023-2024

Student Name: _____

Birthdate: _____ Age: _____ Grade: _____

Parent's name(s): _____

Mailing Address: _____

Mother's Cell #: _____

Father's Cell # _____

Names and contact numbers of other persons authorized to sign student(s) out of program:

Name _____ Cell # _____

Name _____ Cell# _____

Name _____ Cell # _____

I, _____, agree to pay \$80 per month *per student by either check or cash and a late fee of \$10 per hour (or any portion of an hour) per child. *A second child in the same immediate family pays only \$65 per month.

I, _____, agree to pay the Registration Fee of \$25.00 and to purchase the \$60 punch card for intermittent usage in the Before & After Care Program.

Parent Signature: _____

Today's Date: _____

Payments made to KACS.