

Grandview Christian School



12340 Grandview Road, Grandview, MO 64030 * Phone: 816.767.8630 * Fax: 816.763.5029 * Email: gcs@grandviewchristianschool.com

INTERNATIONAL STUDENT ADMISSION INFO

(TO BE COMPLETED BY **HOST PARENT**)

International Student Information

Date of Application: ____/____/____ Candidate for ____ grade for 2020-21 year

Legal Name: _____ / _____
(Last) (First) (Middle) (Nickname)

Host Address: _____, _____, _____, _____
(Street) (City) (State) (Zip)

Home Phone Number: _____ - _____ - _____ Student Cell Number: _____ - _____ - _____

Student Email Address: _____ Cell Provider: _____ (required for text msgs)

Gender: M F Date of Birth: ____/____/____ Current Age: _____ Student's Home Country: _____

Student Placement Agency & Contact Info: _____

Host Family's Home Church: _____
(Name) (Denomination)

Host Family Attend Church: Regularly | Frequently | Infrequently | Rarely | Never

Names/Ages of Siblings in Host Household: _____

Host Parent/Guardian Information

Host Father/Legal Guardian

Host Father's Name _____

Host Father's Address _____

Host Father's City, State, Zip _____

Host Father's Home Phone _____

Host Father's Cell Phone _____

Service Provider _____
(required to receive text msgs)

Host Father's Employer _____

Host Father's Work Phone _____

Host Father's Email Address _____
(PRINT CLEARLY)

Circle Status:

Married (*same residence*) Remarried Separated
Divorced Single (*never married*) Widowed

Host Mother/Legal Guardian

Host Mother's Name _____

Host Mother's Address _____

Host Mother's City, State, Zip _____

Host Mother's Home Phone _____

Host Mother's Cell Phone _____

Service Provider _____
(required to receive text msgs)

Host Mother's Employer _____

Host Mother's Work Phone _____

Host Mother's Email Address _____
(PRINT CLEARLY)

Circle Status:

Married (*same residence*) Remarried Separated
Divorced Single (*never married*) Widowed

NON-DISCRIMINATION POLICY – GRANDVIEW CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. WE WELCOME STUDENTS OF ALL RACES AND NATIONALITIES WHO WILLFULLY SUBMIT TO THE STATEMENT OF FAITH.

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Emergency Information

The following information will be maintained in the classroom for easy access in the event of an emergency involving your student. It is important that all information is **completed fully and printed legibly** for use by emergency personal if/when necessary. *Attach additional sheets, if further detail needs to be provided.*

<u>Student Name:</u>	<u>Student's Date of Birth:</u>
<u>Student's Home Address:</u>	<u>Student's Home Phone:</u>
<u>Father/Legal Guardian Work Phone:</u>	<u>Mother/Legal Guardian Work Phone:</u>
<u>Father/Legal Guardian Cell Phone:</u>	<u>Mother/Legal Guardian Cell Phone:</u>
<u>Physician:</u>	<u>Dentist:</u>
<u>Phone:</u>	<u>Phone:</u>
<u>Preferred Hospital:</u>	<u>Date of Last Tetanus Shot:</u>
<u>Health Insurance Provider:</u>	<u>Physical or Medical Conditions (including Previous Operations or Serious Illnesses, as well as Hearing, Vision, or Speech loss or difficulties):</u>
<u>Plan #:</u> <u>Group #:</u>	
<u>Policy/ID#:</u>	
<u>Policyholder Name & Relationship:</u>	<u>Medications Taken on Regular Basis (include dosage and frequency):</u>
Attach copy of Insurance ID Card	
<u>Allergies (to Medications or Foods):</u>	<u>Special Dietary Restrictions:</u>

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Alternate Emergency Contact Information

In the event that we are not able to reach either parent, the individuals listed below will be contacted to assume responsibility for your student in an emergency. Persons listed below MUST be local.

1st Emergency Contact

Name

Primary Phone

Alternate Phone

Relationship to Host Parent

2nd Emergency Contact

Name

Primary Phone

Alternate Phone

Relationship to Host Parent

Emergency Medical Release

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

_____/_____
Father/Guardian's Signature / Date

_____/_____
Mother/Guardian's Signature / Date

If the student lives with both parents, the release must be signed by both parents/guardians.

Authorized Pickup Persons

*List ANY individual (aside from parents, guardians, & emergency contacts already listed on this Admission Application) that you authorize to pick up, or check out, your student with **NO prior notification** to office personnel.*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Please keep in mind that any individual picking up a student may be asked for a photo identification before the student is released to them, in the event that school personnel does not recognize them.

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Student Name: _____

Student Grade: _____

Enrollment Permissions

Please **INITIAL** each line to indicate a YES response, OR write 'NO' if you decline a particular statement

1. _____ I/we do want to receive e-mails from the school regarding activities and other important information (i.e. lunch account reminder, special events, etc) at my preferred e-mail address, which is:

_____ (list preferred family email address above, or emails cannot be sent)

2. _____ I/we give permission for my family's contact information to be visible to other GCS parents through the school's secure Sycamore Education portal, including the following, **unless I have CROSSED them out here:** Home Address, Home Phone, Cell Phones, & Email Addresses
3. _____ I/we give permission for the school to administer over-the-counter pain relievers (according to package directions) to my student for minor aches and pains and I understand that Grandview Christian School and its personnel assume or accept no liability for dispensing these medications:

(Circle all approved pain relievers)

Ibuprofen (i.e. Advil) ~ Acetaminophen (i.e. Tylenol)

4. _____ I/we understand that we will need to complete a Medication Authorization form for ANY special medications (i.e. inhalers, breathing treatments, asthma medications, allergy medications, epilepsy treatments, diabetic solutions, over-the-counter meds, etc), that I/we desire to be dispensed to my student during the school day and understand that all such medication must be received and retained in the school office.
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Extended Care Services Agreement

I/we agree to abide by the terms and conditions of the Extended Care plan that is selected below of this Admission Application in order for my Student to attend the Grandview Christian School Extended Care Program.

_____/_____
Father/Guardian's Signature / Date

_____/_____
Mother/Guardian's Signature / Date

If the student lives with both parents, the release must be signed by both parents/guardians.

Extended Care

Mark the appropriate boxes for the desired **Morning Care** and **After Care** plan, or the combination of the two. If you do not have the regular need for these services, you select **DAILY** for each.

Morning Care

- Weekly**
- \$25/week** (whether the service is used or not)
 - Payment due at the start of each week
- Daily**
- \$.75/per 15 minutes** (or portion thereof)
 - Maximum daily charge is \$6.00 (if checked in at 6am)
 - Payment due as soon as they are charged to my Sycamore account each week

After Care

- Weekly**
- \$25/week** (whether the service is used or not)
 - Payment due at the start of each week
- Daily**
- \$.75/per 15 minutes** (or portion thereof)
 - Maximum daily charge is \$7.50 (if picked up at 6pm)
 - Payment due as soon as they are charged to my Sycamore account each week

OR

Combined Morning & After Care

- Weekly**
- \$45/week**, (whether the service is used or not)
 - Payment due at the start of each week
- Daily**
- \$.75/per 15 minutes** (or portion thereof) ~ maximum daily charge is \$6.00 (if checked in at 6am)
 - Maximum daily charge is \$13.50 (if checked in at 6am and picked up at 6pm)
 - Payment due as soon as they are charged to my Sycamore account each week

Additional Services & Special Conditions

- **Early Dismissal** (when school is dismissed at noon) ~ \$15.00/day, for 1st student; \$22.00/day for 2 students; \$25.00/day for 3 or more students
- **Full Day** (when school is NOT in session) [i.e. snow days or special breaks] ~ \$25.00/day, for 1st student; \$39.00/day for 2 students; \$45.00/day for 3 or more students
- A \$1.00/minute surcharge, per family, will apply any time that student(s) are not picked up (and signed out) by 6:00pm. A 'late pick-up' invoice will be given to you by the extended care teacher at the time of pick-up. Payment for the late pick-up is due in the school office by the following week.
- Child care during **special break times** (i.e. Spring break, Thanksgiving break, Christmas break, etc) will be provided on a sign-up basis only and is subject to an attendance minimum of 4 families. If care is needed during these times, you must contact the office at least 10 business days ahead of time to reserve a spot for your student.

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Host Parent Acknowledgement

1. I/We have read the Parent/Student Handbook and are in agreement with the Purpose, Philosophy and all rules of Grandview Christian School.....YES NO
2. I/We agree to assist student with homework as necessary and see that student utilizes all tutoring offered.....YES NO
3. I/We agree to attend church regularly and allow student to participate in church youth activities.....YES NO
4. I/We agree to allow and assist student to participate in school sport, class, & extra-curricular activities.....YES NO
5. I/We agree to participate in school sponsored fundraising activities.....YES NO
6. I/We acknowledge the mission of Grandview Christian School and I/we agree that our student may participate in the Christ-centered curriculum, including weekly chapel servicesYES NO
7. I/We understand and agree to enforce the dress standards. We also understand that if our student(s) wears inappropriate clothing to school that consequences will be given according to the Parent/Student Handbook.YES NO
8. I/We agree that in the event my student runs a fever (100 or higher), or throws up, I will pick up my student and keep him/her out of school for a period of not less than 24 hours, after the fever has broken (or the last time he/she threw up).....YES NO
9. I/We agree to guarantee payment of this student's childcare expenses, if any, understanding the following:
 - a. I/We agree to pay all 'weekly' extended care fees, based on the applicable signed agreement, at the start of each week via the method of payment agreed at registration.....YES NO
 - i. I/We understand that, in addition to the 'weekly' extended care rate, a \$5.00/day fee will apply to each early dismissal day that my student is present for and that this amount is due by the first of the week following the early dismissal.YES NO
 - ii. I/We understand that a late fee of \$1.00/minute, in addition to the 'weekly' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.....YES NO
 - b. I/We agree to pay all 'daily' extended care fees, based on the applicable signed agreement, as soon as they are charged to my Sycamore account each week, via the method of payment agreed at registration.....YES NO
 - i. I/We understand that, in lieu of the 'daily' after care rate, a \$15.00/day fee will apply to each early dismissal day that my student is present for and that this amount is due by the first of the week following the early dismissal.....YES NO
 - ii. I/We understand that a late fee of \$1.00/minute, in addition to the 'daily' extended care rate, will apply any time that my student is not picked up by 6:00pm on any given day and that it is due by the first of the week following the late pickup.....YES NO
 - c. I/We understand that a service fee of \$20.00 will automatically apply for ANY payment that I/we made via check or automatic bank debit that is returned by your bank, no matter the reason and that replacement funds for the amount of the returned item, plus the \$20 service fee, is immediately due and payable via guaranteed funds, such as cash, certified check, money order, or credit/debit card.....YES NO
10. I/We understand that the Grandview Christian School's primary means of communication is through the Sycamore Education online portal, to which I/we will be granted personal access, and I/we agree to login to the portal at least once per week for important notices and/or communications from the school, teachers and its representatives, as well as access to my student's lunch and childcare accounts.....YES NO

Note: If the answer to any question (#1-10) is NO, use space provided on page 7 to explain.

Signature of Parent

Date

Signature of Parent

Date

Note: Both host parent signatures are required.



Computer Usage Agreement

Students must sign themselves.

Access to the internet is a wonderful opportunity to interact with the world at large. The opportunity brings with it a number of responsibilities. In order to use the internet services available at Grandview Christian School, you must read the following information and sign the computer/internet agreement that follows.

1. The use of any GCS computer which provides access to the Internet is a privilege which may be revoked by instructors, staff, or administrators at any time for abusive or inappropriate conduct. Such conduct would include, but is not limited to the placing of unlawful information on or through the computer system, accessing another person's files or e-mail, and the use of obscene, abusive, or otherwise objectionable language or images in either public or private files or messages.
2. Because of the potentially large number of individuals who might need to use the computers for Internet as well as personal productivity, student access may be limited to a specified time, as provided by the instructor(s) and/or administration.
3. GCS reserves the right to inspect any material stored in files to which users have access and will edit or remove any material which the GCS staff, in its sole discretion, believes may be objectionable. Users of the computers/Internet will not use their account to obtain, view, download, or otherwise gain access to potentially objectionable materials. This includes text materials, video images, or sound files that may be considered objectionable.
4. GCS's Internet access is provided primarily for educational purposes under the direction of GCS staff. Non-educational use may be limited at any time by GCS staff.
5. Information services and features contained on the GCS network are intended for the private use of its patrons. Any commercial or other unauthorized use of those materials, in any form, is expressly forbidden.
6. GCS does not warrant that the functions of the system will meet specific requirements you may have, or that it will be error-free or uninterrupted; nor shall it be liable for any direct or indirect, incidental, or consequential damages (including lost data, information or profits) sustained or incurred in connection with the use, operation, or inability to use the system.
7. Students may be advised of changes or additions to rules and regulations of system usage from time to time by the faculty/administration of GCS. Users of computers/Internet are also subject to any such amendments to the rules and regulations.
8. GCS computers/network is intended for the exclusive use of its registered users. As a user, you are responsible for the use of your password and account. Any problems which arise from the user's account are the responsibility of the account holder. Any misuse will result in suspension of the account privileges.
9. Deletion, examination, copying, or modification of files and/or data belonging to other users without their prior consent is prohibited.
10. Commercial software is placed on the computer for the use and convenience of students and staff. Any unlawful use such as the copying of copyrighted material without the express written permission of the owner or the proper license is prohibited.
11. Any unauthorized, deliberate action which damages or disrupts a computer system (including the willful introduction of computer "viruses" or other disruptive/destructive programs), alters its normal performance, or causes it to malfunction is prohibited. Intentional attempts to "crash" network systems or programs are punishable disciplinary offenses.

I have read the GCS Computer/Internet Usage Agreement, understand it, and agree to adhere to the principles and procedures listed within. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand that I may lose all computer/Internet privileges. I also understand that inappropriate or illegal use of computer facilities could result in civil or criminal lawsuits. Parents and/or guardians may be held accountable for inappropriate use by their child.

*Student Signature**

Grade

Signature of Host Parent/Guardian

Date

**Signature required for all students*