"Happy is the man that findeth wisdom, and the man that getteth understanding." (Proverbs 3:13)

AN EDUCATIONAL MINISTRY OF EMMANUEL MISSIONARY BAPTIST CHURCH

APPLICATION DATE: _____

APPLYING FOR GRADE: _____

DATE TO ENTER: _____

SCHOOL ENROLLMENT APPLICATION

Note: This application does not assure final enrollment but provides information upon which a decision will be based. If application is accepted, it will be necessary to make arrangements to pay the registration, book fee, and the first month's tuition to complete registration. **Emmanuel Child Care Center / Christian School does not discriminate on basis of race, color, nationality or ethnic origin.**

STUDENT'S NAME: _____

HOME ADDRESS: _____ ZIP_____

HOME NO. (_____)_____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____
City *County* *State*

FATHER'S NAME: _____ CELL NO._____

EMAIL ADDRESS: _____

EMPLOYER: _____ BUSINESS PHONE: (_____)_____

EMPLOYER ADDRESS: _____

MOTHER'S NAME: _____ CELL NO._____

EMAIL ADDRESS: _____

EMPLOYER: _____ BUSINESS PHONE: (_____)_____

EMPLOYER ADDRESS: _____

DOES CHILD LIVE WITH BOTH PARENTS? _____ YES _____ NO

IF WE ARE UNABLE TO REACH YOU IN AN EMERGENCY, WHOM SHOULD WE CALL?

_____ _____
Name & Number *Name & Number*

_____ _____
Name & Number *Name & Number*

Other children under 18 years of age living with the family:

NAME	AGE	SCHOOL ATTENDING	GRADE

_____

_____

_____

Do you plan to enroll any of the above children at ECS? _____ Yes _____ No

Give name of any child(ren) who has had any serious disciplinary issues (suspension, probation, expulsion) or police record and explain: _____

_____

School applicant is presently attending _____ Grade: _____

Address: _____ Phone (_____)_____

Does the applicant have an IEP or evaluated for an IEP: _____

Has applicant ever been (expelled ___Y ___N) (dismissed ___Y ___N) (suspended ___Y ___N) (refused admission ___Y ___N)

Does applicant use (tobacco ___Y ___N) (illegal drugs ___Y ___N) (alcohol ___Y ___N)?

Is applicant in good standing & eligible to remain or return to his present school? ____Y ____N

Is applicant working on grade level or above in all subjects? ____Y ____N Grade Avg. _____

Meals needed for student? (Breakfast ___Y ___N) (Lunch ___Y ___N) (Snack ___Y ___N)

Hours of service needed for student? _____ a.m. - _____ p.m.

Does the applicant have any physical or learning handicaps? ____Y ____N, If yes, explain

_____

Does the applicant regularly take any medication? ____Y ____N, If yes, explain

_____

ATTENDANCE POLICY

Dear Parent/Guardian, This year, **Emmanuel Christian School** is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Student attendance is an essential first step for students to learn. The pandemic created many barriers for students, and we want you to know that our school is committed to supporting your student to attend and access their education. Your students' future is our first priority, and we want to partner with you to ensure their success.

DID YOU KNOW? • By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff. • Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully or facing some other potentially serious difficulty. • Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school. • Missing 10 percent (just two days a month or about 18 days in a year) increases the chance that your student will not read or master math at the same level as their peers. • Students can still fall behind if they miss just a day or two days every few weeks. • By 6th grade, absenteeism is one of three signs that a student may drop out of high school. • By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

Students can not miss more than five days per semester or ten days total for the year. Also three tardiness is equal to one absence. Chronic absenteeism will result in you and your child being reported to the Mississippi Department of Education truancy officer. Signing below is an acknowledgment that you have read and understand the importance of students being at school.

I _____ (Parent Name) understand the above statement in regards to the tardiness and absentees.

Parent Signature: _____ Date: _____

STATEMENT ON ARRIVAL AND DEPARTURE OF SCHOOL STUDENTS

This statement authorizes _____ to be released only to the following people:
(Child's name)

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

I, the parent/guardian of _____ agree that I will make certain a staff member of Emmanuel Christian School is aware of the arrival and departure of my child each day. I agree not to leave my child on school grounds unattended upon arrival and I will also make sure that his/her teacher is aware of my presence when I arrive to pick him/her up.

_____	_____
Date	Father or Guardian's Signature
_____	_____
Date	Mother or Guardian's Signature

FIELD TRIP PERMISSION

This form will be used for all school functions for the year ___ - ___. If the trip is for an out of town activity, there will be a special permission letter.

I give my permission for _____ to go on school field trips during the school year. The students will go by school bus or van and will return to the school by 2:00 p.m. unless otherwise notified. I understand that a notice will be sent home before each trip to inform me of place and cost.

_____
Parent or Legal Guardian

HEALTH AND EMERGENCY MEDICAL CARE INFORMATION

Condition of student's health _____

Any physical disability (please describe) _____

Physician _____ Phone (_____)_____

Dentist _____ Phone (_____)_____

NOTE: The parent should authorize the physician at the time of registration to accept any call from the school for emergency medical care.

Indicate in order of preference the person, including parents, to be contacted in case of an emergency. Include your family doctor.

_____

Name Relationship Phone #

_____

Name Relationship Phone #

_____

Name Relationship Phone #

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident, I hereby authorize Emmanuel Christian School to take my child to the MEA (Medical Emergency Association), 1777 Ellis Ave., Jackson, MS. or to:

_____

Hospital or other emergency medical facility

_____ _____

Date Parent or Guardian

STATEMENT OF COOPERATION

It is my understanding that the policy for the school is to make no refunds on registration fees. I give Emmanuel Christian School permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Emmanuel Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Emmanuel Christian School or its agent should incur to defend itself against such action.

This statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Emmanuel Christian School whether it be in the nursery, kindergarten, elementary, junior-senior high or summer school.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and deliver to Emmanuel Christian School. Emmanuel Christian School admits students of any race, color, and national or ethnic origin.

List names and grades of children in Emmanuel Christian

_____

_____

_____

_____
Date

Parent's Signature

_____
Mother

_____
Father

Both parents must sign.

_____
Sole Guardian

FOR OFFICE USE ONLY

Date Enrolled: _____ Acceptance Date: _____

Registration Fee: $_____ Book Fee: $_____

First Month's Tuition: $_____ Date Received: _____

Date of Withdrawal from Emmanuel Christian School: _____

Reason for Withdrawal: _____