



Hughson Christian School

Excellence in Christian Based Education
Application

Student Information

Date: _____

Student's Name _____
Last First Middle Likes to be called Date of Birth

Gender: M F

Home Address: _____
Street City State zip

Mailing Address _____

Email Address(es) to use for official school communications: _____

Applying for grade (please circle one):

(Jr. K Student Must be 4 by Dec. 1st)

Jr. Kindergarten Kindergarten 1st 2nd 3rd 4th 5th 6th 7th

Full day 8:15 to 3:15

Half day 8:15 to 11:15

Upon enrollment, all students must submit a copy of their birth certificate and immunizations

Father/Legal Guardian's Full Name: _____ Cell Phone _____

Home Address (if different from above) _____

Occupation/Employer: _____ Work Phone: _____

Employer's Address: _____ Email _____

Mother/Legal Guardian's Full Name: _____ Cell Phone _____

Home Address (if different from above) _____

Occupation/Employer: _____ Work Phone: _____

Employer's Address: _____ Email _____

Parent's Status: Married Separated Divorced Single Parent Parent & Step Parent

Guardian Other _____

Who is financially responsible for tuition and fees? _____

Who does the student live with? _____

Describe custody arrangements (if applicable) _____

Please list the names and ages of other children living in the home _____

HUGHSON CHRISTIAN FINANCIAL & PARTNER AGREEMENT

A copy of HCS Financial & Partner agreement must be read and signed before this application will be accepted.

Upon favorable acceptance of _____ (student), we hereby agree to the following terms:

We, as parents who are accepting the challenge "to train up a child in the way he should go," (Proverbs 22:6) do state that this training will be carried on in the home. We shall place our trust in the Christian School to extend that training more completely.

We agree to accept all rules and regulations of Hughson Christian School and authorize the school to administer such disciplinary measures as may be deemed necessary and proper. We understand that the school may not notify us before the punishment is administered. We understand the standards of the school do not tolerate profanity, obscenity in word or action, or disrespect to school personnel. We will encourage our child to comply with school regulations. We realize that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational progress. HCS admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies.

We understand that the Department of Social Services has the authority to interview children, and/or observe the physical condition of children, including conditions that could indicate abuse, neglect, or inappropriate placement, without prior parental consent.

We understand that my child must be free of illness for 24 hours before returning to school.

We will be actively involved in no less than two (2) major fundraisers during each school year. If unable to participate I will be required to pay an additional fee of \$300.00.

We hereby grant the administration full responsibility for placing or assigning our child to the proper class level.

We understand that damage to the school property by the student due to willful or negligent means will be directly charged to the student for payment.

We give our permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premise and absolve the school from liability to us or our child because of any injury to our child at school or during any school activity. We further understand that unless the school is instructed in writing to the contrary, it may permit any student to participate in any school linked or intramural athletic contest or in other parts of its athletic program.

We agree to pay the annual tuition fee and such other fees as are chargeable according to the current Schedule of Tuition and Fees. And, we agree to pay our financial obligation to the Hughson Christian School on the date due. *We understand a late fee of \$25.00 will be charged to my account if our payment is late (after the 10th of the month).* It is understood that we are reserving space for the school year; therefore, the tuition charge constitutes an annual contract. Tuition reductions and/or refunds are not made for absences, illnesses, vacations, or holidays. There is no exchange of days. *We understand that our account must be paid in full before final report cards are given at the end of the school year.*

We agree that HCS may use our child(ren)'s name(s), portrait, likeness, artwork, spoken or written endorsement, and written work that he/she develops in connection with HCS classes or activities in order to publicize or highlight HCS, and that except as prohibited by law, HCS may use our child(ren)'s information and records at their discretion. We understand that if we do not agree with this policy, we will be required to write a letter to the school office prior to the first day of the school year.

Students must submit all the required state paperwork prior to the first day of attendance, with an up-to-date immunization record. Consent is given for HCS to connect with the CA Immunization Registry to share immunization records online. (This is just a record keeping process. Reports are given to the state regardless of online consent.)

Parent/Guardian Signature

Parent/Guardian Signature

Date

Hughson Christian School Dress Code and Hygiene Policy

I. Clothing

a. Dress code:

- i. Shirts must be white, navy, and red, or an HCS hawk shirt. Solid colors only. Boys must always wear polo or button up collared shirts (except when wearing HCS hawk shirt).
- ii. Pants, shorts, and skirts must be khaki or navy. No denim. Leggings are not permitted to be worn alone.
- iii. Dresses may be red, navy, or khaki. Skirts and dresses must have shorts, leggings or knitted tights underneath as to conceal undergarments. No bare shoulders or spaghetti straps. Blouses must have sleeves.

b. Hygiene:

- i. Students must wear a fresh set of clean clothes daily.
- ii. Students will not be allowed to share hats and jackets.

II. Hair:

a. Dress code:

- i. Boys' hair must not be excessively long and in no case touching their collar.
- ii. Hats and caps may not be worn in the building.

b. Hygiene:

- i. Hair must be combed and well groomed.
- ii. No sharing of hair accessories.

III. Shoes:

a. Dress code:

- i. Shoes must be closed toed.
- ii. Shoes must not have holes.
- iii. Shoes must be thick enough to protect the bottom of the feet.
- iv. Shoes must remain on feet at all times.
- v. It would be preferable for the Junior Kindergarten to wear tennis shoes.

IV. Cleanliness:

a. Hygiene:

- i. Must bathe daily.
- ii. Hair must be washed daily.
- iii. Fingernails must be groomed and cleaned.
- iv. Face and hands must be clean.

Violation notices will be sent home for those who do not adhere to this policy. If the violation is severe enough, the parents may be called to address the issue. Repeat offenses will require an administrative conference.

We are striving to maintain a unified and sanitary environment for your children. Thank you for your continued support and cooperation.

I have read and agree to these terms and conditions.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

STUDENT MEDICAL & EMERGENCY INFORMATION

A COPY OF THIS FORM WILL ACCOMPANY YOUR CHILD ON FIELD TRIPS, ETC., OFF OF CAMPUS. PLEASE FILL THIS FORM OUT COMPLETELY

Student's Name _____
Last First Middle Date of Birth

In case of an emergency, I authorize the proper school authorities to take any action necessary for the health and welfare of our child in our absence or in the event that we cannot be contacted.

Home Address: _____

Father/Legal Guardian's Full Name: _____ Phone # _____

Mother/Legal Guardian's Full Name: _____ Phone # _____

Name of Student's Physician: _____ Phone # _____

Physician's Address: _____

Name of hospital where your doctor is on staff: _____

Insurance Company: _____ Card # _____

ALLERGIC TO
FOODS: _____ MEDICATIONS: _____

Please explain any treatment necessary for accidental ingestion of an allergy food: _____

Please explain or list any special information emergency caregivers should know: _____

List all current medications your child is taking and for what purpose: _____

Has your child ever had any serious illness: Yes / No If yes, please explain fully: _____

AUTHORIZED PICK-UP PEOPLE & EMERGENCY CONTACT *If Parents Cannot be Reached

*Please Prioritize the List with Order of First Contact in the Event of Illness or Emergency

Name Relationship to Student Phone Number/Type

1. _____

2. _____

3. _____

4. _____

Signature of parent/guardian _____ Date: _____

HUGHSON CHRISTIAN SCHOOL FIELD TRIP AUTHORIZATION

Dear Parents,

Throughout the school year the children occasionally take part in the activities listed below:

- a. field trips
- b. activities at other schools
- c. class picnics

It will be necessary to transport the children by private car. We encourage parents to attend field trips with their children. If you are willing to be called upon to help transport the children on these occasions, please let us know. If you will allow your child to participate, please sign the form below.

Thank you,

Sheila Parnell, Principal

I hereby give my permission for my child, _____, to go by private car to participate in the above mentioned activities.

Signature of Parent/Legal Guardian

Date

HUGHSON CHRISTIAN SCHOOL CONSENT TO TREATMENT

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize a Hughson Christian School staff member as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/We here authorize any hospital which has provided treatment of the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____, 20___, unless sooner revoked in writing delivered to said agent(s).

Parent/Legal Guardian Signature Date: _____

Parent/Legal Guardian Signature Date: _____