

Greetings from Sioux Falls Christian Schools!

We count it a privilege to offer quality PK-12 Christian education in the Sioux Falls community and thank you for your inquiry. The education of your child(ren) is a very important decision.

Following is a check-list for the application process:

- ◆ Step 1: Submit the *Student Registration Form* with the \$60 per student (non-refundable) registration fee
- ◆ Step 2: Complete the remaining admission packet including *New Student Application*
- ◆ *Family Application for Admission*
- ◆ *Release of Information Form* (if applicable)
- ◆ *Pastor's Recommendation* - ask your pastor to complete and return to SFC
- ◆ *Annual forms* – included in the packet are several forms that our families are required to complete on an annual basis – they do not need to be submitted right away with the admission paperwork, but need to be on file before the student may attend classes.
- ◆ Step 3: As noted on the Family Application for Admission, prior to enrollment, a family interview will be scheduled.

If you have any questions or would like to arrange for a tour, please call us (605-334-7397 regarding Preschool through 5<sup>th</sup> grade or 605-334-1422 for students in 6<sup>th</sup> through 12<sup>th</sup> grade).

Thank you again for your interest in Sioux Falls Christian. May God be glorified as we educate and equip students for Him!

Mr. Jay Woudstra,  
Superintendent

**I/We wish to enroll the following student(s) at SFCS for the 2011-12 school year:**

Student (1) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Student (2) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Student (3) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Student (4) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Student (5) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

Student (6) Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male / Female

**Father's (or Guardian's) Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother's (or Guardian's) Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**The \$60 per student non-refundable registration fee must accompany this registration form.**

**SIOUX FALLS CHRISTIAN SCHOOLS**  
**NEW STUDENT APPLICATION for ADMISSION**

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**(1) STUDENT INFO**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnicity (required) \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino Race (required-choose one):  
\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White  
Student Living with \_\_\_ both parents \_\_\_ one parent \_\_\_ guardian \_\_\_ other (specify) \_\_\_\_\_  
Grade Applying for \_\_\_\_\_ Anticipated Date of Enrollment \_\_\_\_\_ Previous School Attended \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(2) STUDENT INFO**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnicity (required) \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino Race (required-choose one):  
\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White  
Student Living with \_\_\_ both parents \_\_\_ one parent \_\_\_ guardian \_\_\_ other (specify) \_\_\_\_\_  
Grade Applying for \_\_\_\_\_ Anticipated Date of Enrollment \_\_\_\_\_ Previous School Attended \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(3) STUDENT INFO**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnicity (required) \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino Race (required-choose one):  
\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White  
Student Living with \_\_\_ both parents \_\_\_ one parent \_\_\_ guardian \_\_\_ other (specify) \_\_\_\_\_  
Grade Applying for \_\_\_\_\_ Anticipated Date of Enrollment \_\_\_\_\_ Previous School Attended \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(4) STUDENT INFO**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnicity (required) \_\_\_ No, not Hispanic/Latino \_\_\_ Yes, Hispanic/Latino Race (required-choose one):  
\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White  
Student Living with \_\_\_ both parents \_\_\_ one parent \_\_\_ guardian \_\_\_ other (specify) \_\_\_\_\_  
Grade Applying for \_\_\_\_\_ Anticipated Date of Enrollment \_\_\_\_\_ Previous School Attended \_\_\_\_\_  
School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIOUX FALLS CHRISTIAN SCHOOLS  
FAMILY APPLICATION for ADMISSION**

**PARENT or GUARDIAN INFORMATION**

**Father's (or Guardian's) Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Public School District** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Single Parent**

**Grandparent Information:**

**Father's Parent(s)** \_\_\_\_\_

**Father's Parent(s) Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's (or Guardian's) Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Public School District** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widowed** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Single Parent**

**Grandparent Information:**

**Mother's Parent(s)** \_\_\_\_\_

**Mother's Parent(s) Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SIBLING INFORMATION**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**FAMILY CHURCH INFORMATION**

**Church Name** \_\_\_\_\_ **Pastor's Name** \_\_\_\_\_ **City** \_\_\_\_\_

**INSURANCE / EMERGENCY CONTACTS**

**Doctor** \_\_\_\_\_ **Dr. Phone** \_\_\_\_\_

**Health Insurance Provider** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**1<sup>st</sup> Emergency Contact** \_\_\_\_\_ **Emerg Contact Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**If Parents Cannot Be Reached:**

**2<sup>nd</sup> Emergency Contact** \_\_\_\_\_ **Emerg Contact Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_



## THE SIOUX FALLS CHRISTIAN SCHOOLS MISSION

**With God's word as our foundation, Sioux Falls Christian Schools will provide a Christ-centered, excellent education, partnering with the church and home to equip students for Him.**

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### SIOUX FALLS CHRISTIAN SCHOOLS BASIS

The basis of the Sioux Falls Christian Schools Association is the infallible Word of God written in the scriptures of the Old and New Testament, as they are generally interpreted in the historic reformational confessions of faith. In accordance with these confessions, we hold unreservedly to the sovereignty of God, revealed in the Lordship of Jesus Christ over the world, and thus over every department of human activity, and submit unconditionally to the authority of Holy Scriptures, thereby recognizing these Scriptures as the supreme and final standard for Christian education and all other matters of faith and life. On this basis, we subscribe to the following articles:

### STATEMENT OF BASIC BELIEFS AND PURPOSES

- We believe in the scriptures of the Old and New Testaments as verbally and infallibly inspired by God, and that they are the supreme and final authority in faith and life.
- We believe in one God, eternally existing in three persons: Father, Son, and Holy Spirit.
- We believe that Jesus Christ was conceived by the Holy Spirit; born of the virgin Mary, and is true God and true man.
- We believe that God is the creator of the heavens and the earth. Man is an image bearer of God and was created by an immediate and direct act of God. Man sinned, and thereby incurred not only physical death, but also spiritual death which is separation from God; and that all human beings are born with a sinful nature and become sinners in thought, word, and deed.
- We believe that the Lord Jesus died for our sins, according to the Scriptures, as representative and substitutive sacrifice; and that all who believe in Him are justified by faith on the grounds of His shed blood.
- We believe in the resurrection of the crucified body of our Lord, in His ascension into heaven, and His present life there for us, as High Priest and Advocate.
- We believe that our Lord and Savior Jesus Christ will personally return to judge the living and the dead.
- We believe that all who are born again by the Holy Spirit and receive faith by the Lord Jesus Christ become children of God.
- We believe in the bodily resurrection of the just and the unjust, the eternal blessedness of the saved, and the eternal retribution of the lost.

### WE THEREFORE BELIEVE IN...

God the Father, creator and sustainer of creation, first person of the trinity.

The deity, virgin birth, vicarious death, physical resurrection, ascension, and personal return in the glory of the Lord Jesus, the only source of true wisdom.

The personality, deity, and work of the Holy Spirit.

The reality of Satan. He is a personality who is very active and who desires to destroy the church and the Kingdom of God.

The great scriptural doctrines of sin, salvation by grace, redemption, regeneration, justification by faith, prayer, physical resurrection, the reward of believers and the retribution of unbelievers.

### PARENT/GUARDIAN AGREEMENT

I am enrolling my child(ren) in Sioux Falls Christian Schools primarily because of our earnest desire for our child(ren) to receive God-centered academic training. SFC exists primarily to educate the children of Christian parents, whereby all students and teachers demonstrate that the Kingdom of God comes first.

I want my child(ren) to be educated in a manner consistent with the Statement of Basic Beliefs and Purposes of SFCS.

I agree that, as a parent, I will support the schools in their efforts to provide education that is distinctively Christian and equips students to live Christian lives in contemporary society. I understand that the personal conduct of all students must conform to school standards. If disagreement exists, I will have an opportunity to discuss such matters with faculty, administration and board members. The Board shall retain its authority to expel any student whose continued presence seriously impairs the development of Christian education within SFC.

I understand that SFC admits students of any race, color or national/ethnic origin to all rights, privileges, programs and activities generally made available in the schools. I further understand that SF Christian Schools Association does not discriminate on the basis of race, color or national/ethnic origin in the administration of educational policies and admission.

I understand once the appropriate application forms are submitted, the Board of Directors, through a properly designated committee or individual, shall interview all prospective parents and students prior to enrollment. If it is determined that the primary reason for application is to seek a solution to behavioral, academic, or social problems, the application shall be denied.

I understand grade placement is determined by the administration.

I understand this agreement shall allow my child(ren) to be taught in keeping with the beliefs and objectives of SFCS indicating non-interference with the Christian direction of the school.

I/we hereby certify that at least one parent is an active member of a Bible-believing church, that I/we have read the Basis, Statement of Basic Beliefs and Purposes and parent/Guardian Agreement, and affirm that my/our beliefs are consistent with those stated. I/we furthermore accept the conditions and requirements of all other official policies and procedures of SFCS Association, including the payment of all tuition and fees according to published schedules.

**Sioux Falls Christian Schools reserves the right to reject any application. Neither this application nor payment of fees is considered to be binding upon Sioux Falls Christian Schools.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my permission for:

Name of Former School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

To release the following information for the student listed below:

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

- Grades/Transcripts
- Attendance Records
- Health Records
- Local and State Test Scores
- Current IEP
- Current Assessment Results
- Copy of Student Birth Certificate
- Other Pertinent Student Information
- Behavior Records

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sioux Falls Christian Schools Admissions  
6120 Charger Circle  
Sioux Falls SD 57108  
605-334-1422 Phone  
605-334-6928 Fax  
glendalohse@sfchristian.org**

Date of Application \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN BEFORE IT IS GIVEN TO YOUR PASTOR**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of student(s) applying for admission:

1. \_\_\_\_\_ Grade \_\_\_\_\_ 2. \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Grade \_\_\_\_\_ 4. \_\_\_\_\_ Grade \_\_\_\_\_

5. \_\_\_\_\_ Grade \_\_\_\_\_ 6. \_\_\_\_\_ Grade \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PASTOR**

The family listed above is applying for admission to Sioux Falls Christian Schools. Please answer the following questions and mail the completed form to the school address below. Thank you.

Is your church in agreement with Sioux Falls Christian's Statement of Basic Beliefs and Purposes (on the next page of this packet)?                      Yes      No

Is this family a member of your church?      Yes      No

Does this family regularly attend worship services at your church?      Yes      No

In what church activities do members of this family participate? \_\_\_\_\_

\_\_\_\_\_

What evidence of spiritual growth have you seen in this family? \_\_\_\_\_

\_\_\_\_\_

Are there any other matters that you feel would be helpful for us to know regarding this family? \_\_\_\_\_

\_\_\_\_\_

Pastor Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Name of Church \_\_\_\_\_ Pastor E-Mail \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please *return this completed form* to:

**Sioux Falls Christian Schools Admissions**

**6120 Charger Circle**

**Sioux Falls, SD 57108**

(Pastor Recommendation continued)

## **The Sioux Falls Christian Schools MISSION**

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## **SIOUX FALLS CHRISTIAN SCHOOLS BASIS**

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- ◆ We believe that God is the creator of the heavens and the earth. Man is an image bearer of God and was created by an immediate and direct act of God. Man sinned, and thereby incurred not only physical death, but also spiritual death which is separation from God; and that all human beings are born with a sinful nature and become sinners in thought, word, and deed.
- ◆ We believe that the Lord Jesus died for our sins, according to the Scriptures, as representative and substitutive sacrifice; and that all who believe in Him are justified by faith on the ground of His shed blood.
- ◆ We believe in the resurrection of the crucified body of our Lord, in His ascension into heaven, and His present life there for us, as High Priest and Advocate.
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The personality, deity, and work of the Holy Spirit.

The reality of Satan; he is very active and desires to destroy the church and the Kingdom of God.

The great scriptural doctrines of sin, salvation by grace, redemption, regeneration, justification by faith, prayer, physical resurrection, the reward of believers and the retribution of unbelievers.

Sioux Falls Christian Schools offers a great opportunity for every family to reduce their own tuition. TRIP is an acronym for Tuition Reduction Incentive Program and is used by many private schools across the United States. Sioux Falls Christian has provided this unique tuition reduction opportunity since September, 1994.

**What is TRIP?**

Sioux Falls Christian purchases gift certificates from a national broker and local businesses in bulk amounts at a discount, then resells those certificates to families at face value. The ‘profit’ earned is used to reduce tuition costs for the individual families that purchase the certificates; one percent is kept by the organization as an operating fee. An example: if you purchase \$100 of HyVee gift cards, \$4 goes into your tuition account while \$1 goes towards operating expenses. Let your spending work for your education – it’s that simple!

Whether you are a current or future family, you may participate and earn tuition credit for yourself and others! SFC parents receive the immediate benefit, while future parents can begin to accumulate tuition credit; future monies earned are held by the TRIP office and credited as a tuition payment when children are enrolled at SFC.

Online ordering is available on the SFC website. To use this feature, it is necessary to first submit a Direct Payment Plan form (available on the website) along with a voided check to the TRIP Coordinator. Online orders are due by 12:00 am Mondays, drop-offs by 9:30 am Tuesdays; orders are processed and are available for pick-up the same week on Friday. During the summer months, orders are not processed every week – the summer schedule is posted on the website.

For additional information, contact Lisa Vande Kamp, TRIP Coordinator:

[lisavandekamp@sfchristian.org](mailto:lisavandekamp@sfchristian.org) 605-334-1422 Ext. 307

Office hours:

Tuesday: 7:30 am – 3:45 pm

Thursday: 12:30 pm – 3:30 pm

Friday: 7:30 am – 1:00 pm

**Location:** Sioux Falls Christian Schools, 6120 Charger Circle, Sioux Falls, SD 57108

**Availability:** Before and after school care is available for students in Preschool through grade 5.

**Hours of  
Operation:** Before school 6:30 am to 8:30 am; after school 3:00 pm to 6:00 pm.

**Charge:** \$2.75 per hour for each child.  
5.00 will be charged for every 15 minutes after 6:00 pm your child remains at Kid's Corner.

**Payment:** The caregiver will keep track of your child's time spent in Kid's Corner. An itemized bill will be sent to you at the end of each month. There is a \$5.00 minimum charge per billing cycle. Make checks payable to SFC with Kid's Corner in the memo line. Receipts will be available upon parent request.

**Inclement  
Weather:**

- \* Early Dismissal - Kid's Corner will NOT be available on days when school is let out early due to inclement weather.
- \* Late Start - Kid's Corner will open one hour before school starts. For example, if SFC has a one hour late start, Kid's Corner will open at 8:00am. If SFC has a 2 hour late start, Kid's Corner will open at 9:00am.
- \* School Cancellation - Kid's Corner will NOT be available if school is cancelled due to inclement weather.

**Time and  
Attendance:** The caregiver will have a roster listing students attending Kid's Corner and will log each student in and out of Kid's Corner. Parents and students are not to sign in and out.

**Snacks:** No food is provided for Kid's Corner. Children are encouraged to eat breakfast before arrival in the morning and to bring a snack for after school.

**Phone Use:** Please do not call Kid's Corner unless absolutely necessary - it will take the caregiver away from the children. If a call is necessary, the elementary phone number is 334-7397.

**Number of  
Providers:** Caregiver to child ratio is approximately 1:12.

**Supervision:** Students attending Kid's Corner must be under direct supervision of the caregiver and may not be in classrooms after school hours; the only exception is at the child's teacher's request.

**School Use:** Students attending Kid's Corner are to be supervised in the Kid's Corner Room, Gym, Computer Lab, or outdoors. Other rooms and hallways are not to be used as play areas.

**Sioux Falls Christian Schools**  
**Family Medical Information – 2011-2012**

**Parents:** If you wish to authorize the school to give Tylenol or Ibuprofen to your child(ren) when necessary, we **must** have your signature on this form. If a student has a headache, muscle aches, etc., as a convenience, we are willing to administer the pain reliever, **provided** we have your signature on file. **\*Parents of Pre-K through 5<sup>th</sup> grade students will always be called before a pain reliever is given.**

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

I authorize Sioux Falls Christian Schools to provide Tylenol or Ibuprofen (circle one) if needed. I release the school and staff from all liability should my student suffer any reactions to the aforementioned products.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Parents: Please complete the following sections as completely as possible. List all allergies, medical conditions, medications, corrective lenses, etc. If there are no conditions that we need to be aware of, please fill in the student's name and grade and specify "NA" in the medical information column. Be sure to sign and date the bottom of this form.\***

- 1) If prescription drugs are to be administered at school, they must be sent to school in a labeled pharmacy bottle. They will be locked in the office and administered from the office. The authorization form on the back of this page must be completed by your doctor and will be on file with the medication in the office. It is the responsibility of the parent, not the child, to inform us of any change in condition or medication. This can be done by phone with the secretary or administrator (with written confirmation from a physician within 24 hours).
  
- 2) If your child has specific dietary needs, we must have a letter from your physician telling us which foods (i.e. milk, soy, wheat, peanuts, etc) they cannot have as part of their hot lunch. Substitutions will be made as necessary, but only with a physician's letter on file. Thank you for your cooperation.

<u>Student Name</u>	<u>Grade</u>	<u>Medical Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Parent Name** \_\_\_\_\_

**REQUEST AND AUTHORIZATION FOR MEDICATION/TREATMENT**

Students Pre-K -5<sup>th</sup> grade ph # 334-7397 fax # 334-3026  
Students 6<sup>th</sup> - 12<sup>th</sup> grade ph # 334-1422 fax # 334-6928

*This request must be completed annually OR immediately if change in dosage/treatment occurs.*

Student \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent(s) \_\_\_\_\_

Physician \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

\_\_\_\_\_

2. Name of medication/treatment: \_\_\_\_\_

\_\_\_\_\_

3. Dosage Amount: \_\_\_\_\_

\_\_\_\_\_

4. Time(s) of Administration: \_\_\_\_\_

\_\_\_\_\_

5. Method of Administration: \_\_\_\_\_

\_\_\_\_\_

6. Precautions and reactions to observe and report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent Name \_\_\_\_\_

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## SFC Parental Permission & Volunteer Hold Harmless Agreement 2011-2012

### Notifications

- It is the policy of Sioux Falls Christian Schools to provide **emergency health care** for students when necessary during their attendance at school and school activities or events, and to release necessary information requested in connection with the provision of such care. This information may be used or disclosed to the school nurse, athletic trainer, coaches, medical providers, and other school personnel involved in the care of the student. Responsibility for payment of ambulance, physician and /or hospital expenses is that of the parent/guardian.
- It is the policy of SFC to **permit media to photograph or film** group shots of students in hallways and/or classrooms. School officials may also videotape students for supervision or discipline purposes at school, on school property, and at school events.
- SFC prints a **school directory** annually, listing the child's name, address, telephone number, grade, and parent/guardian name.
- If a parent/guardian wishes to make any changes with respect to who has access to their **student's records**, contact the school principal. **\*FERPA affords parents and students over 18 years of age certain rights with respect to the student's education records. I have reviewed and understand the annual Notification of Rights under FERPA (the document is posted on the school website).**
- It is the responsibility of the parent/guardian to submit legal documents regarding custody or restraining orders to SFC.

### Authorizations

- Consent is hereby granted to SFC for use of **photographs, videos, slides and television** participation involving my child with or without association to the child's name, which may appear in various electronic or print publications, web pages, presentations and/or television.
- I understand that **field trips** and excursions will be taken to farms, businesses, houses, public institutions, and other places, in and out of town during the school year for educational purposes, and that my child may go or remain in school, depending upon my wish. Unless I so advise the teacher in writing in the case of a particular proposed trip, it is my desire that my child shall take such excursions and trips. I also understand that if my child is involved in **athletics or co-curricular activities** there will be travel involved to other schools, game locations, etc. The teacher, bus driver, or parent volunteer driver of the vehicle in which my child is a passenger shall exercise due care and caution in providing for the safety of all students while on such excursions.
- **I authorize and consent to any medical services required for my child while on a school-sponsored activity.**
- It is understood that I hereby release the school, teachers, drivers, coaches, athletic director, board members, principals, and superintendent of the school from liability for any injury my child may sustain on such trips or excursions and agree to hold said teacher, driver, coach, athletic director, board member, principal, and/or superintendent blameless, beyond exercise of due care and caution, in the event of any such injury.

### Hold Harmless Agreement

Whereas the parties agree that SFC is a non-profit, educational institution which utilizes the **services of Volunteers** to perform charitable work and the Volunteer desires to provide services *without* the expectation of compensation including worker's compensation, unemployment insurance, general casualty or liability insurance coverage; and whereas the parties wish to clarify their relationship as being that of Volunteer and not as employer/employee partner, joint venture, or otherwise, NOW THEREFORE,

For and in consideration of the mutual covenants and promises herein contained and set forth and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereto agree as follows:

1. SFC and Volunteer hereby agree that Volunteer may provide volunteer services as designated for SFC.
2. The foregoing shall be done as a Volunteer without right or expectation of monetary compensation or insurance protection or indemnification by SFC.
3. Volunteer shall provide, at his/her own expense, all travel expenses including automobile, gas, and auto insurance, and shall take out and maintain all necessary insurances for the protection of Volunteer.
4. Volunteer shall conduct self in a lawful and dignified manner, so as to promote respect and a favorable image of SFC.
5. Volunteer does hereby indemnify and hold harmless SFC and all of its volunteers, agents, employees, directors, officers, and representatives from all claims for liability in connection with any injuries to Volunteer from any source whatsoever in connection with any volunteer function being performed by Volunteer for SFC, whether from receiving, loading, unloading, moving, lifting, carrying, delivering, or any acts incidental to any such volunteer service performed by Volunteer. Specifically, Volunteer understands and agrees that there may be physical bodily injuries from such volunteer activities which may result either from Volunteer's own actions or omissions, or the acts or omissions of co-volunteers or third persons; further that injuries may also occur from the operation of a motor vehicle or from loading equipment used in volunteer functions; further, that Volunteer agrees to assume the risk of all injuries Volunteer incurs while in the course and scope of his/her volunteer duties for SFC and to indemnify and hold SFC, its agents, employees, directors, officers, representatives, and co-volunteers safe and harmless from any and all claims and liability from such injuries.
6. Volunteer agrees to carry his own insurance for medical injury, liability, and disability, and Volunteer agrees to waive any and all such applicable insurance claims in consideration of the right to serve as a volunteer for SFC and its purposes.
7. This agreement constitutes the entire agreement of the parties and shall be binding upon the respective parties hereto and their executors, administrators, assigns, and successors-in-interest. If any part, clause, or provision of this agreement is found to be void, invalid, unreasonable, or otherwise unlawful or unenforceable, the same (to the extent to which said part, clause, or provision is found to be void, invalid, unreasonable, or otherwise unlawful or unenforceable) shall be severed and the balance of the agreement shall remain in full force and effect.
8. This agreement is, and remains in effect at all times that Volunteer provides services.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

# Acceptable Use Policy and Agreement

## Grades 1 - 12

### **Purpose:**

Sioux Falls Christian believes that accessing data and researching information on the Internet is a useful and necessary skill for lifelong learning. The goal in providing access to the Internet is to promote educational excellence in teaching and learning by facilitating resource sharing, innovation, and communication.

### **Privilege:**

The use of the networks and Internet is a privilege, not a right. Intentional inappropriate use will result in the cancellation of this privilege. The signatures at the bottom of this agreement are binding and indicate that this document has been read and the following guidelines will be adhered to.

### **Summary of Network and Internet Rules:**

When using the Sioux Falls Christian Network and its connection to the Internet, students must accept the responsibility to use it in a proper and legal way.

- Students will not be allowed access to the Internet unless this form is signed and on file with the office
- Middle and high school students must have a personal account with a password
- An adult supervisor must be in the room when Internet is being used or computer privileges will be revoked
- Logging on or using inappropriate sites will result in loss of computer privileges and in-school suspension (for MS/HS)
- Each student has the responsibility to report offensive material to his/her supervisor and should not draw attention of other students to the inappropriate material
- All SFC rules and policies regarding honesty, courtesy, and integrity apply; abusive, vulgar communication is not to be used
- Students will not install any software or attempt to alter or modify software configuration of the school's computers
- Downloading, installing, or transmitting games, music files, or inappropriate images and files is prohibited
- Students should never reveal personal information (name, home address, password, phone number, etc)
- Website communication, photos and graphics are the property of SFC and may only be used with permission
- The use of another person's account is not allowed
- Students are not allowed to use personal e-mail, instant messaging, Facebook, etc.
- Sioux Falls Christian reserves the right to monitor students' computer-related activities through the use of various software and/or hardware programs

### **Student Agreement:**

I understand and will follow the Acceptable Use Agreement. I further understand that any violation may lead to my network privileges being revoked.

Printed Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Printed Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Printed Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Printed Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Printed Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

### **Parent Agreement:**

As the parent of this student(s), I have read the Acceptable Use Policy and Agreement. I understand Internet access is for educational purposes and agree to the guidelines and rules indicated above. I hereby give permission for an account to be issued to my child(ren).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent Name \_\_\_\_\_

# 6<sup>th</sup> – 12<sup>th</sup> Grade Mission Agreement



## *Our Mission*

*With God's Word as our foundation, Sioux Falls Christian Schools will provide a Christ-centered, excellent education, partnering with the church and home to equip students for Him.*

## *Our Vision*

- *Building Excellence*
- *Equipping Leaders*
- *Inspiring Futures*

### *Parent Agreement:*

We have enrolled our children in Sioux Falls Christian Schools because we have an earnest desire for them to receive God-centered academic training and we believe and support the SFC Basis and Statement of Basic Beliefs and Purposes (as stated on the Family Application for Admission). We wish for our children to seek wisdom that applies knowledge to gain understanding and spiritual discernment.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### *Student Agreement:*

I believe in the Statement of Basic Beliefs and Purposes of Sioux Falls Christian Schools. I understand that it is a blessing and privilege to attend this school and will do my best to adhere to the rules set forth for all students of SFC. As a member of this student body, I will strive to enthusiastically participate in the educational and extra curricular opportunities offered to me. Above all else, I will willingly and earnestly receive instruction and guidance from the staff of SFC as I attempt to grow in my spiritual walk with Christ. I will do my best to be a positive influence and participant in helping my peers grow as a Christian community of believers. I sincerely desire to grow in my faith and develop a character that will reflect the love and discipleship of Christ that God may use me to make a difference in His kingdom work here on earth.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

# SFC High School Vehicle Registration/Permit

*This form must be completed annually – be sure to include license numbers!*

- Students who drive to school and park in the SFC lot must be registered and have a parking permit displayed on the front, passenger side windshield
- SFC reserves the right to conduct periodic parking lot and/or vehicle searches in conjunction with the SF Police Department and their team of drug dogs.
- Refer to the Parent/Student Handbook for complete information on SFC's automobile policy.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

1) Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ Model \_\_\_\_\_  
Permit number \_\_\_\_\_ Color \_\_\_\_\_  
\_\_\_\_\_ License Number (required) \_\_\_\_\_  
\_\_\_\_\_ Owner Name \_\_\_\_\_

2) Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ Model \_\_\_\_\_  
Permit number \_\_\_\_\_ Color \_\_\_\_\_  
\_\_\_\_\_ License Number (required) \_\_\_\_\_  
\_\_\_\_\_ Owner Name \_\_\_\_\_

3) Vehicle Description \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ Model \_\_\_\_\_  
Permit number \_\_\_\_\_ Color \_\_\_\_\_  
\_\_\_\_\_ License Number (required) \_\_\_\_\_  
\_\_\_\_\_ Owner Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_