

SHAWNEE MISSION CHRISTIAN SCHOOL

HEALTH CARD for school year 20__ to 20__

Grade: _____

Birth day _____

Student's Name: _____ Preferred Number to call: () _____

Preferred email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: () _____

Mother's Name: _____ Work Phone: () _____

Cell Phone: () _____

Father's Name: _____ Work Phone: () _____

In case of an emergency, and unable to reach parents, please notify:

Relationship: _____ Emergency Phone () _____

Relationship: _____ Emergency Phone () _____

1. Does your child take medication regularly? _____ If yes, what/how often: _____

2. Does your child suffer from: Allergies _____ Asthma _____ Diabetes _____ Epilepsy _____ Other _____

If other, please explain _____

3. If you answered yes to Allergies: Medication _____ Food _____

4. May your child be given: Tylenol _____ Ibuprofen _____ Antacid/Tums _____ Eye Drops _____

5. Special comments/instruction regarding your child's health, or any special learning needs: _____

AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS

I hereby consent to have my child participate in off-campus field trips and/or extracurricular activities supervised by Shawnee Mission Christian School staff.

I hereby authorize Shawnee Mission Christian School to call an ambulance in case of an accident or acute illness and arrange for necessary emergency medical and/or surgical care if not immediately available. Any qualified physician called by Shawnee Mission Christian School may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort will be made to notify the parent(s) and/or legal guardian before such action will be taken. I also agree to accept responsibility for the costs of the above medical services.

Parent/Legal Guardian's Name (printed): _____ Date: _____

Parent/Legal Guardian's Signature: _____

Any extra instructions (who may pick up your child, visitation rights, medical issues, etc.):

Primary Insurance _____ Phone# _____ Policy/Group# _____ / _____

Shawnee Mission Christian School
4901 Mission Road
Westwood, KS 66205
(913) 384-4434

Application for Homeschoolers

Date _____ Grade _____ School Year _____

Students Name _____

First

Middle

Last

Birthday ___/___/___ Male ___ Female ___ Preferred Contact # () _____

Home Address _____

Street

City

State

Zip Code

Parent's Name _____ Parent's Phone # _____

Parent's Email _____

- Core Class _____
- Choir
- Art
- Drama
- Quizzing
- JH/SH Soccer (Boys)
- JH/SH Volleyball (Girls)
- JH/SH Basketball (Boys)
- JH/SH Basketball (Girls)
- Cheerleading
- Yearbook

Student learning challenges or concerns you may have: _____

Statement of Cooperation

1. We agree to pay our financial obligation on time.
2. We agree that the desire for a Christ-centered education is not only relevant for the school, with a partnership with the parent, but the student, themselves desire to attend SMCS because of its dedication to honor Christ and promote biblical principles.
3. SMCS and Olivet Baptist Church do not cooperate with the ecumenical or charismatic movements, and we desire that parents and students of SMCS not propagate doctrines or

positions incompatible with those of our school while a part of our school environment. It should also be understood that although we plan to use the King James translation as our primary translation, we are not a part of the "King James only" movement.

4. We understand that scripture clearly teaches in 1 Corinthians 6: 1-8 that believers are not to arbitrate before unbelievers; rather, difficulties should be resolved and cared for before believers. By signing this, you understand that any differences that may arise between any SMCS family or school officials will not be taken before a court of law. The proper place for addressing these issues would be: the SMCS school board, the deacon board, the pastoral staff of Olivet Baptist Church, or the pastor of your home church.
5. We agree on the Biblical principle that is stated in Matthew 18: 15-17. Furthermore, we agree that if our child should become involved in any difficulty with other children or school personnel, we will adhere to "Matthew 18:15-17" teachings. If there are concerns with or we do not agree with the actions, policies, or decisions of the teacher/administrator, we will not complain to or discuss these things with other parents or students. Instead, prayerfully, will register only necessary complaints or concerns with the appropriate school personnel involved in the issue.
6. We understand and believe that scripture clearly teaches that all sexual immorality, including homosexuality, is a sin (Romans 1:18-32) and believers should therefore not be involved with sexual immorality to any degree. We understand that SMCS cannot accept any student who professes to be homosexual or is involved with any sexual immorality, including transgenderism. We believe that God created male and female (Genesis 1:27) and that true transformation comes from renewing the mind to align with God's Word (Romans 12:2). SMCS asks that any student who is involved in this manner voluntarily withdraw themselves or face expulsion.
7. SMCS asks that our students be involved with their church; regular attendance, youth events, and Christian service projects.
8. We understand that the school reserves the right to dismiss any student who does not cooperate with the educational process and that all students are accepted on a probationary basis.
9. We agree with the rules and regulations set forth by the school, and we shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way.

PLEASE SIGN BELOW:

We have read all 9 statements listed above; signing this document, we understand and agree to cooperate with these guidelines while our children are enrolled at Shawnee Mission Christian School. We have also read the "Statement of Faith" and agree that our child may be taught accordingly.

Parent Signature _____

Date _____