

**2018-2019 FKCP III CHRISTIAN SCHOOLS
CONTINUING STUDENT APPLICATION**

REQUIRED ENROLLMENT FORMS CHECKLIST

Student Name: _____

Grade Entering: _____ in 2018-2019

Please review each item carefully and make certain that each is completed:

- Application for Admission
- Parent/Guardian Information Form
- Student Fees and Financial Policies (4 pages)
- Financial Information Sheet (Parent Copy; keep for your records)
- Financial Obligation Agreement
- Annual Field Trip Release Form
- Emergency/Medical Treatment Information Form
- Waiver of Responsibility
- Request for Medication: **Submit to current physician to complete** (if applicable)
- Talent/Media Release Agreement
- *Immunization Records Verification:**
*(*The following is required before registration/application can be accepted.)*
 - **Only students entering K & 7th grade MUST attach proof of state required immunizations before starting school;**
 - **Students entering 7th – 12th grade MUST attach proof of Pertussis-Whooping Cough vaccination**
- Parent Volunteer Hours List and Card (Parent Copy; keep for your records)

(Office Staff Only)

Semester/ Quarter Entering: _____

Staff verified checklist complete: _____

2018-2019 FKCP III CHRISTIAN SCHOOLS

CONTINUING STUDENT APPLICATION FOR ADMISSION (TO BE COMPLETED BY PARENT)

Application for Grade: _____ in 2018-2019 (starts Fall 2018)

Student Name: _____
(Legal Name) (Last) (First) (MI)

Gender: Male Female

Date of Birth: ____ / ____ / ____
MM DD YYYY

Student Resides With: Both Parents/ Guardians Father/ Guardian Mother/ Guardian Other: _____

Primary Address: _____
(Street) (Unit#) (City) (State) (Zip Code)

Secondary Address: _____
(complete if applies) (Street) (Unit#) (City) (State) (Zip Code)

Mother Name: _____ Telephone: _____

Mother's Email: _____

Father Name: _____ Telephone: _____

Father's Email: _____

Financial Responsibility: List person(s) financially responsible for student fees, tuition, etc.

Print Name Signature Date Relation to Student

Print Name Signature Date Relation to Student

For Business Administration Only

Registration Fee: \$450.00, due by Thursday, March 1, 2018
 CASH CHECK M.O. CREDIT/DEBIT

Amount Paid: \$ _____ Date Recorded: _____
Recorded By: _____

PARENT/GUARDIAN INFORMATION

STUDENT'S FATHER

Salutation: Mr. Dr. (check one)

Full Name: _____

Social Security Number: _____

Personal Information:

(Please complete if different from first page)

Home Address: _____

City/ZIP: _____

Home Telephone: _____

Cellular: _____

Email Address: _____

Employer Information

Type of Business/ Position: _____

Business Address: _____

City/ZIP: _____

Business Telephone: _____

Business Email: _____

STUDENT'S MOTHER

Salutation: Mrs. Ms. Dr. (check one)

Full Name: _____

Social Security Number: _____

Personal Information:

(Please complete if different from first page)

Home Address: _____

City/ZIP: _____

Home Telephone: _____

Cellular: _____

Email Address: _____

Employer Information

Type of Business/ Position: _____

Business Address: _____

City/ZIP: _____

Business Telephone: _____

Business Email: _____

STUDENT'S SIBLINGS

Name	Age	Current School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

STUDENT FEES AND FINANCIAL POLICIES

Frederick K.C. Price III Christian Schools is a private institution. Tuition and fees cover only a portion of the total cost of educating a student. Therefore, our school utilizes fundraising activities and accepts financial contributions from donors/friends.

FKCP's Business Office is responsible for the collection of all tuition and registration fees listed on the Financial Information Sheet. The listed fee payments may be submitted in person or via United States Mail. If you choose to mail your payment, it must be postmarked by the due date.

† In Person

Frederick K.C. Price III Christian Schools
Business Office (AC 103)
Payments may also be placed in the "drop box"
located on the door of the Business Office.

✉ Via Mail

Frederick K.C. Price III Christian Schools
Attn: Business Office
7901 South Vermont Avenue
Los Angeles, CA 90044

Important Note: Tuition payments that are made using the "Installment Plan Option" **must** be remitted directly to Business Office to receive proper credit. Payments made after the monthly due date are subject to late fees. **CASH PAYMENTS for tuition are NO LONGER ACCEPTED**

If a tuition account is delinquent due to Non-Payment, Nonsufficient Funds, or any other financial reason, **educational/services will be suspended** until the account is reinstated by the Business Office.

Parent initials required after reading each section.

Initial

Annual Tuition and Nonrefundable Fees

Current information regarding annual tuition, nonrefundable fees, and established payment deadlines is provided on the **Financial Information Sheet**. Updated financial information is provided for continuing student families as part of the Admissions Packet.

Registration Fee

The Registration Fee for continuing students must be paid upon submission of completed application. The fee (and required documents) must be submitted to the business office by the established due date.

(Please refer to the Financial Information Sheet for current fee information and established payment due dates.)

NEW!!! Annual Tuition

The **annual tuition for elementary school students is now \$5,250**. The **annual tuition for secondary students is now \$7,000**. Tuition must be paid either in full by Friday, July 20, 2018 or **11-month installment plan** paid directly to the business office:

Select One

_____ **(K- 12th gr.); Full Payment Option; Due by Friday, July 20th, 2018**: Full payments, will receive a 10% discount off the annual tuition amount.

_____ **(K- 12th gr.); 11 Month Installment Plan Option; July 2018 – May 2019**: Payments are due on the 1st of every month and delinquent after the 5th with a \$50.00 fee assessed to all late payments and suspension of educational services. **(Payment due dates are non-negotiable.)**

STUDENT FEES AND FINANCIAL POLICIES

Tuition Discounts*

Full Payment Discount: Tuition that is paid in full by the due date (**July 20, 2018**) will receive a 10% discount per student.

Multiple Children Family Discount: Families with more than one child in the program will be given a 10% discount for the second child, a 5% discount for the third child, and any additional children. (From the highest to lowest tuition rate, the discounts will be applied).

***Please note, multiple discounts are prohibited; only one discount can be applied per student.**

Parent/Family Volunteer Service Hours

40 hours of volunteer service or a contribution of \$200.00 are required of each family by **Friday, May 17, 2019**. A \$5.00/hour fee will be added to the account for each hour less than 40 hours; hours or fees are used to supplement the need for additional support staff.

Fundraiser Participation

Participation in at least two fundraisers is required of each family per year, with a profit of no less than \$100.00 for each fundraiser. (**\$200 profit per family per school year; \$200 profit = \$400 sales**)

Initial

Miscellaneous Fees

If fees or payments not listed on the Financial Information Sheet are to be collected, payment must be made directly to the business office, unless otherwise designated by FKCP. These fees include, but are not limited to, those listed in the section below.

Overnight Class Trip Fees

4th, 5th and 7th grade students participate in class trips as a part of their curriculum. Class trips are to be determined; class fees are listed as approximate amounts and are subject to change.
(Please refer to the Financial Information Sheet for current fee information and established payment due dates.)

Athletics Fee

Athletic participation is available for students in elementary through high school throughout the school years. Athletic fees are to be determined.
(Please refer to the Financial Information Sheet for current fee information and established payment due dates.)

*Early Morning Care

Early morning care is available for students K-8th, daily from 6:30am-7:45am in the main school building. Payment for early morning care is to be made monthly to the business office (\$50 per month), or daily in the main school building (\$5 per day). ***Availability is dependent upon monthly enrollment numbers.**

Afterschool Care (Motivational Institute)

The Motivational Institute is a private afterschool tutoring program ran on campus for FKCP students elementary through high school. Please contact The Motivational Institute at 310.327.4545 for current fee information and established payment due dates.

STUDENT FEES AND FINANCIAL POLICIES

Elementary Hot Lunch Fee

Payment for the Elementary Hot Lunch Program is to be made monthly to the business office, or daily in the cafeteria. A schedule of costs and due dates will be provided monthly throughout the school year.

Tuition Late Payment Fee

A \$50.00 late fee will be assessed to tuition installment payments received after the grace period of each month. Additionally, attendance to class and educational/services will be **suspended** until account is reinstated.

Returned Check Charge/Insufficient Funds

A \$35.00 service fee is assessed for any dishonored check due to insufficient funds or stop payment. Personal checks will no longer be an option of payment after two dishonored checks.

Transcript Fee

Official copies of transcripts may be ordered at the cost of \$7.00 per copy by completing and submitting a written request either in person or by mail. All requests must be submitted on the "Request for Transcripts/Academic Records" form. Acceptable forms of payment are cash or money order (made payable to "FKCP III Christian Schools"). 12th grade students are exempt from this fee unless an excessive number of transcripts are requested.

Initial

Financial Policies

Financial Obligation Agreement

A Financial Obligation Agreement must be completed for each student. An Agreement must be signed and submitted at the time of registration for each school year. The agreement will remain on file in the school's business office. Failure to submit this form will invalidate your student's "enrollment" status.

Student Account Status

It is our expectation that all financial requirements are satisfied as it pertains to tuition, fees and deadlines. In the event, that the financial account becomes 5 (five) days past due, the student may become ineligible for educational services and may not participate in any school-related activities.

Forms of Payment

Acceptable forms of payment for tuition fees remitted to the business office are: personal checks, cashier's checks and debit/credit cards. Checks and money orders must be made payable to "FKCP III Christian Schools". **CASH PAYMENTS for tuition are NO LONGER ACCEPTED.**

Exception: For student fees that are delinquent: debit card, cashier's check, and money orders are the only acceptable forms of payment.

Refund Policy

All registration, tuition, and fees and penalties are non-refundable.

Policy Regarding Dishonored Checks

When a check or other forms of payment are dishonored (i.e., due to insufficient funds or stop payment), a hold will be placed on student records, and the student may become ineligible for

STUDENT FEES AND FINANCIAL POLICIES

educational services and all other school-related activities. FKCP will no longer accept a personal check as a form of payment once a check has been dishonored two times.

To settle the financial obligation, the parent/guardian must pay the value of the check plus the \$35.00 service fee to the business office.

Withdrawal Policy

In the event, that a student withdraws from Frederick K.C. Price III Christian Schools abruptly, without any consideration or prior notice after **August 1, 2018** and/or before **Graduation 2019**, the parent/guardian may be responsible for payment of all tuition, fees, and penalties. The following resolutions are permissible: medical issue; relocation; financial hardship; and/or mutual resolution between parent & staff.

All withdrawal notifications **MUST** be submitted in writing or on the Notification of Student Withdrawal/Check-Out form to the main office. A \$50 “withdrawal fee” will be assessed at the time of withdrawal.

All books and property of FKCP must be returned at the time of withdrawal or a hold will be placed on the account.

Book Rental Policy

All textbooks and library books used by FKCP students must be returned in the condition they were issued. If a book is lost or damaged beyond repair, the parent/guardian is responsible for replacing it at its full market value. Failure to do so may result in student services being suspended.

STAY IN THE LOOP!

Make sure to download our new mobile app for pertinent information and updates throughout the school year.



Search:
Frederick K.C. Price III Schools
(by Zing Apps LLC)

Available on both Google Play (Android) and App Store (Apple).

Also, visit our website at [www. PriceSchools.org](http://www.PriceSchools.org) to stay informed via our school's Google calendar.

FINANCIAL INFORMATION SHEET

Admissions

K-12th Grade Annual Admission

K- 12th gr. Registration Fee: Due by Thursday, March 1, 2018

Registration Fee: \$450 per student

Due upon submission of fully completed application, no exceptions

NEW!!! Annual Tuition

Elementary School (K - 5th Grade):

(Includes textbook rental fee and consumables)

\$5,250 per year, per student

\$477.28 per payment, based on **11 installments**

(July 1st – May 1st)

Secondary School (6th - 12th Grade):

(Includes textbook rental fee and consumables)

\$7,000 per year, per student

\$636.37 per payment, based on **11 installments**

(July 1st – May 1st)

Installment Plans

Full Payment Option*: Due by Friday, July 20th, 2018

Full payments will receive a 10% discount off the annual tuition per student.

11-Month Installment Plan Option: July 2018 - May 2019

The first installment is due July 1, 2018. Payments are due on the 1st of every month and delinquent after the 5th with a \$50.00 fee assessed to all late payments and suspension of educational services. **(Payment due dates are non-negotiable.)**

Additional Fees

- **Class Trips (to be determined):** 4th, 5th and 7th grade students participate class trips as a part of their curriculum. Teachers will provide details prior to the trip; fees for trips range from \$250-\$550 per student.
- **Athletic Fee:** \$100 per sport (K – 8th gr.); \$200 per sport (9th – 12th gr.) / per student
- **Early Morning Care:** \$5 per day; \$50 per month (*Availability based upon enrollment*)
- **On-Campus Afterschool Care (Motivational Institute):** Contact Motivational Institute at 310.327.4545

Tuition Discounts

Full Payment Discount: Tuition paid in full by the due date (**Friday, July 20, 2018**) will receive a 10% discount per student.

Multiple Children Family Discount: Families with more than one child enrolled will receive a 10% discount for the 2nd child, a 5% discount for the 3rd child and any other additional children. (From the highest to the lowest tuition rate, the discounts will be applied).

***Please note, multiple discounts are prohibited; only one discount can be applied per student.**

Enrollment is not valid without your initials, signatures, payments, and submitted paperwork.

FINANCIAL OBLIGATION AGREEMENT

Initial **Please read this agreement in its entirety. Your signature below acknowledges...**

- _____ 1. I have received, read and understand all the information contained in the admissions/registration materials pertaining to current tuition and fee information and financial obligations, including the "Financial Information Sheet" and "Student Fee and Refund Policies."
- _____ 2. I understand, agree, and will adhere to all financial requirements, established payment due dates (**payment due dates are non-negotiable**), the overnight trip fees and penalties.
- _____ 3. **I understand and agree that tuition, registration, and fees are non-refundable or non-transferable.**
- _____ 4. I understand and agree that my child will be "officially" enrolled upon payment of **Installment #1 (due August 1, 2018)**.
- _____ 5. I understand and agree that my child may become ineligible for all educational services or any other school-related activity when a tuition/fee payment becomes five (5) days past due; tuition payments are due on the 1st. Absences, as a result of ineligibility, are considered unexcused (see attendance policy in FKCP Handbook).
- _____ 6. I understand and agree that in the event, that I do not meet my financial obligations that my credit rating may be adversely affected.
- _____ 7. I understand and agree that I am responsible for all payments of tuition, fees and penalties for the entire school/program year; I *may* still be responsible even in the event, that my child withdraws from FKCP after August 1, 2018 and/or before Graduation 2019. A \$50 "withdrawal fee" will be assessed if I withdrawal my child. This may include expulsion and suspension.
- _____ 8. I understand **40 Parent/Family Volunteer Service Hours** must be completed, signed, and **submitted by Friday, May 17th, 2019** or a payment of \$200.00 is required of each family. A \$5.00/hour fee will be added to the account for each hour less than 40 hours. Hours or fees are used to supplement the need for additional support staff.
- _____ 9. I understand and agree that I must participate in the **two mandatory fundraisers** and submit no less than **\$100.00 in profit for each fundraiser. (\$200 profit per family per school year)**

Student enrollment is not valid without initial fees being paid and this form is initialed and signed.

Name of Student	Grade	2018-2019 School Year
Name of Person Financially Responsible	Signature	Date
Name of Person Financially Responsible	Signature	Date
		Relation to Student

ANNUAL FIELD TRIP RELEASE FORM

This form will be on file in the school office for the current school year: **2018-2019**

I give my permission for my child, _____, in the _____ grade, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by a written notice, hand-delivered to the principal, more than one day prior to the trip.

The school desires to provide a safe and enjoyable time for all students. I/we understand that there are potential risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to release FKCP III Christian Schools, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation.

In case of an accident, illness, or other emergency whether on campus or during a field trip, I/we request that the school contact me. If the school cannot reach a parent/guardian after a 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.

(If the child resides with both parents, this release must be signed by both parents/guardians).

_____ Father/Guardian's Signature	_____ Date	_____ Mother/Guardian's Signature	_____ Date
Name Printed: _____		Name Printed: _____	
Emergency Phone _____		Emergency Phone: _____	

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health insurance carrier: _____ Policy #: _____

Under the name of: _____ Relationship: _____

Allergies (including reactions to medication & food): _____

Medication being taken: _____

Preferred hospital: _____ Date of last tetanus shot: _____

Are there any physical or medical conditions we should know about not already stated: _____

In case of emergency, who is your nearest relative or neighbor we should contact, if we are unable to contact the parent/guardian?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY/MEDICAL INFORMATION FORM

Name of Student: _____ / _____ / _____ Grade: _____
Last First M.I.

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

Student Resides With: Father/ Guardian Mother/ Guardian Both Parents/ Guardians Other (please specify): _____

Father/Guardian's Name: _____

Father/Guardian's Email Address: Personal _____ Work _____

Father/Guardian's Home Phone: _____ Cell Phone: _____

Father/Guardian's Employer: _____ Work Phone: _____

Mother/Guardian's Name: _____

Mother/Guardian's Email Address: Personal _____ Work _____

Mother/Guardian's Home Phone: _____ Cell Phone: _____

Mother/Guardian's Employer: _____ Work Phone: _____

List sibling(s) who attend FKCP:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, as the legal custodian or guardian of _____, a minor, hereby authorizes the principal or adult designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon listed under the provisions of the California Medical Practices Act or to consent to an x-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any required x-ray examination, anesthetic, medical, dental or surgical diagnoses, or treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent or any and all such x-ray, examination, anesthetic, medical, dental, or surgical diagnoses or treatment, or hospital care which a licensed physician, surgeon, or dentist may deem necessary.

This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the FKCP III Christian Schools, its officers, and its employees, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and x-ray examination, or treatment provided in relation to this authorization shall be borne by the undersigned.

Hospital Plan Provider: _____ Plan No. _____

My child is allergic to the following food items: _____

My child is allergic to the following medications: _____

Other medication used: _____

Signature of Parent or Legal Guardian: _____ Date: _____

TO FKCP III CHRISTIAN SCHOOLS: In case you are unable to reach me during any emergency, you are authorized to contact, and if necessary, release my child(ren) to any of the following. Additionally, in non-emergency events, my child(ren) is authorized to be released to the following:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____

WAIVER OF RESPONSIBILITY

I hereby give Frederick K.C. Price III Christian Schools permission to call a physician for medical and surgical care of my child _____, should an emergency arise where such service is indicated. It is understood that a conscientious effort will be made to notify me before such action is taken, but if it is impossible to locate me, my spouse, or other designated person(s), the expense of this service will be accepted by me.

Please give the name(s) of any medication and dosage your child is presently taking:

Medication and Dosage:

1. _____
2. _____
3. _____

If the medication is prescribed by your physician, complete the following:

Name of Physician: _____

Address: _____

Telephone: _____

CONTRACT AGREEMENT

My signature below indicates that I have read the above, or have had it read and explained to me and have entered into the provisions of this Contract Agreement voluntarily.

(Parent/Guardian Signature)

Date

or:

I have read the above, or have had it read and explained to me and I **DO NOT** desire to enter into the Contract Agreement.

(Parent/Guardian Signature)

Date

THIS WAIVER OF RESPONSIBILITY REMAINS IN EFFECT UNTIL SUCH TIME AS THE PARENT OR GUARDIAN DEEMS OTHERWISE.



REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

TO BE COMPLETED BY PARENT/GUARDIAN:

NOTE: Even if your child is not currently taking any medication, please complete the top portion of this form and return it, in the event, that your child is prescribed medication during the course of the 2018-2019 school year.

Student's Last Name _____ First _____ Sex _____ Date of Birth _____ **FKCP**
School

I request that my child, named above, be assisted in taking the prescribed medication at school by authorized persons, and will comply with the school's policies and procedures.

Date _____ (Day) Telephone _____ Signature, Parent or Guardian _____

TO BE COMPLETED BY A LICENSED PHYSICIAN

Purpose of Medication _____ Name of Medication _____

Dosage Prescribed _____ Time Schedule _____ Dose Form (Tablet, Liquid, Etc.) _____

Date of Prescription _____ Length of time this medication will be necessary _____

Precautions, Special Instructions, Possible Effects, Comments:

The student named above, or whom this medication is prescribed, is under my care.

Print Name of Physician _____ Signature of Physician _____

Address _____ Telephone _____ Date _____

MUST BE RENEWED EACH SCHOOL YEAR

FKCP III CHRISTIAN SCHOOLS 7901 SOUTH VERMONT AVENUE, LOS ANGELES, CA 90044
(323) 565-4199 - Office (323) 753-6770 - Fax www.priceschools.org

Frederick K.C. Price III Christian Schools Media Release Agreement

I hereby release and discharge Frederick K.C. Price III Christian Schools ("FKCP") from any and all claims and demands arising out of or in connection with the use of all photographs, audio recordings, and videos in which the named student appears as a participant in any and all classes, events, or programs sponsored by or related to FKCP. FKCP has my full consent to publish all above-mentioned media. Classes, events, or programs may occur on or off the premises of the main campus at 7901 S. Vermont Avenue Los Angeles, CA 90044.

I further agree that Frederick K.C. Price III Christian Schools may, at any time and from time to time, transfer, use, or cause to be used, such photographs, audio recordings, or videos in FKCP's brochures, newsletters, advertising, posters, displays, websites, slideshows, Facebook page, Instagram page, Twitter page, YouTube Channel, videotapes, catalogs, and other similar publications or literature, without limitations or reservations.

THIS IS A BLANKET CONSENT FOR ALL PHOTOGRAPHS, AUDIO RECORDINGS, AND VIDEOS TAKEN OF MY STUDENT. OPTING OUT OF A SPECIFIC MEDIUM IS NOT AN OPTION.

If you approve, any photograph, audio recording, or video that your student is depicted in may be used in any of the above-mentioned media. This includes my student's name, image, likeness, signature, or voice.

If you disapprove, any photograph, audio recording, or video that your student is depicted in will not be used in any of the above-mentioned media. This includes my student's name, image, likeness, signature, or voice.

My printed name and signature below indicates that I have read and understand this agreement.

Insert "X." ACCEPT _____ DECLINE _____

Date: _____

Student Name (Print): _____

Parent/Guardian (Print): _____

Parent/Guardian (Signature): _____



IMMUNIZATION RECORD VERIFICATION

NOTE: *Immunization Records: *(This is required before registration/application can be accepted.)*

- **Only students entering K & 7th grade MUST attach proof of state required immunizations before starting school;**
- **Students entering 7th - 12th grade MUST attach proof of Pertussis-Whooping Cough vaccination**

Student's Last Name _____

First _____

Grade _____

Select all the options that applies:

***Please note:** *all records are REQUIRED to process registration. No applications will be accepted without proper records attached.*

Kindergarten:

- Current Immunization Record attached

7th grade:

- Current Immunization Record attached **AND**
 Proof of Pertussis-Whooping Cough Vaccination attached

8th grade:

- Proof of Pertussis-Whooping Cough Vaccination attached

9th grade:

- Proof of Pertussis-Whooping Cough Vaccination attached

10th grade:

- Proof of Pertussis-Whooping Cough Vaccination attached

11th grade:

- Proof of Pertussis-Whooping Cough Vaccination attached

12th grade:

- Proof of Pertussis-Whooping Cough Vaccination attached

For School Administration Only

Grade: Kinder 7th gr. 8th gr. 9th gr. 10th gr. 11th gr. 12th gr.

Verified by: _____

Date: _____

**FKCP III CHRISTIAN SCHOOLS
2018-2019 PARENT VOLUNTEER HOURS LIST**

TASK	GRADE LEVEL	NUMBER OF HOURS
PTO Meetings	All grades	1 hour per meeting
Xerox Paper	All grades	5 hours per case (3 case max. per family)
Grading Papers	All grades	1 hour per hour
Cafeteria Duty (Supervision)	All grades	1 hour per hour (sign up in office)
Yard Duty (Supervision)	K-8th gr.	1 hour per hour (sign up in office)
Field Trip (Supervision/Chaperone)	K-8th gr.	1 hour per hour (sign up in office)
Sports- Tickets Sales	9th-12th gr.	1 hour per event hour
Sports- Snack Bar	9th-12th gr.	1 hour per event hour
Sports- Supervise Crowd	9th-12th gr.	1 hour per event hour
Sports- Ticket Collection	9th-12th gr.	1 hour per event hour
Sports- Set Up	9th-12th gr.	1 hour per event hour
Sports- Breakdown	9th-12th gr.	1 hour per event hour
Picture Day	All grades	1 hour per event hour
Open House	All grades	1 hour per hour (Sunday event)
Art Supplies	All grades	1 hour per designated item(s)
Recyclables	All grades	3 hours per \$10 (must provide receipt)
Science Supplies	All grades	1 hour per designated item(s)
Donate Books for Library	All grades	1 hour per 5 books (good condition)
Playground Supplies	All grades	1 hour per designated item(s)
Classroom Supplies	All grades	1 hour per designated item(s)
Earthquake Supply Kits	All grades	2 hours per 5 kits
Main Office Help	All grades	1 hour per hour (sign up in office)
Classroom Help	All grades	1 hour per hour (sign up in office)
Performing Arts Events Help	All grades	1 hour per hour (sign up in office)
Outreach Event Help	All grades	1 hour per hour (sign up in office)
Marketing/PR Help	All grades	1 hour per hour (sign up in office)
Alumni Association Help	All grades	1 hour per hour (sign up in office)
Fundraising Events	All grades	1 hour per hour (sign up in office)
Librarian Assistance	All grades	1 hour per hour

Each family is required to complete 40 Parent Volunteer Hours (PVH) per school year and use their "FKCP Parent Volunteer Hours Card" for tracking purposes.

FKCP III Christian Schools is not responsible for any lost cards or hours not logged at the time of volunteer services.

Please have your card available during time of volunteer services and get appropriate stamp/initials for hours rendered.

All PVH cards must be submitted to the Business Office by the deadline of Friday, May 17, 2019. Please note: for every hour not completed by the deadline, a \$5 per hour charge will be applied.