

Full cooperation is expected from both student and parents in the education of the student. If at any time the school feels that this cooperation is lacking, the student may be requested to transfer out. Also, if the student's behavior or attitude indicates an uncooperative spirit or one that is out of harmony with the spirit and standards of Covenant Christian School, whether or not there is any definite breach of conduct, he may be requested to transfer out.

Attendance at Covenant Christian School is a privilege and not a right. Students forfeit this privilege if they do not conform to the standards and ideals of work and life of Covenant Christian School.

Financial Policy:

1. Registration Fees:
 - a. The registration fee is due at the time the application is submitted.
 - b. An application will not be retained without the registration fee.
 - c. The fee will be refunded only if the student moves out of the area before school begins, the school is unable to provide enrollment to the student, or if, in the sole opinion of the Board, other unusual circumstances exist that warrant a refund.
2. Tuition and Fees:
 - a. Tuition must be paid by the 5th of each month, unless other arrangements are made with C.C.S. Fees paid after the 5th of the month must be accompanied by a \$15 late charge.
 - b. Book fees will be included in the summer tuition payments.
3. Past Due Accounts:
 - a. If the tuition and fees are not paid by the last day of that same month, **the child will not be allowed back into the school until tuition and fees are paid.**
 - b. If any account becomes 60 or more days delinquent, the school board has the authority to remove the student from C.C.S.

CONSENT FOR MEDICAL TREATMENT:

Should my child become ill or injured while under school supervision, I approve of the school administering minor or incidental first aid such as Tylenol. In the event of a more serious illness or injury, I authorize Covenant Christian School to:

1. Contact a parent or legal guardian of the student and follow his/her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transporting is to be done either by school provided transportation, or if school officials deem it preferable, by ambulance.
For information only, the name of my child's physician is _____ . Phone _____

If, in the opinion of the properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the headmaster or his designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the headmaster or his designated representative, and the Covenant Christian School from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child as the result of the above authorization and agree to indemnify and hold harmless Covenant Christian School, the headmaster, or his representative from any expense incurred for said treatment or service.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Statement of Control

The Covenant Christian School Board operates under the control and direction of the Session of Second Presbyterian Church. The School is administered by the Board of Directors, elected by the Session. This Board of Directors is responsible for all decisions concerning faculty, programming, admissions, and all other decisions necessary to the operations of the School.

Office Use Only:

Amount Received: _____

Date Received: _____

Bank Draft: _____ Yes _____ No