

Thank-you for applying to Sussex Christian School on behalf of your child(ren). To complete this fillable application form, please follow these 4 simple steps:

1. **Download** the form and **save it** to your computer. (*Don't skip this step.*)
2. **Open up the form on your computer** and complete the form.
3. **Save** the completed form to your computer. (*Don't forget to save the form once you have completed it, otherwise you may end up sending us an empty form.*)
4. **Email** the completed form to the **school office**: [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca)

## NOTE

### 1. APPLICATION FOR MORE THAN ONE CHILD.

If you are submitting application for more than one child, please download and complete the following documents. These documents can be found on the school site under the “**Downloads**” menu, then under “**Extra Forms for Multiple Students in a Family**”:

#### New Students (1 for each child):

- Medical Form
- Permission Form
- Pastor's Reference Form (*page 2 only*)
- Reference Form (*page 2 only*)
- Student Record Release Form (*one for each school that applying students most recently attended*)

#### Current Students (1 for each child):

- Medical Form
- Permission Form

### 2. REGISTRATION FEES

Registration fees are due upon application. Cash or cheque payment may be made directly at the school office. For E-transfer, please contact the school at [info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca) for instructions.

**If you have any other questions about the application process please contact the school office**  
[info@sussexchristianschool.ca](mailto:info@sussexchristianschool.ca).



For School Year: \_\_\_\_\_

## STUDENT INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Enrolment to begin: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

## APPLYING FOR

- Jr. K 3-yr-old (2-day)
- Jr. K 4-yr-old (3-day)
- Jr. K 4-yr-old (5-day)

## HOME ADDRESS

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## MAILING/OTHER ADDRESS

Complete only if different from home address.

Street/PO Box#: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## PARENTAL INFORMATION

### Father's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with children: Y \_\_\_\_\_ N \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### Mother's information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with children: Y \_\_\_\_\_ N \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## CUSTODY

Are there special instructions to be noted regarding custody of students? N \_\_\_\_\_ Y \_\_\_\_\_ (if Yes, please explain.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CHURCH AFFILIATION

Name of Church: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Attendance:

- Attend regularly
- No home church

## EMERGENCY CONTACT

Person to contact if school is unable to contact parent(s):

### Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## EDUCATIONAL INTENT

- I am interested in a long-term commitment to Christian School education for my child.
- I am interested in my child receiving an educational foundation through the SCS JK and Kindergarten programs before enrolling in public school.
- I am interested in my child attending only Junior Kindergarten at SCS.
- I am uncertain as to my long-term intentions for my child's education.

## PUBLISHING PHOTOS

I give permission for my child's photo to be published in print media.

Permission given:  Yes  NO

I give permission for my child's photo to be published on school website and/ or FaceBook page.

Permission given:  Yes  NO

I give permission for my child's photo to be published in video media (for such things as school dramas, etc.)

Permission given:  Yes  NO

## Why SCS?

Please state why you wish your child(ren) to attend SCS.

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## PLEASE ANSWER THE FOLLOWING

Do you have other school-aged children who are not enrolled at SCS? Please answer and state why or why not.

- Yes
- No

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How did you learn about Sussex Christian School?

- Social media
- Newspaper
- Friend(s)
- Other (please specify): \_\_\_\_\_

## PARENTAL(GUARDIAN) SIGNATURE

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

## PCOS CB BMASK CL RQ

Forms and documents to be submitted to complete application.

Forms are part of this application package:

- Junior Kindergarten Registration Form
- Medical Information form
- Parental Understanding and Commitment
- Financial Commitment Form
- Statement of Faith
- Reference letters (2) - if you are a new school family

Additional forms and documentation:

- NB Student profile

Upon acceptance to, applicants must complete the "Child Profile" required by the province of New Brunswick and return it to the school by the first day of classes.

### FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Reg. Paid: \_\_\_\_\_

Amount: \_\_\_\_\_

# Students: \_\_\_\_\_

Post-dates: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



## PARENTAL UNDERSTANDING AND COMMITMENT FORM

We understand that a basic responsibility of Christian parents is to *“train up a child in the way he should go...that when he is old he will not depart from it.”* (Proverbs 22:6). Sussex Christian School is a school seeking to mold your children’s lives after God’s fashion. Successful Christian living hinges on three areas: the home, the church, and the school. These institutions must work cooperatively together. Parents should not give their responsibility to the Christian school and let them train the children alone. Both the home and the school share this responsibility. Therefore, as parents we pledge to do our part and enter into covenant with SCS.

- It is my choice as a parent that my child have an academic education based on the Word of God and its teachings.
- I believe it is in the best interests of the school and the children that parents express a positive attitude toward the goals, aims, and standards of the school. Should a problem or misunderstanding arise, I will immediately seek to resolve it privately with the administration.
- I agree to uphold and support the high academic standard of the school by providing a proper atmosphere for my child to study and to give my child encouragement in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonour to the Lord or the Word of God, or disrespect toward the personnel of the school.
- I have read the Sussex Christian School Student/Parent Handbook and agree with the school's outlook and aims. I fully approve of the STANDARD OF CONDUCT for students and the DRESS CODE and agree to support all regulations of the school made in the applicant’s behalf and authorize this school to employ such discipline as is deemed wise and expedient for the training of my child.
- I commit myself to promptly pay my financial obligations to the school, understanding that REGISTRATION FEE and at least half of the TUITION are payable in advance.
- I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations are not met.
- I understand that the staff of Sussex Christian School will treat my child with love and respect and are committed to providing the best possible academic instruction.

**By signing below I signify that I have read and understand the above policy.**

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## FINANCIAL COMMITMENT FORM

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

### REGISTRATION FEES 2020-21

Registration Fee *per student* for JK to 12 is due upon submission of application. (Non-Refundable.)

|                               |       |
|-------------------------------|-------|
| Before August 1 <sup>st</sup> | \$75  |
| After August 1 <sup>st</sup>  | \$100 |
| After first day of school     | \$125 |

### TUITION FEES 2020-21

See payment options below.

|                         | 1 <sup>st</sup> Child | 2 <sup>nd</sup> Child | 3 <sup>rd</sup> Child | 4 <sup>th</sup> Child |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| JK-3 (2-Day)            | \$1740                | \$1565                | \$1435                | \$1390                |
| JK-4 (3-Day)            | \$2435                | \$2190                | \$2020                | \$1390                |
| JK-5 (5-Day)            | \$3500                | \$3130                | \$2580                | \$1390                |
| Kindergarten to Grade 2 | \$3940                | \$3385                | \$2580                | \$1390                |
| Grades 3-12             | \$4635                | \$3385                | \$2580                | \$1390                |

#### PAYMENT OPTIONS

I understand my financial obligations and will, upon notification of acceptance (please check one of the following):

- One Payment** - Submit one payment in full before August 31<sup>st</sup>. [**NOTE:** 5% discount on tuition portion (K-12) for lump sum payment received before July 1<sup>st</sup>.]
- 2 Equal Payments** - Make 2 equal payments by August 31<sup>st</sup> and January 31<sup>st</sup>.
- 10 Payments** - Submit 10 equal monthly payments starting August through May, dated the 15<sup>th</sup> or 30<sup>th</sup> of the month.  
Select one:  Cheque  E-transfer
- 20 Payments** - Submit 20 equal post-dated semi-monthly tuition payments dated the 15<sup>th</sup> & 30<sup>th</sup> of each month. (½ payment on the 15<sup>th</sup> and ½ on the 30<sup>th</sup>, August through May).  
Select one:  Cheque  E-transfer

#### FEE COMMITMENT

Registration Fee(s) \_\_\_\_\_

1<sup>st</sup> Child Tuition \_\_\_\_\_

2<sup>nd</sup> Child Tuition \_\_\_\_\_

3<sup>rd</sup> Child Tuition \_\_\_\_\_

4<sup>th</sup> Child Tuition \_\_\_\_\_

Bursaries/Awards \_\_\_\_\_

**TOTAL**

Comments:

NOTE: If a student enrolls after a school year begins or withdraws before the year ends, tuition will be pro-rated according to the *quarter* in which the student is enrolled. All other fees must be paid in full.

### PARENTAL(GUARDIAN) SIGNATURE

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## SUSSEX CHRISTIAN SCHOOL STATEMENT OF FAITH

### Preamble

Sussex Christian School (SCS) is non-denominational in its teaching approach and in its acceptance of constituents. SCS adheres to and teaches basic tenets of the Christian faith only, not denominational positions.

All faculty, staff and Board members must be able to sign the Statement of Faith without reservation. Each parent must be able to sign either that s/he agrees with the Statement of Faith, or that s/he agrees with the school's right to uphold the Statement of Faith.

### SCS Statement of Faith

1. We believe that the Bible is God's inspired, infallible Word, and we seek to establish our faith and actions on its teaching. (2 Timothy 3:16, 2 Peter 1:21)
2. We believe in one God, who is Father, Son, and Holy Spirit. (Matthew 28:19, John 10:30, 15:26, I Corinthians 8:6)
3. We believe in the full deity and full humanity of Jesus Christ; his virgin birth, sinless life, miracles, atoning death, physical resurrection, ascension, and his physical return to earth. (Matthew 26:64, Mark 6:2, Luke 1:34-38, Acts 1:9-11, Acts 2:23-24, Romans 5:8-9, Philippians 2:6-11, Hebrews 2:9, 1 Peter 3:18,)
4. We believe that humanity was/is created by God in His own image and that though we are spiritually separated from God because of sin we are reconciled to God by the work of Christ on the cross. (Genesis 1:27, Romans 5:7-9, 1 Corinthians 15:20-23)
5. We do not teach hatred towards any group or individual. We believe, according to the teaching of the Old and New Testament, that sexual intimacy outside of marriage is morally wrong and that marriage is meant to be an exclusively heterosexual institution. (Genesis 2:24, Leviticus 18:22, Matthew 19:4-6, Mark 10:6-9)
6. We believe that Jesus Christ is the Saviour of all, and that those who receive new life in Christ experience a personal relationship with God. They are called to live a holy life in character and conduct through the help of the Holy Spirit who is sent to indwell, guide, teach and empower them for service. (John 14: 6, 26, John 16:13, Acts 1:8, 2 Timothy 1:9, Revelation 3:20)
7. We believe that the Church is the body of Christ, in fellowship with Christ and with fellow believers, and is commissioned by Christ to share the Good News with everyone. (Matthew 28:19-20, Ephesians 1:22- 23, 3:10-11)
8. We believe God desires for people everywhere to know Him and that the purpose of His Church is to share the love, peace, and salvation that Christ brings to the world. (1 Timothy 2:3-4, 2 Peter 3:9)
9. We believe that human life begins at conception and that the unborn child is fully human and deserves the same protection as any other person. (Job 31:15, Psalm 22:10, Psalm 127:3, Ecclesiastes 11:5, Isaiah 44:24, Jeremiah 1:5, Luke 1:31)
10. We believe in the resurrection of all people: the saints to eternal life/fellowship with God and the lost to suffer eternal separation from God. (John 3:16-18, John 5:28-29, 1 Corinthians 15:20-28, 1 Thessalonians 4:14-17, Revelation 20:12-15)

**By signing below, I signify I have read the SCS Statement of Faith.**

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please check the most appropriate box:**

- I agree with the SCS Statement of Faith.  
 I agree with the school's right to uphold this statement.

**Please check the most appropriate box:**

- I agree with the SCS Statement of Faith.  
 I agree with the school's right to uphold this statement.



## SUSSEX CHRISTIAN SCHOOL REFERENCE FORM FOR ADMISSION

**\*\*Please Print\*\***

### INSTRUCTIONS FOR APPLICANT

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

### CONFIDENTIALITY STATEMENT

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

### STUDENT NAME(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTS'/ GUARDIANS' NAMES

Name of Father: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

### INSTRUCTIONS FOR PERSON PROVIDING REFERENCE

The family named above has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to: *Sussex Christian School, 45 Chapman Dr., Sussex, NB E4E 1M4.*

Name of person completing reference:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the family?

\_\_\_\_\_

What is your acquaintance with the family?

\_\_\_\_\_

\_\_\_\_\_

What is your acquaintance with the student(s) applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional comments that may be helpful may be placed on a separate sheet of paper and attached to this form.

**\*\*Need one for each student\*\***

## CHARACTER

Please complete this page for each of the students for which you are acting as reference.

Name of Student: \_\_\_\_\_

**Please check the answer(s) that best describes the applicant.**

|                               |   |   |  |   |
|-------------------------------|---|---|--|---|
| <b>Concern for others:</b>    | <input type="checkbox"/> Self-centered      | <input type="checkbox"/> Indifferent                  | <input type="checkbox"/> Considerate               | <input type="checkbox"/> Unselfish                  |
| <b>Influence for good:</b>    | <input type="checkbox"/> Negative influence | <input type="checkbox"/> Little influence             | <input type="checkbox"/> Positive influence        | <input type="checkbox"/> Inspires others            |
| <b>Acceptance by peers:</b>   | <input type="checkbox"/> Not accepted       | <input type="checkbox"/> Tolerated                    | <input type="checkbox"/> Accepted                  | <input type="checkbox"/> Well-liked                 |
| <b>Choice of friends:</b>     | <input type="checkbox"/> Questionable       | <input type="checkbox"/> Careless somewhat discerning | <input type="checkbox"/> Discerning in friendships |   |
| <b>Respect for authority:</b> | <input type="checkbox"/> Disrespectful      | <input type="checkbox"/> Critical                     | <input type="checkbox"/> Generally respectful      | <input type="checkbox"/> Honours those in authority |
| <b>Responsibility:</b>        | <input type="checkbox"/> Unreliable         | <input type="checkbox"/> Somewhat dependable          | <input type="checkbox"/> Very dependable           | <input type="checkbox"/> Absolutely responsible     |
| <b>Emotional stability:</b>   | <input type="checkbox"/> Unstable           | <input type="checkbox"/> Sometimes stable             | <input type="checkbox"/> Usually well-adjusted     | <input type="checkbox"/> Consistently well-adjusted |

## PLEASE RESPOND TO THE FOLLOWING

for students entering grades 7-12 only

**To your knowledge, does the applicant participate in any of the following**

|                         |                                |                               |                               |
|-------------------------|--------------------------------|-------------------------------|-------------------------------|
| <b>Alcohol:</b>         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Tobacco:</b>         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Illegal Drugs:</b>   | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Sexual Activity:</b> | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Pornography:</b>     | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

## SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# SUSSEX CHRISTIAN SCHOOL PASTOR'S REFERENCE FORM FOR ADMISSION

**\*\*Please Print\*\***

## INSTRUCTIONS FOR APPLICANT

Please complete the section below, then sign the Confidentiality Statement. Give the form to the person you wish to use as a reference. Your reference should not be a member of your immediate family. Please ask your reference to complete the form and return it to Sussex Christian School.

## CONFIDENTIALITY STATEMENT

Understanding the need for a frank evaluation of Sussex Christian School's ability to serve the educational needs of our child, we, the undersigned parents/ guardians of the student(s) named below, hereby waive our right to review this form at a later date in order to allow this document to remain confidential.

## STUDENT NAME(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTS'/ GUARDIANS' NAMES

Name of Father: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Name of person completing reference:

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the family?

\_\_\_\_\_

What is your acquaintance with the family?

\_\_\_\_\_  
\_\_\_\_\_

What is your acquaintance with the student(s) applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, are there any concerns about this family/student in relation to being part of SCS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments that may be helpful may be placed on a separate sheet of paper and attached to this form.

## INSTRUCTIONS FOR PERSON PROVIDING REFERENCE

The family named above has applied for application for their school-aged student(s) to Sussex Christian School. Your frank evaluation will aid SCS in deciding if we can adequately serve this family in the education of their children. Please complete the following questionnaire and return to: *Sussex Christian School, 45 Chapman Dr., Sussex, NB E4E 1M4.*

## SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*Need one for each student\*\***

## CHARACTER

Please complete this page for each of the students for which you are acting as reference.

Name of Student: \_\_\_\_\_

**Please check the answer(s) that best describes the applicant.**

|                               |   |   |  |   |
|-------------------------------|---|---|--|---|
| <b>Concern for others:</b>    | <input type="checkbox"/> Self-centered      | <input type="checkbox"/> Indifferent                  | <input type="checkbox"/> Considerate               | <input type="checkbox"/> Unselfish                  |
| <b>Influence for good:</b>    | <input type="checkbox"/> Negative influence | <input type="checkbox"/> Little influence             | <input type="checkbox"/> Positive influence        | <input type="checkbox"/> Inspires others            |
| <b>Acceptance by peers:</b>   | <input type="checkbox"/> Not accepted       | <input type="checkbox"/> Tolerated                    | <input type="checkbox"/> Accepted                  | <input type="checkbox"/> Well-liked                 |
| <b>Choice of friends:</b>     | <input type="checkbox"/> Questionable       | <input type="checkbox"/> Careless somewhat discerning | <input type="checkbox"/> Discerning in friendships |   |
| <b>Respect for authority:</b> | <input type="checkbox"/> Disrespectful      | <input type="checkbox"/> Critical                     | <input type="checkbox"/> Generally respectful      | <input type="checkbox"/> Honours those in authority |
| <b>Responsibility:</b>        | <input type="checkbox"/> Unreliable         | <input type="checkbox"/> Somewhat dependable          | <input type="checkbox"/> Very dependable           | <input type="checkbox"/> Absolutely responsible     |
| <b>Emotional stability:</b>   | <input type="checkbox"/> Unstable           | <input type="checkbox"/> Sometimes stable             | <input type="checkbox"/> Usually well-adjusted     | <input type="checkbox"/> Consistently well-adjusted |

## PLEASE RESPOND TO THE FOLLOWING

for students entering grades 7-12 only

**To your knowledge, does the applicant participate in any of the following**

|                         |                                |                               |                               |
|-------------------------|--------------------------------|-------------------------------|-------------------------------|
| <b>Alcohol:</b>         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Tobacco:</b>         | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Illegal Drugs:</b>   | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Sexual Activity:</b> | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |
| <b>Pornography:</b>     | <input type="checkbox"/> Habit | <input type="checkbox"/> Some | <input type="checkbox"/> None |

Any additional comments that may be helpful may be added below or on a separate sheet of paper.

---

## SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## MEDICAL INFORMATION

**\*\*Need one for each student\*\***

**\*\*One copy of this page is to be completed for each student being enrolled.\*\***

### STUDENT INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Local Physician's Name (If applicable):  
\_\_\_\_\_

Medicare #: \_\_\_\_\_

Medicare Expiry Date: \_\_\_\_\_

Does applicant have any mental, emotional, physical limitations, or learning disabilities that may affect his/her activities or progress, or for some reason should be known by his/her teachers?  
\_\_\_\_\_  
\_\_\_\_\_

Please specify if your child has any allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Specify if your child requires regular medication to be administered at school:

**NOTE: If medication is required on a regular basis, or at a specified time, medication must be brought to the school office, labeled with child's name and dosage requirements, and a medical permission form must be completed.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I understand that Sussex Christian School is not responsible for any injury or harm that may occur as a result of this medication. Sussex Christian School reserves the right to revoke this privilege if it is being abused (constant use of pain medication, etc.). **\*In order to receive pain medication, students must check with their Home Room teacher before coming to the school office for such medication.\***

My child will be permitted to be given the following pain medication(s) during school hours if necessary, understanding that this does not mean they are allowed to abuse this privilege. (Please check all allowable ones)

- Aspirin (ASA)
- Tylenol (Acetaminophen)
- Advil (Ibuprophen)
- My child is not permitted to receive any pain medications

### EMERGENCY MEDICAL TREATMENT

- I hereby authorize Sussex Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical aid and surgical care in the case that I, or the designated guardian, am not immediately available. Any qualified physician, called by SCS, may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me before such action will be taken. I also agree to accept responsibility for the cost of above medical services

**By signing below, I signify that I have read and understand the above policy.**

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date