



P: 253.943.2500

F: 253.200.1335

33645 20th Ave. S,  
Federal Way, WA 98003

2018-2019

Dear Parents/ Guardians:

Thank you for your interest in Christian Faith School. Deciding where to educate your child is not a light decision and we appreciate the opportunity to share the benefits of a CFS education. At CFS, our vision is to create an environment of critical thinking and innovation while teaching with excellence. Students develop character by learning to be led by the Holy Spirit, achieve academic mastery, excel in work ethic, practice social skills, and model Christ-like behavior. This vision will be achieved as students demonstrate these values and skills in a school where they are fully prepared for higher achievement following graduation.

We commend you for your courage as you take this step of faith to find the best education for your child. Our mission is to partner with you, to instill God-given vision in the heart of your student, giving him/her a foundation for success in life.

If you have any enrollment questions or are in need of more information, please do not hesitate to contact me at (253) 943-2540 or via email at [admissions@christianfaithschool.com](mailto:admissions@christianfaithschool.com). I am here to help you through the enrollment process.

Accredited by



Approved by



Sincerely,

*Michelle Hillstrom*

Michelle Hillstrom  
Director of Admissions



## ENROLLMENT CHECKLIST

To begin the admissions process, please complete and return the following items:

- \_\_\_\_\_ Enrollment Form (1 per family)
- \_\_\_\_\_ Health & Medical Form (1 per student)
- \_\_\_\_\_ Family Information Form (1 per family)
- \_\_\_\_\_ Parent Agreement (1 per family)
- \_\_\_\_\_ Student Release Authorization Form (K – Grade 5)
- \_\_\_\_\_ Life Essay (6<sup>th</sup> – Grade 12)
- \_\_\_\_\_ Student Recommendation Form (6<sup>th</sup> – Grade 12)
- \_\_\_\_\_ Student Records Release Form (Grades & Discipline records)
- \_\_\_\_\_ Electronic Information User Agreement
- \_\_\_\_\_ Code of Conduct (6<sup>th</sup> – Grade 12)
- \_\_\_\_\_ Statement of Understanding (K- Grade 12)
- \_\_\_\_\_ Signed Certificate of Immunization Status (CIS) – WA state required
- \_\_\_\_\_ Certified Birth Certificate or valid Passport; please provide original, CFS will make a copy
- \_\_\_\_\_ Transcript (9<sup>th</sup> – Grade 12) or most recent Report Card (1<sup>st</sup> – Grade 8)
- \_\_\_\_\_ \*Please include Discipline Records
- \_\_\_\_\_ Enrollment Fee of \$300 (non-refundable & non transferrable)

Once we have received all of the above, you will be contacted to schedule your

- \_\_\_\_\_ Academic Testing
- \_\_\_\_\_ Academic Planning Meeting/Interview with Dean of Academics and Head of School
- \_\_\_\_\_ Finalize payment arrangements and Verify all Contact Info with Director of Admissions

FOR OFFICE USE ONLY	DATE	TESTER	NOTES
Academic Testing	_____	_____	_____
Interview with Head of School	_____	_____	_____
Academic Planning Meeting	_____	_____	_____
Accept / Decline – Letter Emailed	_____	_____	_____



Date Received: \_\_\_\_\_

School Year: 20\_\_\_\_ / 20\_\_\_\_

Referred by: \_\_\_\_\_

## Enrollment Form

**Student Info:** (Please use 1 enrollment form for all enrolling students.)

**Family Address:** \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Student's First Name:** \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Entering \_\_\_\_\_

**Student's First Name:** \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Entering \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Student's First Name:** \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Entering \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**Parent Info:** \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Single

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

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

**Child(ren) resides with?**  Both Parents  Mother  Father  Guardian

**If Applicable:**

Non-Custodial Parent's Address: \_\_\_\_\_

In the case of divorce, who has legal custody of the child? \_\_\_\_\_  
 (\*Please note: The school office must be notified as to any restrictions regarding who may take the student from the school premises.)

Custody/Visiting Arrangements: \_\_\_\_\_

**Restrictions:** Visiting rights denied to: \_\_\_\_\_  
 (Copy of restraining order must be attached)

**Emergency Contact Information**

If my child(ren) listed above needs medical attention for an emergency and I **cannot be reached**, you have my permission to call:

\* *Please make one person out of state in case of a state catastrophe.*

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

Childs Physician: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Health & Medical Form

Each child enrolling will need to have this form completed.

**Has your student had previous academic or psychological evaluation/ diagnosis**  Yes  No

If **yes**, please select and include a copy of testing/diagnostic results

IEP  504  ADD  ADHD  Autism  Hearing, Speech, Vision, or Other

Please Explain: \_\_\_\_\_

Please share any academic information that will be helpful to your student's future teacher \_\_\_\_\_

### Allergies:

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Drug: \_\_\_\_\_ Reaction: \_\_\_\_\_

Method of Treatment or Comments: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ List any physical challenges: \_\_\_\_\_

### Medication Policies:

- 1. Prescription Medication** can only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. **All** prescribed medication must be in the **original container** with physician's directions attached. We will only administer prescription drugs that immediately follow the prescription date.
- 2. Over-the-counter Medications** may only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. All medication must be in the original container; we will only administer within dosage limits listed on the label.
- 3. Any Medication Left at the School** that is past the expiration date and not picked up by the parent/guardian within 2 weeks will be disposed of appropriately.

Current medications used by child: \_\_\_\_\_

### **Transfer & Treatment Consent:**

I (We), the undersigned parent(s)/legal guardian(s) of the above named child, do hereby authorize transportation to and from and participation in school-sponsored field trips and the authorities of Christian Faith School to permit its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter, for sustained injuries or sickness requiring emergency treatment during school hours; or, after school hours while partaking in school-sponsored activities, such as educational, social, and athletic events, provided such event or events have an authorized representative of the school present. It is understood that the school or its representative does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Reviewed by: _____ Date: _____ Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YY): _____	Sex: _____
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.		I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required _____ Date _____		Parent/Guardian Signature Required _____ Date _____		

	Date	Date	Date	Date	Date	Date
<b>Required Vaccines for School or Child Care Entry</b>						
◆ Required for School and Child Care/Preschool						
● Required Only for Child Care/Preschool						
◆ <b>DTaP, DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b>						
□ 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox)						
□ History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
<b>Flu</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Human Papillomavirus)						
<b>MCV, MPSV</b> (Meningococcal)						
<b>MenB</b> (Meningococcal)						
<b>Rotavirus</b>						

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

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



## Family Information

**\* The following information is optional for State Reports and Grant Applications.**

\*Annual Household Income:

\$25,000 or below  \$25,000 - \$49,999  \$50,000 - \$74,999  \$75,000 - \$99,999  \$100,000 +

\*Family Size: \_\_\_\_\_

\*Ethnicity:  African American  Asian  Caucasian  Hispanic  Native American  Multi-Racial \_\_\_\_\_

Name and grades(s) of other children and school they are attending:

\_\_\_\_\_  
Name School Attending

\_\_\_\_\_  
Name School Attending

Parent/Guardian: Do you go to church?  Yes  No Home Church: \_\_\_\_\_

**Initial:** \_\_\_\_\_ I (We) give permission to Christian Faith School to publish photographs and or video of my (our) child(ren) whether in print, on the web, or any other form of media that exists now or is developed in the future for the purpose of sharing events at Christian Faith School.

**Initial:** \_\_\_\_\_ CFS has permission to print my contact information in the CFS Student Directory as written below:

**Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Initial:** \_\_\_\_\_ I will not distribute or provide any information contained in the CFS Student Directory to unauthorized individuals or firms for solicitation.

### NON-DISCRIMINATORY POLICY

Christian Faith School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to students of the school and it does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school administered programs.



## Parent Agreement

Student(s) Name: \_\_\_\_\_

### **GENERAL:**

I (We) appreciate the standards of the school and agree to support all policies of the school as stated in the student/parent handbook.

I (We) understand the school reserves the right to dismiss my (our) child if he/she fails to comply with established regulations. I (We) understand that this Parental Agreement will be in effect for as long as my (our) child is enrolled and/or attends CFS, regardless of his/her grade level; regular and summer sessions. I (We) understand that should our address, marital status and/or custody arrangements change, it is my (our) responsibility to notify the school and to have any necessary documents updated with the CFS offices in a timely manner.

Parent Initial \_\_\_\_\_

### **DISCIPLINE:**

I (We) give permission to the school staff to make and enforce classroom and school policies. This may include such measures as instruction, exhortation, correction, suspension or expulsion. Parent Initial \_\_\_\_\_

### **TUITION PAYMENT:**

I (We) understand that tuition fees cover ten months of school, and are paid from August through May. Tuition may be paid monthly or in a lump sum. Monthly payments are made through F.A.C.T.S. tuition bank draft agreement. All tuition payments must be paid in full by May of each academic year that my (our) student(s) is (are) enrolled. F.A.C.T.S. will charge an annual enrollment fee as stated on the contract. Monthly tuition payments are considered delinquent after the due date. If the account is not paid within 10 days, the student may be withdrawn from classes and remain so until the delinquent tuition is paid. Non-sufficient funds at the time of draft will be assessed a fee by F.A.C.T.S. and CFS as noted on the current academic year fee schedule. All International Students are required to pay in full by August 1<sup>st</sup>. Parent Initial \_\_\_\_\_

**TUITION & FEES:** See Parent-Student handbook for complete policies.

### **HEALTH SCREENING:**

I (We) give permission for my (our) child to participate in health, fitness, vision, scoliosis, etc. screening that may take place at CFS.

Parent Initial \_\_\_\_\_

### **EVALUTATION CONSENT:**

I (we) give permission for our child(ren) to be tested in order to facilitate educational placement and/or determine appropriate study programs according to the individual student's needs. Parent Initial \_\_\_\_\_

### **WITHDRAWAL NOTICE:**

I (We) agree that should I (we) choose to withdraw my (our) children, I (we) understand that school records pertaining to my (our) student will be released following an exit interview with the administration and when our account is paid in full.

I (we) understand that if I (we) withdraw my (our) child after the first of the month, I (we) will remain responsible for the complete month's tuition. If I (we) withdraw before September 30<sup>th</sup>, 10% of our current year tuition contract(s) will be due in addition to any pro-rated tuition for days enrolled.

Parent Initial \_\_\_\_\_

I (We) believe that CFS is an extension of our home and pledge to support the school in prayer and actions and partner with CFS for the benefit of my (our) student. Parent Initial \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Christian Faith School**

Equipping the next generation

## Student Release Authorization Form

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

Grade: \_\_\_\_\_

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

Grade: \_\_\_\_\_

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

Grade: \_\_\_\_\_

### **THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICKUP MY CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ (Please Print)

Signature of Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_





**Christian Faith School**  
Equipping the next generation

## Student Records Release Form

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

By signing below I authorize the above school to release all records requested for the above named student to Christian Faith School.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

*UNDER PUBLIC LAW 93-380, NOW AMENDED IN SECTION 99.34, PL93-568, PARENT SIGNATURE IS NOT REQUIRED FOR EDUCATIONAL/DICIPLINE RECORDS TO BE SENT TO ANOTHER AGENCY.*

.....  
This portion completed by Christian Faith School.

- We have received an Application for the above student for the \_\_\_\_\_ school year.
- Please mail or fax copies of the following:
  - Official Transcript (9-12 grades)
  - Report Cards
  - Standardized Test Scores
  - Discipline Records
  - Attendance Records
  - Special Needs

Date Requested: \_\_\_\_\_

**Mailing Address:**

**Fax:**

**Questions:**

Christian Faith School

Attn: Registrar

Please call our Registrar, Verree Cabiles

Attn: Registrar

253.200.1335

253.943.2577

33645 20<sup>th</sup> Avenue S.

Federal Way, WA 98003





## Student Recommendation Form

**\*\*All students new to Christian Faith School 6<sup>th</sup> – Grade 12\*\***

This form is to be completed by an adult who regularly interacts with your child as his /her Mentor, Tutor, Organization Leader (Boy/Girl Scouts), Pastor, Youth Pastor, etc.

### PARENT/GUARDIAN, PLEASE COMPLETE THIS PORTION

RE: Student Name: \_\_\_\_\_ Applying to enter grade: \_\_\_\_\_

Dear \_\_\_\_\_,

My child is applying for admission to Christian Faith School. Please complete and return this form either by fax or in a sealed envelope to the address below, Attn: Admissions. The information you provide will be kept confidential and will only be used for the purpose of admission. I understand that this form is the property of CFS, and I waive my right to view the completed form.

Thank you for your assistance!

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

\_\_\_\_\_  
Date

### **PLEASE COMPLETE THE PORTION BELOW THEN MAIL, EMAIL, OR FAX TO CHRISTIAN FAITH SCHOOL.**

How long have you known the student? \_\_\_\_\_ In what capacity is the student involved? \_\_\_\_\_

How would you describe the students' strengths? Areas to Grow? \_\_\_\_\_

What impact could the student have Christian Faith School? \_\_\_\_\_

*Our desire is to admit students who want to learn and grow in an environment of Christian faith.*

**Your overall recommendation (please check one):**

- \_\_\_\_\_ I wholeheartedly recommend this student
- \_\_\_\_\_ I recommend this student but have some reservations (please explain below)
- \_\_\_\_\_ I do not recommend this student (please explain below)

Explanation or additional comments: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**Christian Faith School – 33645 20<sup>th</sup> Ave. South, Federal Way, WA 98003**

**Phone: 253.943.2500 | Fax: 253.200.1335 | admissions@christianfaithschool.com**



## Electronic Information Systems User Agreement

THE SIGNATURE(S) ON THIS FORM ARE LEGALLY BINDING AND INDICATE THE PARTIES WHO SIGNED HAVE READ THE TERMS AND CONDITIONS CAREFULLY, UNDERSTAND THEIR SIGNIFICANCE AND AGREE TO ABIDE BY THEM AT ALL TIMES.

Access to electronic information systems (including Internet) is available to the students and staff of Christian Faith School. We are very pleased to provide this access, because diverse and unique resources are available to users, contributing to the educational excellence in our school. We believe that this access significantly enhances creativity, collaboration, communication, and sharing of resources.

The Internet is an electronic information resource connecting thousands of computers all over the world and millions of individual subscribers. As examples, students and staff using the Internet have access to:

- 1) Electronic communication with groups and individuals on such topics as culture, environment, the arts, government, etc.
- 2) Information and news from various sources such as NASA, university libraries, and the Library of Congress.

With access to people all over the world comes the availability of material that does not contribute educational value in the context of the school setting. On a global network it is impossible to control all materials. CFS has taken the following precautions to attempt to restrict inappropriate materials on CFS owned devices.

- 1) Hardware and software will be used to screen out inappropriate materials on CFS owned devices.
- 2) Staff and student training in acceptable use of electronic information is provided.
- 3) Parents are encouraged to set controls on student-owned devices.

### Christian Faith School Acceptable Use Policy

Users must make efficient, ethical, and legal use of the information network and information services. Any violation of this policy will result in appropriate disciplinary action and confiscation of personal devices used for said purposes on campus. Violations may also be subject to legal action, including any applicable criminal laws.

- Use of the information network and information system is a privilege, not a right.
- Attempts to log into any other account than your own is strictly prohibited.
- Transmission of any material in violation of any U.S. or Washington State law or regulation, or any intellectual property or personal right of any person or entity is prohibited. This includes, but is not limited to laws and regulation concerning copyrighted material, threatening or obscene material, and material protected by trade secret.
- CFS will determine what appropriate and inappropriate uses are, and its decision is final.
- CFS has the right to review any material stored on the network and to remove any material which is deemed contrary to policy.
- Use of the network for commercial activities, product advertisement, or political lobbying is prohibited.
- Security problems must be reported promptly to a supervisor.
- Vandalism is defined as any malicious attempt to harm or destroy any component of information networks or resources and will not be tolerated.
- Commission of any violation may result in withdrawal or denial of access privileges to information network and information resources; in addition, school disciplinary action and/or appropriate legal action may be taken.

# Electronic Information Systems User Agreement

As condition of my privilege to use the CFS Electronic Information System and to access public networks such as Internet, I understand and agree with the following:

- 1) I understand and will abide by this Internet and User Agreement, *including the reverse page of this document* and all attachments hereto. I further understand that any violation of the restrictions contained herein is unethical and may constitute a criminal offense or give rise to other liability. Should I commit any violation, I understand that my access privileges to the information network and information resources may be denied or withdrawn; in addition, school disciplinary action and/or appropriate legal action may be taken.
- 2) I further understand that CFS administrators have the right to review any stored electronic information and edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise inappropriate, and I hereby waive any right of privacy and any other proprietary or personal rights which I may otherwise have in and to such material. I understand that the use of the network shall be limited to school approved curriculum purposes.
- 3) I further understand that CFS will not be liable for any direct or indirect, incidental, or consequential damages due to information gained and/or obtained via use of the information resources, including, without limitation, access to public networks.
- 4) I further understand that only software and materials that are supplied by a CFS administrator will be allowed to be installed, copied, or used on any CFS owned computer.
- 5) I further agree I will NOT change set-up files or any computer hardware/software configurations on ANY computer including groups, colors, printer selections, or any one person's set-up format, and that I will not be permitted to use e-mail or any file exchange program without prior approval.
- 6) I further understand that the Internet access is available to CFS students with instructor permission only. At all times, access will be available to school appropriate sites only with previous approval from instructor.
- 7) I further understand that financial obligation of repairing or replacing damaged or destroyed school property, whether accidental or intentional, must be assumed by the student and/or parent/guardian. This includes any and all computers, printers, monitors, keyboards, scanners, projection devices and all other computer hardware equipment owned by CFS. The program instructor, with the replacement or repair cost at school price, will arrange this repair or replacement. Grades will be withheld until payment is made.

DISCLAIMER: CFS MAKES NO WARRANTIES OF ANY KIND, WHETHER EXPRESSED OR IMPLIED, FOR THE SERVICE IT IS PROVIDING, INCLUDING, WITHOUT LIMITATION, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NON-INFRINGEMENT. CFS WILL NOT BE RESPONSIBLE FOR ANY DAMAGES YOU SUFFER. This includes, but is not limited to, loss of data resulting from delays, non-deliveries or service interruptions caused by the school's own negligence or errors or omissions. Use of any information obtained via the information network is at your risk. CFS specifically denies any responsibility for accuracy, quality or timelines of information obtained through its services.

Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print) First M.I. Last

*I hereby give permission for CFS to issue an account for my child. I accept full responsibility for supervision and will support school discipline if and when my child's information network or information resources are not in compliance with school policy.*

Parent or Guardian's Name: \_\_\_\_\_(Please Print)

Signature of Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## Student Code of Conduct

(To be completed **by** students 6<sup>th</sup> – Grade 12)

Students entering CFS will be required to sign the following pledge, which will become a part of their permanent file. When they sign this pledge, they are agreeing to the principles expressed in it. The administration and faculty assumes responsibility for enforcement of the rules and behavior codes. Student conduct outside of school hours or events will remain the responsibility of the parents. However, CFS reserves the right to take action when a behavior outside of school time or events is detrimental to the reputation of the school or affects the overall wellbeing of students in the school.

### CFS Code of Conduct

I \_\_\_\_\_ (please print your name), agree and pledge myself to the following standards established by Christian Faith School:

1. I will respect and honor God in all I do.
2. I will diligently apply myself to the best of my ability and strive for the highest level of education: spiritually, academically, and physically.
3. I will respect and honor people and treat them the way that I would want to be treated.
4. I will maintain self-control and strive towards a godly attitude in all I do.
5. I will not gossip or cause strife among students, staff or parents both on and off campus.
6. I will respect the property of others. I will pay for damage to personal or school property and may face expulsion.
7. I will submit to the civil authority of our country and obey its laws. I will not use/participate with tobacco, alcohol, vaping, illegal drugs, gambling or shoplifting.
8. I will seek to follow the will of God for my life and to be an example of Christ-like behavior to my peers.
9. I will participate in and support school activities such as chapels, Advances, trips and functions requiring student participation.
10. I will remain sexually pure and free of pornography and immorality in any spoken, written or electronic form.
11. I will honor Gods' plan for relationships as outlined in the Bible.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/guardian signature: \_\_\_\_\_



## Statement of Understanding

Admission to the programs of Christian Faith School is considered with the expectation that all questions and information requested during the application process including continued enrollment, are answered truthfully and completely. I understand that any misstatement or omission of information made on any application or during the admission process may result in revocation of an offer of admission and/or enrollment to, or dismissal of, my son/daughter/ward from CFS.

By signing, the parent/guardian, and student affirm that they understand and agree that enrollment at Christian Faith School is subject to and expressly conditional on the student's compliance with the terms, conditions, rules, and policies stated in the CFS Student/Parent Handbook, Statement of Faith and in other written statements, current and/or amended. The student and parent/guardian are expected to follow these rules, regulations, and policies, and failure to do so may result in corrective action, including dismissal from CFS.

The Signatures below will be kept on file with the Registrar as documentation of the official signatures for comparison purposes for the remainder of the student's enrollment at Christian Faith School.

\_\_\_\_\_  
Parent/Guardian Printed Name      Parent Signature      Date

\_\_\_\_\_  
Parent/Guardian Printed Name      Parent Signature      Date