

Student Information

School Year _____

Student _____
Last Name First Name Middle Name

Student Address _____

Student Resides With _____

Gender _____ Date of Birth _____ Grade Applying For _____

Name of Previous School _____

Address of Previous School _____

Co-Curricular Activities, Clubs, Athletics _____

Family Information

Father__

Stepfather__

Grandfather__

Guardian__

Last Name

First Name

Middle Name

Current Address_____

Home Phone_____

Cell Phone_____

Email Address_____

Marital Status_____

Name of Employer_____

Address of Employer_____

Position Held_____

Work Phone_____

Mother__

Stepmother__

Grandmother__

Guardian__

Last Name

First Name

Middle Name

Current Address_____

Home Phone_____

Cell Phone_____

Email Address_____

Marital Status_____

Name of Employer_____

Address of Employer_____

Position Held_____

Work Phone_____

Name of Family Church_____

Name of Family's Pastor_____



GENESIS CHRISTIAN SCHOOL
Houston, Texas
STUDENT HEALTH INFORMATION AND EMERGENCY AUTHORIZATION
MEDICATION RELEASE

My child _____ (full name of student) is now in my custody and under my authority. I authorize Genesis Christian School and/or its representatives to consent to emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip. Such treatment may be administered by physicians, other medical personnel, hospitals, and/or clinics as may be selected by Genesis Christian School and/or its representatives. I herby assume responsibility for such professional service. Student is covered by an insurance policy Yes No
Insurance Company: _____ Membership Policy# _____
 I do I do not authorize any such treating physician or medical to administer blood or blood products to my child.
Hospital Preferred: _____
Physician: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____ **Home Phone:** _____
Name of Employer: _____ **Work Phone:** _____
Email Address: _____ **Cell Phone:** _____
Mother/Guardian Name: _____ **Home Phone:** _____
Name of Employer: _____ **Work Phone:** _____
Email Address: _____ **Cell Phone:** _____

In the event of an emergency, name two (2) other local people who will be responsible when Parent(s)/Guardian(s) are unavailable or unable to be reached by phone:

#1 Name: _____ **Relationship:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
#2 Name: _____ **Relationship:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
#3 Name: _____ **Relationship:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

STUDENT MEDICAL INFORMATION

Asthma	Y	N	Blood Disorder	Y	N	Chicken Pox	Y	N
Heart Disease	Y	N	Diabetes	Y	N	Hearing Loss	Y	N
Seizures	Y	N	ADHD/ADD	Y	N	Tuberculosis	Y	N
Orthopedic	Y	N	Frequent Nose Bleeds	Y	N	Wears Contacts	Y	N
Kidney Problems	Y	N	Scarlet Fever	Y	N	Wears Hearing Aid	Y	N
Genetic Disorder	Y	N	Bladder Problems	Y	N	Wears Glasses	Y	N
Other _____			Any daily medications? If yes, name of medication(s) _____					

ALLERGIES

Does your child have any life threatening medical conditions and/or allergies? Y N
Describe medical condition and/or allergies: _____
Is there any emergency medication prescribed for any medical condition and/or allergies? Y N
Type/Name of medicine prescribed: _____

Medication Release

Child's Name _____

Date of Birth _____

The school supplies the items listed below which cannot be administered to students without parental consent. Please check only the items you will allow to be administered. If your child is currently on a daily medication (i.e. Ritalin, Amoxicillin, Penicillin, etc.), please consult with your doctor to make certain that none of these items listed below, when administered, will conflict in any way with the medication. This would also apply to any medication given throughout the school year. Medication will be given in compliance with the directions on the product:

Acetaminophen (I.E. Tylenol, etc.)	Yes	No	Ibuprofen (I.E. Advil, Motrin, etc.)	Yes	No
Antacid (i.e. Tums, etc.)	Yes	No	Benadryl	Yes	No
Insect Repellant	Yes	No	Antibiotic Ointment	Yes	No
Eye Drops	Yes	No	Nasal Spray	Yes	No

I am giving my permission for the health situation attending to give my child the medication I have indicated. I understand that I must provide all other medication prescription or non-prescription, if my child is to be giving them during school. I understand that all medication I send to the school during the year must be in the original container and will be accompanied by a written request which will include the following:

1. Date to be given
2. Student's name
3. Name of medication
4. Dosage, which must include a physician's written direction if different from the recommended dosage of the manufacturer
5. Time to be given or how often
6. Signature of parents or guardian

If these criteria are not met, I understand that the school reserves the right not to administer medication to my child. I understand that it is my child's responsibility to report to the designated area of health station to take his/her medication. I also understand that all medications are to be turned in to the health station and are not to be carried in the student's possession or stored in his/her locker. I hereby indemnify Genesis Christian School and hold it harmless on behalf of myself, my spouse, if any, and my child against any and all loss, damage (economic or otherwise), health care provider or emergency transportation expenses, or other costs and expenses, including but not limited to reasonable compensation of employees, against and counsel in defending itself against claims or liabilities, arising out of or related to the administration of medication as requested and authorized herein, unless it is proved that Genesis Christian School staff members or volunteers acted willfully or in reckless disregard of my child's health.

Parent/Guardian Signature

Date

(Unless this form is dated, signed, and properly completed, your child will not be given medication during the school year)

MUST BE SIGNED IN FRONT OF A NOTARY

Parent/ Guardian Signature _____

Date: _____ Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____

Notary Public in and for the State of Texas

My commission expires: _____

Release & Covenant Agreement

Student: _____

Grade: _____

Dear Parents and Guardians,

We at Genesis Christian School (GCS) want to inform you of our safety precautions at our school. We have hired competent and knowledgeable staff. Your student(s) will be required by our staff to wear safety equipment for any sports, horsemanship, ropes challenge courses and other activities requiring protective gear. Even with safety equipment, we at Genesis Christian School want you to realize that any outdoor or/and recreational activity has inherent dangers that no amount of care, caution, instruction or expertise can eliminate.

It is mandatory that this form is filled out, signed, and dated by an authorized parent or guardian of the student. _____ will not be permitted to attend GYM class unless we have received this form completed and signed.

- I hereby affirm that I have been advised of and understand the risks of the gym and recreational activities at Genesis Christian School and that such activities involve dangers and risks and I accept those dangers and risks knowingly and willing for _____.
- I understand that pictures, videos, and audio recordings are taken at G.C.S. I hereby give permission for the use of such pictures, videos, and audio recordings of _____ for the promotion of G.C.S.
- In addition, I give permission for _____ to be transported in vehicles for field trips approved transportation and activities at Genesis Christian School and other locations.
- I understand that the terms herein are contractual and binding and not mere recitals. In signing this document, I hereby certify that I give permission for _____ to participate in the school and recreational gym program of G.C.S.
- I understand that the terms herein and my agreement to them applies for all of the calendar year of 2019-2020 and all events occurring in 2019 & 2020.
- I have signed this document as my own free act and in consideration of the agreement by Genesis Christian School to accept _____ for this school year.

By execution of this document, I knowingly and willingly release G.C.S, the staff, the Board of Directors, and all others acting for or on behalf of G.C.S. from all liability whatsoever, for personal injury, or injuries to property, real or personal, caused by, or arising out of G.C.S. and other activities sponsored by Genesis Christian School.

Parent Signature: _____ Date: _____

Subscribed and sworn to before and me by said affiant on this day, to certify which witness my hand and seal of office.

This _____ day of _____, 20_____

Notary Public in and for the State of Texas
My commission expires: _____



MISCELLANEOUS SCHOOL FEES - School statements are generated monthly for miscellaneous fees such as charged lunches, late fees, tardy fees, dress code fees, etc. Payment is due in the business office upon receipt.

WITHDRAW FINANCIAL POLICY - An elementary or middle school student who attends any portion of a quarter will be charged for the entire quarter. A high school student who attends any portion of a semester will be charged for the entire semester. This policy exists because the hiring of teachers and staff and the ordering of textbooks and other classroom materials are based upon anticipated enrollment. Parents/Guardians will be expected to honor their commitment to the school. Requests for exceptions must be addressed to the Business Office in writing and will only be considered in extreme circumstances.

PAYMENT OPTION: (Please select an option below and apply your initials.)

_____ I will be paying tuition monthly before the designated deadlines.

_____ I will be paying tuition in full or per semester before designated deadlines.

MUST BE SIGNED IN FRONT OF A NOTARY

I fully understand the requirements set forth in the GCS Student Handbook, the Genesis Christian School Agreement, and agree to abide by the policies therein.

Parents/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office.

This _____ day of _____, 20_____.

Notary Public in and for the State of Texas
My Commission Expires: _____