



# Christian Institute of Arts & Sciences

2007 North 61<sup>st</sup> Avenue, Pensacola, FL 32506

(850) 457-4058

(850) 458-5132

[www.christianinstitute.com](http://www.christianinstitute.com)

[nogratrjoy@christianinstitute.com](mailto:nogratrjoy@christianinstitute.com)

## STUDENT ENROLLMENT FORM 2026-2027

### Enrollment Type:

- 1st time at CIAS  
 Re-Enrollment



### Enrollment Category: (check one)

- Campus  
 Umbrella  
 PEP-Hybrid  
 PEP-Non-Enrolled (Classes/Events only)

Today's Date \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Marital Status: (check one)    Married     Single     Divorced     Widowed

### **If divorced & remarried:**

Step-Mother's Name: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Step-Father's Name: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

➤ Who is the primary contact?    Mother     Father     Legal Guardian     Step-Parent

➤ Who is the secondary contact?    Mother     Father     Legal Guardian     Step-Parent

Primary Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***For families of multiple enrollees: Copies of this form will be placed in each child's file.***

List all other people who live in the child's(ren's) primary residence/home:

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Mother's Occupation/Job: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Life Skills: \_\_\_\_\_  
(talents, hobbies, interests, abilities)

Father's Occupation/Job: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Father's Life Skills: \_\_\_\_\_  
(talents, hobbies, interests, abilities)

Guardian's Occupation/Job: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Legal Guardian's Life Skills: \_\_\_\_\_  
(talents, hobbies, interests, abilities)

List of family hobbies, businesses, etc: \_\_\_\_\_

***If you are Homeschooling under CIAS's Umbrella School, give the name of the primary person responsible for the homeschool program:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is/are the enrolling student(s) adopted? Yes  No

If yes, please provide the appropriate documentation of adoption and/or altered birth certificate.

Is/are the enrolling student(s) from a previous marriage? Yes  No

If yes, please provide the appropriate custody documents.

How did you learn about CIAS? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><u>Office Use Only:</u></p> <p>Signature _____ Date _____</p>
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## PICK UP/DROP OFF PERMISSION FORM 2026-2027

I/We, \_\_\_\_\_ and \_\_\_\_\_, the parent(s)/guardian(s) of the following student(s):

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

I/We hereby release Christian Institute of Arts and Sciences, Inc. from any and all responsibility and absolve CIAS (including, but not limited to, the Board, administration, teaching staff, office staff, etc.) from any claim of loss, damage, or injury of any nature to person or property resulting from the schooling program, classes, science labs, tutoring lessons, assessment/testing days, field trips, road trips, learning activities, or activity/fun days. We/I also agree that CIAS shall not be liable for any loss or unintentional neglect or careless acts of any school personnel or staff member, as well as other students enrolled in CIAS during the school year, commencing August 1, 2026 and ending July 31, 2027.

Furthermore, I/we authorize only the following persons to pick up our/my child(ren) from the CIAS premises.

1. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

3. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

4. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

5. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

6. \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

➤ Sign: \_\_\_\_\_ and \_\_\_\_\_

➤ Date \_\_\_\_\_

Office Use Only:

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

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## SCHOLARSHIP SIGNATURE VERIFICATION FORM 2026-2027

**\*Until the Scholarship has been funded, you are responsible for all tuition payments & fees incurred.\***

Student's Full Name: \_\_\_\_\_ Award ID\*: \_\_\_\_\_

Type of Scholarship:    First    Middle    Last  
FTC     FES-EO     FES-UA     PEP HYBRID     PEP/FTC

Student's Full Name: \_\_\_\_\_ Award ID\*: \_\_\_\_\_

Type of Scholarship:    First    Middle    Last  
FTC     FES-EO     FES-UA     PEP HYBRID     PEP/FTC

Student's Full Name: \_\_\_\_\_ Award ID\*: \_\_\_\_\_

Type of Scholarship:    First    Middle    Last  
FTC     FES-EO     FES-UA     PEP HYBRID     PEP/FTC

Student's Full Name: \_\_\_\_\_ Award ID\*: \_\_\_\_\_

Type of Scholarship:    First    Middle    Last  
FTC     FES-EO     FES-UA     PEP HYBRID     PEP/FTC

Student's Full Name: \_\_\_\_\_ Award ID\*: \_\_\_\_\_

Type of Scholarship:    First    Middle    Last  
FTC     FES-EO     FES-UA     PEP HYBRID     PEP/FTC

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**\*The SUFS uses 3 ID numbers. The one that is needed is called the Award ID. It is *NEITHER* the Student ID, *NOR* the Application ID.**

→ *New Worlds Scholarship (does not apply to private school students)*

→ *Transportation Stipend (does not apply to private school students)*

Office Use Only:

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

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## PARENT AGREEMENT 2026-2027 For All CIAS Students

I/We, (NAME/S), the parent(s) or guardian(s) of the **following student(s)**,

*(Please list all)*

\_\_\_\_\_ highly value my child's education and experience as a student with Christian Institute of Arts and Sciences, Inc.. Therefore, I promise to uphold the policies of CIAS, namely:

### Section 1 - Parent of: Campus / PEP-Hybrid / Umbrella / PEP-Non-enrolled Student(s):

1. I have read the *CIAS School Handbook, and/or CIAS Campus School Handbook, and/or High School Handbook.*
2. I have read the "CIAS Student Conduct Code" pertaining to my child's(ren's) grade level and am aware of the expected behavior; I understand that if my child fails to follow the CIAS Student Conduct Code, there will be disciplinary consequences.
3. I will support the CIAS education model, and individualized homeschool model.
4. I will respect the school's safe and quiet environment, focusing on faith and family.
5. I appreciate CIAS' Christian worldview and support the school's whole-person approach to education, addressing their physical, spiritual, academic, and psychological needs.
6. I will have all Enrollment/Re-enrollment and medical records (Birth Certificate, School Entry Health Exam, Immunization certificate, etc.) up to date and turned in to the school office within one week (5 days) of the beginning day of each school year.
7. I will provide the school with pertinent and up-to-date information concerning my child, i.e. adoption papers, custodial papers, etc.
8. I will ensure that my child attends the required 180 days of school per year and/or completes the specified curriculum.
9. I will cooperate with attendance policies and ensure that my child completes the required number of hours per grade level per day.
10. I will provide needed school supplies and materials for my child.
11. I will supply any needed records of each student's daily attendance and schoolwork grades, as applicable.
12. I will supervise my child to complete any/all homework assigned by CIAS teachers, tutors, or administration.
13. I will make all payments to the school on time, as it is invoiced by email and in agreement with the school administration.
14. My child will complete diagnostic and placement assessments as needed
15. My child will receive annual achievement testing from the CIAS administration or a school-approved testing agent yearly.
16. I will meet with the CIAS administration as needed and participate in academic planning sessions that are scheduled by the CIAS administration.
17. I will attend any Intervention Meetings my child's teacher and/or CIAS Administration deem necessary to discuss chronic misbehavior issues.
18. I will acknowledge CIAS administration's expertise and suggestions for academic planning according to my child's academic needs, learning disabilities/diagnoses, learning style/intelligences, etc.
19. My child will attend summer school as needed and/or recommended by CIAS teachers and/or administration.
20. I will inform the school administration immediately if my child breaks the law, runs away, or is apprehended/arrested by law enforcement authorities.

→ \_\_\_\_\_ *Parent/Guardian Initials*

### Section 2 - Regarding Withdrawal or Dismissal Procedures for Enrolled Students:

I/We further agree that if I/(we) wish to withdraw my student(s) from CIAS, I/(we) agree to:

- A. Immediately contact the school and inform, **in writing**, the administrator of intent to withdraw.
- B. Turn in or mail all remaining forms and information on our student(s) to the school office within 10 days.
- C. Fulfill all policies and requirements regarding dismissal or withdrawal from the school, per CIAS Student Handbook..

→ \_\_\_\_\_ *Parent/Guardian Initials*

***For families of multiple enrollees: Copies of this form will be placed in each child's file.***

**Section 3 -For Parents High School Students Only, in addition to Sections 1 & 2:**

- 21. My student will follow the State of Florida's and CIAS' course requirements to receive high school credits.
- 22. I will provide documented records of electives and extracurricular activities; i.e. physical fitness, community service, and performing fine arts (theatre, drama, music lessons, choir, etc.) for my child to receive credit.

→ \_\_\_\_\_ *Parent/Guardian Initials (if applicable)*

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**Section 4 - For Parents of Umbrella School Students Only, in addition to Sections 1 & 2:**

- 23. I will provide needed school supplies and materials for my child(ren).
- 24. I will provide the needed curriculum and books to maintain a minimum of 5 subject areas: Bible, Math, English Language Arts, History/Social Studies, and Science.
- 25. I will supply the needed records of each child's daily attendance and schoolwork grades
- 26. For high school students: I will provide documented records of electives and extracurricular activities; i.e. physical fitness, community service, and performing fine arts (theatre, drama, music lessons, choir, etc.) for my child to receive credit.
- 27. I will be actively involved in educating and supervising my child and will seek to facilitate his/her development of oral, written, and digital communication skills and creativity.

→ \_\_\_\_\_ *Parent/Guardian Initials (if applicable)*

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**Section 5 - For Parents of PEP/Non-Enrolled Students Attending Campus Classes & Events, in addition to Sections 1 & 2:**

- 28. I will make payments to the school on time, as it is invoiced by email and in agreement with school administration.
- 29. I accept the responsibility of supervising my child to complete any/all homework assigned by CIAS teachers, tutors, or administration.
- 30. I understand that a report card and/or transcript may be requested **in writing**, for any grades received from CIAS classes and that there will be a processing fee of \$10, per report.

→ \_\_\_\_\_ *Parent/Guardian Initials (if applicable)*

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I/We understand that failure to comply with these agreements/policies is cause for suspension or dismissal of student(s). School records will then be stamped incomplete.

I/We release the Christian Institute of Arts & Sciences, Inc. from any and all responsibility and absolve them from any claim of loss, damage, or injury of any nature to person or property resulting from the schooling program. I/(we) also agree that the school shall not be liable for any loss or unintentional neglect or careless acts of any school personnel or other students enrolled in CIAS.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Form must be signed by a parent/guardian\*

<p><u>Office Use Only:</u></p> <p>Signature _____ Date _____</p>
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***For families of multiple enrollees: Copies of this form will be placed in each child's file.***

**Additional copies:**

**Please make additional copies of the following Code of Conduct pages for each child enrolling, according to their grade level. If you do not have access to a printer/copy machine, please let the CIAS Office Staff know immediately so we can provide copies for you.**



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## STUDENT CONDUCT CODE: GRADES K - 5th

*I, the student, and I/We, the parent(s)/guardian(s), will sign the appropriate sections below and understand the **CIAS K - 5th Student Conduct Code** and solemnly promise, with the Lord's help, to abide by the life guidelines stated. I/We also acknowledge that failure to keep the Student Conduct Code listed below will result in disciplinary measures and can/will terminate my enrollment at CIAS. All students who are enrolled with CIAS School should live like Jesus wants them to live and represent Him to others. Even though we live in this world, we are not to participate in behavior that does not please the Lord because He loves us, and we love Him and want to obey Him in all things. This obedience affects our beliefs, appearance, conversation, entertainment, music, and pastimes.*

### **Section 1 - All Students:** (Campus/PEP-Hybrid/Umbrella, PEP/Non-enrolled)

1. I will complete the schoolwork/homework that is assigned to me by my teacher/parent/guardian.
2. I will follow the "CIAS Student Conduct Code" and make good choices for my behavior.
3. I will be kind to others.
4. I will respect & obey my teacher/parent/guardian and all school faculty & staff (if applicable)
5. I will obey the school rules.
6. I will not encourage my fellow classmates to break school rules or incite disobedience to parents, school rules, or the Student Code of Conduct
7. I will not say bad words (cuss or swear at school); I will not misuse the Lord's name (ex. "Oh, my God!")
8. I will not fight with another student; I will not touch, hit, or harm another person with the intent of hurting them.
9. I will not tease with the intention of making fun of or hurting another person; I will not tease a person about unchangeable features.
10. I will not be mean or make unkind comments about anyone.
11. I will not be dishonest; I will not lie; I will not cheat on tests; I will not steal from anyone.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_

### **Section 2A - Campus & Hybrid Students Only:** (Read & Sign if your student is on Campus at any time)

12. I will follow the clothing rules of the CIAS Dress Code
13. I will be quiet during school hours and use my inside voice when permitted to talk.
14. I will be respectful of my classmates' personal spaces.
15. I will not leave my assigned seat and wander around without permission.
16. I will not pester my classmates.
17. I will not tease, make fun of, or belittle my classmates.
18. I will not tease a person about how God made them.
19. I will not be mean to my classmates.
20. I will not say hurtful words about anyone.
21. I will not gossip about teachers or other students, talking about them behind their backs.
22. I will not write and pass unkind or mean notes, nor ask other classmates to pass notes.
23. I will not touch my classmates inappropriately or rough house (ex: hitting, slapping)
24. I will not fight with other students.
25. I will not show anyone my private parts.
26. I will not steal snacks or drinks.
27. Male students: I will not get my ears pierced or wear earrings to school during the school year.
28. Male Students: I will get my hair cut if it gets too long and breaks the Student Grooming Code

### **Section 2B - School Property:**

29. I will not touch anything on the teachers' desks or open drawers in the desk without the teacher's permission.
30. I will not damage school property (tables, chairs, shelves, etc.)
31. I will not throw objects across the room or at the ceiling.
32. I will not write on desks, walls, reading or reference books, posters, etc.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_

### **Section 3 - Umbrella Students Only:** (Read & Sign if schooling is done exclusively at home)

33. I will work on my schoolwork and learning activities during normal school hours.
34. I will be obedient & cooperative with my parents/guardians/tutor.
35. I will make good choices for my behavior.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_



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## STUDENT CONDUCT CODE: GRADES 6th -12th

*I, the student, and I/We, the parent(s)/guardian(s), will sign the appropriate sections below and understand the **CIAS 6th - 12th Student Conduct Code** and solemnly promise, with the Lord's help, to abide by the life guidelines stated. I/We also acknowledge that failure to keep the Student Conduct Code listed below will result in disciplinary measures and can/will terminate my enrollment at CIAS. All students who are enrolled with CIAS School should live like Jesus wants them to live and represent Him to others. Even though we live in this world, we are not to participate in behavior that does not please the Lord because He loves us, and we love Him and want to obey Him in all things. This obedience affects our beliefs, appearance, conversation, entertainment, music, and pastimes.*

### **Section 1 - All Students:** (Campus/PEP-Hybrid/Umbrella, PEP/Non-enrolled)

1. I will complete the schoolwork/homework that is assigned to me by my teacher/parent/guardian.
2. I will follow the "CIAS Student Conduct Code" and make good choices for my behavior.
3. I respect CIAS' whole-person approach to my education, addressing my physical, spiritual, academic, and mental health needs.
4. I will be kind to others.
5. I will respect & obey my teacher/parent/guardian and all school faculty & staff (if applicable)
6. I will obey the school rules.
7. I will not encourage my fellow classmates to break school rules or incite disobedience to parents, school rules, or the Student Code of Conduct
8. I will not use bad language (cuss or swear at school;) I will not misuse the Lord's name (ex. "Oh, my God!")
9. I will not fight with another student; I will not touch, hit, or harm another person with the intent of hurting them.
10. I will not tease with the intention of making fun of or hurting another person; I will not tease a person about unchangeable features.
11. I will not be mean or make unkind comments about anyone.
12. I will not be dishonest; I will not lie; I will not cheat on tests; I will not steal from anyone.
13. I will not engage in sexual activity, immorality, or sexual experimentation, on or off campus. I will not look at pornography on or off campus.
14. I will not participate in seances, dabble in witchcraft or the occult; indulge in either satanic or Goth lifestyle on or off campus.
15. I will not knowingly break the law, get arrested, get reported to the police/CPS, or run away.
16. I will not attempt to access or alter private information of faculty, staff, or fellow students through, but not limited to email, social media, chat platforms, or by any other means.
17. I will not use illegal substances, including, but not limited to: alcohol, drugs, smoking, tobacco products, vaping, edibles, pot/marijuana, etc. on or off campus

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_

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### **Section 2A - Campus & Hybrid Students Only:** (Read & Sign if your student is on Campus at any time)

18. I will value my enrollment in CIAS as a privilege and will work hard to the best of my abilities to be a successful CIAS student.
19. I will follow this "CIAS Student Conduct Code" that I have read and signed and will make good and wise choices for my behavior.
20. I will cooperate with the CIAS education model, an individualized homeschool model, and understand that I may be doing different schoolwork from my classmates.
21. I will respect the school's safe and quiet environment, focusing on faith and family.
22. I appreciate my school's Christian worldview and will attend Tuesday Outdoor Chapel and participate in daily BibleTime! and Bible Memory in my homeroom classroom.
23. I will cooperate with behavior modification and redirection by teachers and staff.
24. I will respect and obey my teacher and be respectful of all other school staff (administration, office, teachers).
25. I will work hard to be kind to and respectful of my classmates.
26. I will obey the school rules.
27. I will obey the CIAS Dress Code.
28. I will not be a rebel; this would include refraining from insolence, disrespect, passive disobedience, outright disobedience, and disregard to school rules or instructions of school teachers and/or administration.
29. I will be quiet during school hours and use my inside voice when in conversation with my teachers.
30. I will not disturb others and wander around without permission during school time.
31. I will not gossip about teachers or other students, stirring up trouble among other CIAS students.
32. I will not indulge in inappropriate touching or roughhousing, however innocent my intentions.
33. I will not steal snacks or drinks from the school.
34. I will not write and pass unkind, inappropriate, or suggestive notes, nor ask other students to pass notes.
35. I will not behave suggestively or show anyone my private parts.
36. I will not engage in public displays of affection (PDA) with my boyfriend/girlfriend on campus, as set forth by the campus school handbook.
37. I will not engage in sexual activity, immorality, or sexual experimentation on or off campus.
38. I will not look at pornography in any form (cell phone, internet, magazines, movies, etc.) while on campus.
39. I will not listen to ungodly and inappropriate music or watch indecent movies while on campus.
40. I will not participate in seances, dabble in witchcraft or the occult, nor indulge in either satanic or Goth lifestyle.

- 41. I will not vape, smoke cigarettes or pot, nor use alcohol, tobacco, or drugs on or off campus.
- 42. I will not break the law, get arrested, get reported to the police/CPS, or run away.
- 43. I will not get new body piercings or tattoos during the school year.
- 44. Male students: I will not wear earrings during the school year.
- 45. Male Students: I will get my hair cut if it gets too long and breaks the Student Grooming Code

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_

***Section 2B - School Property:***

- 46. I will not disturb anything on the teachers' desks or open drawers in the desk without the teacher's permission.
- 47. I will not damage school property (tables, chairs, shelves, etc.)
- 48. I will not throw objects across the room or at the ceiling.
- 49. I will not write on desks, walls, reading or reference books, posters, etc.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_

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***Section 3 - Umbrella Students Only: (Read & Sign if schooling is done exclusively at home)***

- 50. I will work on my schoolwork and learning activities during normal school hours.
- 51. I will be obedient & cooperative with my parents/guardians/tutor.
- 52. I will make good choices for my behavior.
- 53. I will not run away.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_



**STUDENT INFORMATION #1**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

~~~~~  
Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**EMERGENCY INFORMATION AND MEDICAL RELEASE**

Child #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program: \_\_\_ Yes \_\_\_ No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.



**STUDENT INFORMATION #2**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

~~~~~  
Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**EMERGENCY INFORMATION AND MEDICAL RELEASE**

Child #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program:  Yes  No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.



**STUDENT INFORMATION #3**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

~~~~~  
Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



# CHRISTIAN INSTITUTE OF ARTS & SCIENCES

## EMERGENCY INFORMATION AND MEDICAL RELEASE

Child #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program:  Yes  No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.



**STUDENT INFORMATION #4**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

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Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



# CHRISTIAN INSTITUTE OF ARTS & SCIENCES

## EMERGENCY INFORMATION AND MEDICAL RELEASE

Child #4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program:  Yes  No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.



**STUDENT INFORMATION #5**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

~~~~~  
Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #5 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**EMERGENCY INFORMATION AND MEDICAL RELEASE**

Child #5 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program:  Yes  No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.



**STUDENT INFORMATION #6**

Re-Enrolling? Yes  No

Enrollment Category: (check one)  Campus  PEP-Hybrid  
 Umbrella  PEP-Non-Enrolled (Classes/Events only)

Parent/Guardian Name \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
First Middle Last

Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

~~~~~  
Entering Grade: \_\_\_\_\_ School District ID# \_\_\_\_\_ (if applicable)

Name of last school attended: \_\_\_\_\_

Former School's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Former School's Email Address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

~~~~~  
**Ethnicity:** Hispanic/Latino

**Race:** White/Caucasian  Black/African American  Asian   
American Indian/Alaska Native  Native Hawaiian/Pacific Islander

~~~~~  
**Immunization Records/School Physical Exam: (mandatory)**

Does the school office have an **updated/current** Immunization Certificate 680 or Religious Exemption Certificate 681 on file? Yes  No

Does the school office have an **updated/current** School Physical Exam DH3040? Yes  No

**Medication:**

Is the student currently taking any prescribed medication? Yes  No

If yes, please specify: \_\_\_\_\_

~~~~~  
**Special Education/ESE Records: (if applicable)**

Does the student have up-to-date ESE Paperwork from the last school year? Yes  No

**Active IEP** - Specify date: \_\_\_\_\_  **Active 504** - Specify date: \_\_\_\_\_

➤ FDLRS/ESE Testing/Evaluation? Yes  - Specify date: \_\_\_\_\_ No

➤ Neuro-psychological evaluation? Yes  - Specify date: \_\_\_\_\_ No

Name of psychologist: \_\_\_\_\_

Does the student have any diagnosis that affects their school/academic/social life? (Please specify)



**CHRISTIAN INSTITUTE OF ARTS & SCIENCES**  
**MEDICATION CONSENT FORM**

Child #6 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Check All the Over-the-Counter (OTC) Medication/Items That You Will Allow to be Dispensed to Your Child at School as Needed:**

- Tylenol (acetaminophen)
- Motrin/Ibuprofen
- Excedrin (acetaminophen w/caffeine)
- Benadryl (diphenhydramine) for Allergies
- Claritin (loratadine) for Allergies
- Zyrtec (cetirizine) for Allergies
- Tums/Antacid
- Pepto Bismol (Tummy)
- Bite/Sting/Itch/Allergy Medicated Spray or Premoistened Towelette
- Halls Cough drops
- Midol (acetaminophen/caffeine/pyrilamine maleate) for periods
- Bactine Max Spray (pain relieving/benzal konium/lidocaine)

If understand that if my child habitually/chronically/daily requests an OTC medication and/or exceeds four (4) doses of one medication within a 30-day period, **that I will be fully responsible for providing that over-the-counter medication for my child’s exclusive use and it will be brought in, personally by me, to the CIAS office.**

**Prescription Medications That Your Child Needs to Take at School (must be provided by parent/guardian in original prescription container and turned in to the school office directly by the parent/guardian):**

Dose/Amount to be Given (not to exceed label directions): \_\_\_\_\_

Dates to be Given: Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Special Instructions (i.e. to be taken with food, etc.): \_\_\_\_\_

**Prescription Medication That Your Child Takes at Home:** \_\_\_\_\_

I hereby authorize CIAS para-medical staff to dispense the above-listed medications to my child as needed/required/requested.

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

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Date

This information is confidential and may not be shared or released without the parent’s written permission.



# CHRISTIAN INSTITUTE OF ARTS & SCIENCES

## EMERGENCY INFORMATION AND MEDICAL RELEASE

Child #6 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we authorize the two persons (**other than parents/guardians**) listed below to assume care of my child **if I cannot be reached**. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts:

Authorized Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Authorized Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

In the event of a medical emergency, I/we authorize the staff at Christian Institute of Arts and Sciences (CIAS) to have my child **transported to the closest hospital** and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known medical problems/conditions/illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child is covered by private medical insurance program:  Yes  No

Insurance Company: \_\_\_\_\_ Certificate Number/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

I understand that I will be fully responsible for all expenses resulting from the emergency treatment and /or transportation of my child. **\*Please list the phone number(s) where you can be reached in the event of an emergency.**

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

\_\_\_\_\_  
Parent/Guardian Signature Phone\* Date

This information is confidential and may not be shared or released without the parent's written permission.