Christian Institute of Arts & Sciences

2007 North 61st Avenue
Pensacola, FL 32506
www.christianinstitute.com

Phone: (850) 457-4058
Fax: (850) 458-5132
nogratrjoy@christianinstitute.com

UMBRELLA SCHOOL
STUDENT ENROLLMENT FORM
School Year 2025-2026

Today's Date ________________

STUDENT'S INFORMATION

Student's Full Name ____ NickName ________________
First Middle Last

Date of Birth ____/_____/____ Gender: Male ❑ Female ❑

School District ID# _______________ (if student has one)

Student's Cell (____) ______-_______ Student's Email Address ____________________@_________._____

Entering Grade: ____________ Name of last school: ____

School Address: _________________________________ City: _______________ State: _____ Zip: ________

School's Email Address ____________________@_________._____

~~~~~~

Ethnicity: Hispanic/Latino ❑

Race: White/Caucasian ❑ Black/African American ❑ Asian ❑

American Indian/Alaska Native ❑ Native Hawaiian/Pacific Islander ❑

~~~~~~

Medication:
Is the student currently taking any prescribed medication? Yes ❑ No ❑
If yes, please specify: ____

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

~~~~~~

Special Education/ESE Records:

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 ❑ Specify date: __________

Neuro-psychological evaluation ❑ Specify date: __________ Name of the psychologist: _______________

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

____

____

~~~~~~

Scholarship Information:

Has the student been awarded a Step Up For Student (SUFS) scholarship? Yes ❑ No ❑

If, yes, which one?

FES-UA ❑ PEP Hybrid ❑

PEP ❑ *Note: PEP students are not allowed to be enrolled in CIAS as an Umbrella School

Award ID ______________________

~~~~~~

PARENT/GUARDIAN'S INFORMATION

Mother's Name: ________________________________ Father's Name: ______________________________

Guardian's Name: ________________________________

Mother's Cell # (_____) _______-________ Father's Cell # (_____) _______-________

Guardian's Cell # (_____) _______-________ Home Phone # (_____) _______-________

Parent/Guardian's Email Address #1 _______________________@_________._____

Parent/Guardian's Email Address #2 _______________________@_________._____

Marital status: (check one) Married ❑ Single ❑ Divorced ❑ Widowed ❑

If divorced/remarried:
Step-Mother's Name ____________________________ Step-Father's Name: ___________________________

Step-Mother's Cell # (_____) _______-________ Step-Father's Cell # (_____) _______-________

Primary Residence Address: _____________________________ City: ____________ State: ____ Zip: ______

Secondary Residence Address: ____________________________ City: ___________ State: ____ Zip: ______

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

____

____

Mother's Occupation/Job: ______________________________ Place of Employment: ______________________

Father's Occupation/Job: ______________________________ Place of Employment: ______________________

Guardian's Occupation/Job: _____________________________ Place of Employment: ______________________

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

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

Guardian's Life Skills: ____
(talents, hobbies, interests, abilities)

List family hobbies, businesses, etc. ____

Are you interested in your child attending school full-time at the CIAS Campus School? Yes ❑ No ❑

Are you interested in your child attending classes/lab at the CIAS Campus School? Yes ❑ No ❑

Are you interested in homeschooling your child under the CIAS Umbrella School? Yes ❑ No ❑

If yes, give the name of the person who will be primarily responsible for the homeschool program:

____ Relationship to student: ______________________

~~~~~~

Is the enrolling student adopted: Yes ❑ No ❑

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

Is the enrolling student from a previous marriage: Yes ❑ No ❑

If yes, submit a copy of your "Parenting Plan" to the school office which outlines the details of how parents will share responsibilities for their children after separation or divorce, including time-sharing schedules and decision-making protocols.

~~~~~~

Briefly state your reason for enrolling your child in CIAS:

____

____

How did you learn/hear about CIAS? ____

Parent's Name Printed: ____

Parent's Signature: ____

Date: ____________

Christian Institute of Arts & Sciences

2007 North 61st Avenue
Pensacola, FL 32506
www.christianinstitute.com

Phone: (850) 457-4058
Fax: (850) 458-5132
nogratrjoy@christianinstitute.com

2025-2026 PERMISSION SLIP

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

_____ _____

_____ _____

_____ _____

Do 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, 2025, and ending July 31, 2026.

Furthermore, we/I authorize ***only*** the following persons to pick up or drop off our/my child(ren) from the CIAS premises. ****Place a checkmark by emergency contacts that are also listed on the Medical Information Form***:

1. _____ *Phone#* (_____)_____

2._____ *Phone#* (_____)_____

3._____ *Phone#* (_____)_____

4._____ *Phone#* (_____)_____

5._____ *Phone#* (_____)_____

6._____ *Phone#* (_____)_____

Signed _____ and _____

Date _____

Received by School Officer _____ Date _____

Christian Institute of Arts & Sciences

2007 North 61st Avenue
Pensacola, FL 32506
www.christianinstitute.com

Phone: (850) 457-4058
Fax: (850) 458-5132
nogratrjoy@christianinstitute.com

PARENT/TEACHER'S AGREEMENT

For CIAS Umbrella School Students in Grades K-8

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

(NAME|S|)_____,

promise to uphold the policies of the Christian Institute of Arts & Sciences, Inc., namely:

1. I have read the *CIAS School Handbook.*
2. I will have all paperwork (Enrollment or Re-enrollment) filled out, signed, and turned in to the school office by the end of the first week of each school year.
3. I will have all immunization records up to date and turned in to the school office within 30 days of the beginning day of each school year.
4. I will provide the school with pertinent and up-to-date information concerning my child, i.e. adoption papers, custodial papers, etc.
5. My child will attend the required 180 days of school per year and/or complete the specified curriculum.
6. My child will complete the required number of hours per grade level daily.
7. I will provide needed school supplies and materials for my child.
8. 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.
9. I will supply any needed records of each child's daily attendance and schoolwork grades.
10. 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.
11. I will supervise my child to complete any/all homework assigned by CIAS teachers, tutors, or administration.
12. As invoiced, I will make all payments to the school for registration, tuition, and late fees on time and in agreement with and arranged with the school bookkeeper.
13. My child will participate in placement and/or diagnostic testing as needed
14. My child will receive annual academic achievement testing from CIAS administration or a school-approved testing agent every year.
15. I will meet with CIAS administration as needed and participate in academic planning by CIAS administration.
16. 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.
17. I will attend any meeting or consultation that the CIAS administration deems necessary or mandatory.
18. I have read the CIAS Student Conduct Code pertaining to my child's grade level and am aware of the behavior expected of my child; I understand that if my child fails to follow the CIAS Student Conduct Codes, there will be disciplinary consequences.
19. I will inform school administration immediately in the event that any student runs away or is apprehended/arrested by law enforcement authorities.

For high school students:

20. My student will follow the state of Florida's and CIAS's course requirements to receive high school credits.
21. 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 student to receive credit.

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

A. Immediately contact the school and inform the administrator of intent to withdraw.
B. Mail all remaining forms and information on our student(s) to the school office within ten days.
C. Fulfill all policies and requirements regarding dismissal or withdrawal from the school.

I/We understand that failure to comply with the school regulations and policies are cause for teacher certification removal and 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

Received by School Officer _____ Date _____

Christian Institute of Arts & Sciences

2007 North 61st Avenue
Pensacola, FL 32506
www.christianinstitute.com

Phone: (850) 457-4058
Fax: (850) 458-5132
nogratrjoy@christianinstitute.com

PARENT/TEACHER'S AGREEMENT

For CIAS Umbrella School Students in Grades 9-12

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

(NAME|S|)_____,

promise to uphold the policies of the Christian Institute of Arts & Sciences, Inc., namely:

20. I have read the *CIAS School Handbook* and the *CIAS High School Handbook*.
21. I will have all paperwork (Enrollment or Re-enrollment) filled out, signed, and turned in to the school office by the end of the first week of each school year.
22. I will have all immunization records up to date and turned in to the school office within 30 days of the beginning day of each school year.
23. I will provide the school with pertinent and up-to-date information concerning my child, i.e. adoption papers, custodial papers, etc.
24. My child will attend the required 180 days of school per year and/or complete the specified curriculum.
25. My child will complete the required number of hours per grade level daily.
26. I will provide needed school supplies and materials for my child.
27. 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.
28. I will supply any needed records of each child's daily attendance and schoolwork grades.
29. 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.
30. I will supervise my child to complete any/all homework assigned by CIAS teachers, tutors, or administration.
31. As invoiced, I will make all payments to the school for registration, tuition, and late fees on time and in agreement with and arranged with the school bookkeeper.
32. My child will participate in placement and/or diagnostic testing as needed.
33. My child will receive an annual academic achievement assessment from CIAS administration or a school-approved testing agent every year.
34. I will meet with CIAS administration as needed and participate in academic planning by CIAS administration.
35. 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.
36. I will attend any meeting or consultation that the CIAS administration deems necessary or mandatory.
37. I have read the CIAS Student Conduct Code pertaining to my child's grade level and am aware of the expected behavior; I understand that if my child fails to follow the CIAS Student Conduct Codes, there will be disciplinary consequences.
38. I will inform school administration immediately in the event that any student runs away or is apprehended/arrested by law enforcement authorities.

For high school students:

20. My student will follow the state of Florida's and CIAS's course requirements to receive high school credits.
21. 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 student to receive credit.

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

A. Immediately contact the school and inform the administrator of intent to withdraw.
B. Mail all remaining forms and information on our student(s) to the school office within ten days.
C. Fulfill all policies and requirements regarding dismissal or withdrawal from the school.

We (I) understand that failure to comply with the school regulations and policies are cause for teacher certification removal and dismissal of student(s). School records will then be stamped incomplete.

We (I) 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. We (I) 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

Received by School Officer _____ Date _____

CHRISTIAN INSTITUTE OF ARTS & SCIENCES

UMBRELLA SCHOOL STUDENT CONDUCT CODE
GRADES K-5

All students who attend the CIAS Campus 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.

Schoolwork:

1. I will complete the schoolwork that is assigned to me by my parent/guardian/tutor.
2. I will complete the homework that I am assigned to do by my parent/guardian/tutor.
3. I will work on my schoolwork and learning activities during normal school hours.

Student Conduct:

4. I will follow the CIAS Student Conduct Code and make good choices for my behavior.
5. I will obey the CIAS school rules.
6. I will not encourage or facilitate other CIAS students to break school rules.
7. I will be kind to others.
8. I will make good choices for my behavior.
9. I will be obedient and cooperative with my parent/guardian/tutor.
10. I will not be dishonest; I will not lie. I will not cheat on tests.
11. I will not hit, touch, or harm another person with the intent of hurting them.
12. I will not use bad language nor take God's name in vain.

I have read and understand the above CIAS Student Conduct Code and solemnly promise, with the Lord's help, to abide by the life guidelines stated. I also acknowledge that failure to keep the above Student Conduct Code will result in disciplinary measures and can/will terminate my enrollment at CIAS.

Signed _____ Printed _____
Student's Name

Signed _____ Printed _____
Parent's Name

Date: _____

CHRISTIAN INSTITUTE OF ARTS & SCIENCES

UMBRELLA SCHOOL STUDENT CONDUCT CODE
GRADES 6-8

All students who attend the CIAS Campus 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.

Schoolwork:

1. I will complete the schoolwork that is assigned to me by my parent/guardian/tutor.
2. I will complete the homework that I am assigned to do by my parent/guardian/tutor.
3. I will work on my schoolwork and learning activities during normal school hours.
4. I will not be dishonest; I will not lie. I will not cheat on tests.

Student Conduct:

5. I will follow the CIAS Student Conduct Code and make good choices for my behavior.
6. I will obey the CIAS school rules.
7. I will not encourage or facilitate other CIAS students to break school rules.
8. I will be kind to others.
9. I will make good choices for my behavior.
10. I will be obedient and cooperative with my parent/guardian/tutor.
11. I will not hit, touch, or harm another person with the intent of hurting them.
12. I will not use bad language nor take God's name in vain.
13. I will make a covenant with my eyes, not to look at pornography purposefully.
14. I will not engage in sexual activity, sexually deviant behavior, or immorality.
15. I will not participate in witchcraft, séances, Ouija board, or any other occult activities.
16. I will not use illegal substances, including but not limited to alcohol, drugs, smoking, tobacco products, vaping, edibles, pot/marihuana, etc.
17. I will not break the law knowingly.
18. I will not run away.

I have read and understand the above CIAS Student Conduct Code and solemnly promise, with the Lord's help, to abide by the life guidelines stated. I also acknowledge that failure to keep the above Student Conduct Code will result in disciplinary measures and can/will terminate my enrollment at CIAS.

Signed _____ Printed _____
Student's Name

Signed _____ Printed _____
Parent's Name

Date: _____

CHRISTIAN INSTITUTE OF ARTS & SCIENCES

UMBRELLA SCHOOL STUDENT CONDUCT CODE
GRADES 9-12

All students who attend the CIAS Campus 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.

Schoolwork:

1. I will complete the schoolwork that is assigned to me by my parent/guardian/tutor.
2. I will complete the homework that I am assigned to do by my parent/guardian/tutor.
3. I will work on my schoolwork and learning activities during normal school hours.

Student Conduct:

4. I will follow the CIAS Student Conduct Code and make good choices for my behavior.
5. I will obey the CIAS school rules.
6. I will not encourage or facilitate other CIAS students to break school rules.
7. I will be kind to others.
8. I will make good choices for my behavior.
9. I will be obedient and cooperative with my parent/guardian/tutor.
10. I will not be dishonest; I will not lie. I will not cheat on tests.
11. I will not hit, touch, or harm another person with the intent of hurting them.
12. I will not use bad language nor take God's name in vain.
13. I will make a covenant with my eyes, not to look at pornography purposefully.
14. I will not engage in sexual activity, sexually deviant behavior, or immorality.
15. I will not participate in witchcraft, séances, Ouija board, or any other occult activities.
16. I will not use illegal substances, including but not limited to alcohol, drugs, smoking, tobacco products, vaping, edibles, pot/marihuana, etc.
17. I will not break the law knowingly.
18. I will not run away.

I have read and understand the above CIAS Student Conduct Code and solemnly promise, with the Lord's help, to abide by the life guidelines stated. I also acknowledge that failure to keep the above Student Conduct Code will result in disciplinary measures and can/will terminate my enrollment at CIAS.

Signed _____ Printed _____
Student's Name

Signed _____ Printed _____
Parent's Name

Date: _____