

CALVARY CHRISTIAN SCHOOL



PERSONAL DATA AND EMERGENCY INFORMATION FORM

Full Name of Pupil: _____ Grade: _____ DOB: _____
Last First Middle

Address: _____ Medication Allergies: _____

City/State: _____ Zip Code: _____ Environmental Allergies: _____

Home Phone: () _____

Wears glasses? Yes ___ No ___ Wears Contacts? Yes ___ No ___ Asthma? Yes _____ No _____

Other Prosthetic Devices? If yes, please list: _____

Physician's Name: _____ Physician's Phone: _____

Preferred Hospital: _____ Hospital Phone: _____

Dentist Name: _____ Dentist Phone: _____

TO PARENT OR GUARDIAN: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information:

Mom's Name: _____ Dad's Name: _____

Home Address: _____

Work Phone: () _____ Cell: () _____ Work Phone: () _____ Cell: () _____

Mom's Employer: _____ Email: _____

Dad's Employer: _____ Email: _____

If you cannot be reached, please list persons authorized to pick up your child in case of emergency or illness. This person will only be contacted if neither the student's mom or dad can be reached at any of their provided telephone numbers. This person will be required to present proof of identification:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

In case of emergency and neither parent nor the two people listed above can be contacted, I give permission for my child to be transported via ambulance to whatever local hospital deemed necessary for treatment.

Parent/Guardian Signature: _____ Date: _____

Does your child currently have any of the following conditions?

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Medication Allergies |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Reactive Airway Disease (RAD) |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Congenital Heart Problem | <input type="checkbox"/> Hives | |

Has your child ever been diagnosed with or treated for any of the above listed health problems? If so, please list:

Please list any other diseases, illnesses or problems which apply to your child not already mentioned above:

Does your child take any over-the-counter or prescription medications on a regular, daily, as-needed, or seasonal basis? If so, please list (include pills, tablets, capsules, liquids, inhalers, nebulizers, nasal sprays and injections; whether taken at home or at school:

NOTE: CCS does not provide voluntary medical insurance coverage for students. Should a student become injured on the premises or during a school-sponsored event, the student's family insurance is the primary carrier.

EMERGENCY INFORMATION AND TREATMENT RELEASE FORM

TO PARENT(S) OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed.

I, the undersigned, do hereby authorize staff of Calvary Christian School to contact directly the persons named on this PERSONAL DATA FORM and do authorize medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further authorize staff of Calvary Christian School to release any medical information they deem necessary to the care of my child by medical personnel in the event of an emergency.

In the event parents or guardians named on this PERSONAL DATA FORM cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

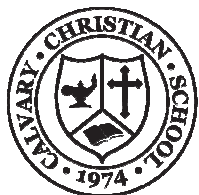
I will not hold Calvary Christian School financially responsible for emergency care and/or transportation for said child.

Student Name: _____

Grade: _____

Signature of Parent or Guardian

Date

**B**

CALVARY CHRISTIAN SCHOOL PERMISSION TO ADMINISTER MEDICATION

Student Name: _____ Grade: _____ School Year: _____

Birthdate: _____ Age: _____ Allergies to Medication? _____ Yes _____ No

If yes, please list _____ Epi-Pen? _____ Asthma? _____

Medication Name (CHECK below all medications which you give us permission to administer to your child)	Medication Form	As needed, as recommended on package for age, for symptoms of: (CHECK all that apply)
Acetaminophen (Generic for Tylenol)	Liquid or tablets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Ibuprofen (Generic for Advil or Motrin)	Liquid, tablets, or caplets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Guaifenesin & Dextromethorphan (Generic for Robitussin DM)	Liquid	Cough
Diphenhydramine HCl (Generic for Benadryl)	Liquid, capsule, or caplets	Allergic reaction, hives, itching rash, sneezing, or other allergy symptoms
Pseudoephedrine HCl (Generic for Sudafed)	Liquid, tablets, or caplets	Nasal and/or sinus congestion, sinusitis, hay fever, or other upper respiratory allergies
Cough Drops (Any over the counter brand)	Cough drop	Cough, sore or irritated throat
Calcium Carbonate Antacid (Generic for Tums)	Chewable tablets	Upset stomach, indigestion, or heartburn
Hydrocortisone Cream (0.5% - 1% Anti-itch cream)	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation
Calamine/Caladryl Lotion	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation

In signing this form, I acknowledge that I give permission for the above prescription and/or over the counter medications to be administered to my child as indicated; I further acknowledge that I release Calvary Christian School and its staff members/employees from any liability of any nature that might result from the administration of medication to my student.

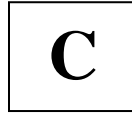
If a student comes to the nurse's office three consecutive days requesting the same medication, a phone call will be placed to the parent/guardian before any medication is given.

Signature of Parent or Guardian: _____

Date: _____



Calvary Christian School
5955 Taylor Mill Road
Covington, KY 41015



Information for Individual Background Check

If you will be volunteering at CCS or participating as a chaperone on school trips, you must fill out the information below and **check which payment type you prefer.**

Information on individual whose record is being checked (please print clearly):

Social Security # _____

Name: _____

Date of Birth: _____

Maiden or Alias Names: _____

Street Address/P.O. Box: _____

City, State, ZIP: _____

E-mail Address: _____

I hereby give Calvary Christian School of Covington, Kentucky, permission to use the previous information.

Signature

Date

Bill my FACTS account the \$10 fee. If a relative, what family should be billed?

Check/cash is attached for \$10 fee. Check Number _____

I am a coach or bus driver. (No cost)

CCS Staff Member. (No cost)



Calvary Christian School

Computer/Mobile Device/Internet Permissible Use Policy

(Grades K5-4)

Student Name: _____

Grade: _____

Calvary Christian School believes that the Internet has much to offer with its wide variety of resources. Access to the Internet provides a wealth of information resources, research opportunities, communication services and international exposure in ways that would be otherwise unavailable.

Because there is such a wealth of information available on the Internet, material not considered to be of educational value is also available. Some material may contain items that are inaccurate, offensive, satanic or illegal. We have taken precautions to limit access to such materials through the use of Internet filters. It is, however, impossible to control all access to such information and a user may find such material either deliberately or by accident. We believe, however, the benefits to students from on-line access outweigh the possibility that a user may obtain material inappropriate for an educational setting.

We desire that this resource be used in a manner that ensures the continued smooth operation of our computer network and that it will fit into our overall goals and objectives for students at CCS. The Internet user is held responsible for his/her actions when on-line. All users, therefore, must abide by the guidelines as outlined in this policy. If a user violates these guidelines, further access to the Internet and/or use of computers at CCS may be denied. Additional discipline may be administered in accordance with the Parent/Student Handbook.

Guidelines:

- A. Access is a privilege, not a right. This privilege requires consideration and responsibility on the part of the user. Inappropriate use will result in suspension or cancellation of computer privileges. The school administration and system administrator will determine what is inappropriate. The administration, faculty or staff may request that the system administrator deny a specific user access. This applies to school computer equipment and personal computer equipment used at school.
- B. Internet access will be permitted only for those who are authorized to use the system and only for an authorized purpose.
- C. Students are expected to use good behavior, proper etiquette and act responsibly, politely and ethically as they use the Internet.
- D. Users are not permitted to use the school computer resources for commercial purposes, product advertising, political campaigning or lobbying.
- E. Network users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive or illegal material.
- F. Physical or electronic tampering with computer equipment is not permitted. This includes, but is not limited to, deliberate changing of settings, activating screen savers, installation of unauthorized software, vandalism, "hacking" or other disruption in the operation of the computer or network. Users shall be responsible for damages to equipment, systems and software from deliberate acts. Any and all costs incurred by CCS for repairs, and/or replacement of software, hardware, and data files shall be the responsibility of the user who created the problem.

- G. Users must not violate copyright laws in the use, installation, distribution, duplication or modification of copyrighted material. Plagiarism will not be tolerated.
- H. Internet users will in no wise use the network for financial gain or carry out financial transactions of any kind.
- I. If a user discovers a security problem in the school’s computer network, he or she will notify the system administrator. They will not demonstrate the problem to others. Users shall not attempt to “hack” the computer system.
- J. Users must not use another’s account or password nor reveal passwords to others. A user must not attempt to impersonate another person nor use the network to disrupt the work of others or use others’ folders, work, data or files.
- K. Students shall not use a computer logged in under another student’s name. Users are not to use a computer logged in under a teacher’s name.
- L. Users are not to post notes to newsgroups or bulletin boards nor enter any chat rooms. Internet users shall not reveal addresses, phone numbers or other personal information to others on the Internet. Students are not to access social media sites such as Facebook, Twitter, etc., without teacher permission. Devices should be used for “school-related purposes.”
- M. Information retrieved by a user is that person’s responsibility and at his own risk. Calvary Christian School assumes no liability for the accuracy of any information from the Internet. CCS is not responsible for the loss of data, delays, lack of delivery of information or service interruptions. Although every effort will be made to insure a reliable connection, there may be times when the Internet service is “down” or unavailable.
- N. Students may not download files from the Internet nor upload to/through the school network unless granted permission from a faculty member. Any such files must be checked by a virus scan.
- O. Users shall realize that communications over the network are not guaranteed to be private. System administrators may review files, messages, or data to insure that the system is being used responsibly. Messages supporting illegal activities may be reported to the authorities.
- P. Users shall not load unauthorized games, programs, files or any other media on any school computer system. The computers at CCS are educational tools and are not to be used for one’s personal recreation.
- Q. Posting of pictures or videos of students, faculty, or staff without their permission, is strictly forbidden.
- R. Use of personal computers, phones, iPads, etc. are subject to the same above policies when being utilized during CCS hours. Permission for use of these items is managed by the CCS administration and teachers. Teachers maintain final authority for the educational use of technology in their classroom.

Any violations of the above guidelines may result in loss of computer access, as well as other disciplinary or legal action that is consistent with and in accordance with the Parent/Student Handbook. Your signature below signifies your agreement to comply with this policy.

Student Signature

Date

Parent Signature

Date



E

Student Driver Identification

(\$10 fee each year for a parking pass)

Driver's Information

Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Work Phone: _____

Car Information

1. Make: _____ Model: _____

Year: _____ Color: _____ License Plate # _____

2. Make: _____ Model: _____

Year: _____ Color: _____ License Plate # _____

Insurance Information

Policy #: _____ Policy Expiration Date: _____

As a student in good standing I understand that it is a privilege to drive a vehicle to school and park it on the school's property. I have proof of current auto insurance and I will commit to driving with the utmost regard for the safety of others. I will obey all traffic signs and other school administrative driving directives. I also understand that my driving privilege can be suspended if I violate any of these guidelines in principle and/or spirit.

Student's Signature

Date

Parent's Signature

Date

6/2017

For Office Use Only:

\$10.00 Fee paid: _____ Date: _____ Permit Number: _____



VOLUNTEER AT CCS

I

One of the major factors of Calvary's success is our incredible parental involvement/support!

Please list the school events you would like to help with this year and submit with your Orientation forms.

Remember to complete your Volunteer Background Form (\$10.00) with the Orientation Day Forms

Thank you so much for supporting the ministry of Calvary Christian School!

Volunteer in CCS Departments:

LIBRARY LUNCHROOM NURSE'S OFFICE T.R.I.P. OFFICE
 ATHLETICS BUS DRIVER OFFICE HELP MAINTENANCE

Volunteer at PTCA Events:

CHRISTMAS BOUTIQUE—Thursday & Friday, December 7th & 8th
 CANDY GRAMS—Wednesday, February 14th
 SCRAPBOOKING DAY/COUGAR CROP—Friday/Saturday, March 2nd & 3rd
 COLLECT: Box Tops, Campbell's Labels, Tyson A+ and My Coke Rewards (work from home)

Volunteer at School Events:

GRANDPARENTS' DAY—Friday, October 6th—8:15-10:30 am
 VETERANS DAY CELEBRATION—Friday, November 10th—9:30-11:00 am
 COUGAR FUN RUN— March 20-29
 HS MUSICAL—Parent Promotional/Advertising Committee, March 2017
 ALL PRO DADS REFRESHMENTS (grades 4-8) - one Friday per month

Name of Volunteer: _____ Primary Phone: _____

Email: _____

Relationship to CCS: Parent Grandparent Relative Alumni Friend



CCS PRIVATE MUSIC LESSON REGISTRATION REQUEST

I desire to have _____, who is in grade _____, teacher _____, enrolled for private music lessons for the school year. The cost will be \$15.00 per piano lesson, and \$17.50 per voice or instrument lesson. I will pay the appropriate fee billed to me through FACTS or given to the teacher (payable to CCS) as requested by the teacher. I would prefer, if schedule permits, to have the lessons: (Check all that apply)

_____ During school _____ After school _____ Available during blocks ___ or ___ (7-12 only)
_____ Voice _____ Piano _____ Instrument (which one _____)

Comments: _____

Signature of Parent/Guardian: _____

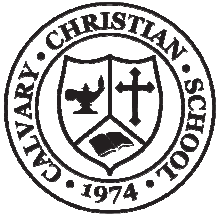
Date: _____ Phone: _____ Email: _____

****Return upper portion to the CCS office****

****Keep lower portion for your records****

MUSIC LESSON POLICY

1. PAYMENT: Lesson fees will be billed to your FACTS account or collected by the teacher depending on the regularity of the lessons. All are payable to CCS.
2. LESSON TIME: The instructor will contact you to schedule a time after consulting with your teachers.
3. EXCUSED ABSENCES: Due to sickness by student or teacher, injury, field trips, special school activities, or vacation. Please contact the teacher 24 hours in advance, if at all possible. Excused if CCS administration cancels school.
4. UNEXCUSED ABSENCES: Forgetting lesson, lack of practice, last minute cancellations except emergencies, will be unexcused and the lesson possibly forfeited and no refund given.



Calvary Christian School

5955 Taylor Mill Road
Covington, KY 41015

K

PHOTOGRAPH PERMISSION FORM 2018-2019

During the school year, Calvary Christian School and media representatives may want to interview, photograph, or videotape your child(ren) for use in publications, television reports, school website pages, social media, and public presentations or live stream of school events. The pictures may be of groups of students or individuals, and the students' name may be used.

NOTE: *CCS is not responsible for pictures posted by parents on social media!*

Please complete the section below and return the form to the office.

_____ I give permission for my child to be photographed, interviewed and permission to have my child's name used.

_____ I give permission for my child to be on live stream video during school events.

_____ I **do not** give permission for my child to be photographed, to be on live stream video during events, or interviewed and I do not want my child's name used on any publications. (**Please attach a picture of your child to this form.**)

Note: *This does not include yearbook.*

Student's Name (Print)

Teacher/Grade

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

BANQUET DRESS GUIDELINES

All students attending any CCS banquet are expected to adhere to the following dress guidelines. *This also applies to any person attending a CCS banquet with a CCS student.*

ALL YOUNG MEN are expected to wear a jacket and tie, a jacket and band-collar shirt, or a tuxedo, as is appropriate for formal or semi-formal events. Jeans and other casual wear are not appropriate, (No jacket is required for Homecoming.)

ALL YOUNG LADIES are permitted to wear dressy pantsuits or dresses that meet the following criteria:

1. The neckline may not reveal any cleavage or any part of the cleavage area, which includes the underarm all the way across to the other underarm (cannot cut in at the arms to expose any breast area).
2. The back of the dress should not be lower than where a *regular* bra lies.
3. The hem of the dress must come below the kneecap; the dress, all the way to the hem, must not be see-through.
4. Any part of the body of the dress, including the straps of the dress may not be see-through, whether transparent, translucent, loosely knit or clear (straps). The dress must have at least one strap – no strapless dresses are permitted.
5. There may be no cutout sections in the body of the dress.
6. The dress should fit comfortably; it should not be too tight (no undergarments should be able to be seen through the dress and the dress should not “ride up” as you walk).

***NOTE:** For THEMED EVENTS, students may dress in appropriately themed attire, but all clothing must still be within the above CCS Dress Guidelines. If you choose not to “theme dress”, follow the guidelines above for your attire.

The CCS administration reserves the right to make final decisions on the appropriateness of attire. *It is always appropriate and highly recommended to bring in your attire for pre-approval to avoid disciplinary action.*

I have read and agree to abide by all of the above Banquet Dress Guidelines. I understand that if I fail to comply with any of the guidelines, I will receive disciplinary action as stated below. I also understand that the guidelines apply to any non-CCS student(s). A CCS student bringing someone from outside the school who fails to comply with the dress code guidelines, that CCS student will receive the disciplinary action. This form is valid for all special events/banquets throughout the school year.

Student Signature

Print Name

Date

Grade

Parent Signature

Print Name

Date

****If you are taking someone that does not attend CCS, you MUST get a *Banquet Guest Attendance form* from the office for your guest to have filled out by his/her school principal. They will not be able to attend our event unless the form is turned in to CCS one week prior to each event.**

DISCIPLINARY ACTION FOR DRESS CODE VIOLATIONS FOR ALL BANQUETS: 8 DEMERITS*

(Disciplinary Action may be dealt with on a case by case basis. Administration reserves the right to assign disciplinary as they determine necessary.)