



STUDENT APPLICATION  
Enrollment Form for the  
Academic Year  
2018 – 2019

Missionary Christian School admits students from K5 to 8<sup>th</sup> grades without regard to race, color, national, or ethnic origin.

Missionary Christian School  
A Ministry of  
Iglesia Misionera A.D., Inc.  
10651 Anderson Road  
Tampa, Florida 33624  
Office (813) 964-8500  
Fax (813) 964-5206

Missionary Christian School  
10651 Anderson Road  
Tampa, Florida 33624  
Ph. (813) 964-8500  
Fax (813) 964-5206

Dear Parents,

Thank you for taking time to enroll your child for the 2018 – 2019 school year at Missionary Christian School. We are always delighted to hear about new families who understand the importance of giving their children an education based on the Word of God.

Missionary Christian School is committed to assisting Christian families in fulfilling their Biblical responsibility to educate their children in the light of the Bible. A complete kindergarten and elementary curriculum purposely from ABEKA provides excellence in academics through a Christian perspective. MCS seeks to provide students with a solid foundation upon which they can develop their abilities, build successful and productive lives, and make a positive difference in the world

Please complete the attached Student Application in its entirety and return it to the school office prior to completing the enrollment process. Please make sure all requested documents are being submitted, and that all required signatures are signed; no spaces will be reserved until all documents reviewed and approved by the administrator. Students will not be accepted without a complete file.

If you have any questions regarding MCS or the application process, please call the school office. Once again, we thank you for your interest.

Evelyn Javier  
Administrator

Missionary Christian School  
10651 Anderson Road  
Tampa, Florida 33624  
Ph. (813) 964-8500  
Fax (813) 964-5206

Information Requirements for Enrollment:

Missionary Christian School follows the State guidelines, which require certain immunizations for entrance and attendance to school. A current record of these immunizations must be presented to the school office when your child is enrolled in school no later than the first day of school or your child will be excluded from school until the immunization record is on file:

Award Letter from Scholarship Institution (If applicable)

Student Application

Registration Fee (If not covered by scholarship)

Book Fee (If not covered by scholarship)

Birth Certificate

Student's SS#

Parent's ID Card

Medical ID Card

Shot Record

- 4 DPT (5 if 4th was received before age 4)
- 3 Polio (4 if 3rd was received before age 4)
- 2 MMR (1 for K3, K4)
- 3 Hepatitis B (K5, if not completed previously)

Physical Record to include Scoliosis or Postural Assessment (Children 6 years old and older)

Transcripts - grades from previous school

A Zero balance letter from previous private school (if applicable)

See attached enrollment form for the year. It is important that at the time of registration all pages of the application are filled out completely, signed and dated. The page for Medical Authorization Form must be notarized, please don't date or sign unless in the presence of a notary. Also make sure you have all required documentation, which we must have to save your child a seat in the classroom.

For the scholarship applications, please visit: [www.stepupforstudents.org](http://www.stepupforstudents.org) and [www.aaascholarships.org](http://www.aaascholarships.org).



# Missionary Christian School

10651 Anderson Road, Tampa, FL 33624

Phone: 813-964-8500, Fax: 813-964-5206

**OFFICE USE ONLY:** Date Received \_\_\_\_\_

Reg. Fee \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Returning \_\_\_\_\_ Sibling \_\_\_\_\_ New \_\_\_\_\_

\_\_\_\_\_ Physical Record \_\_\_\_\_ Last Report Card

\_\_\_\_\_ Shot/Vaccines Record \_\_\_\_\_ FCAT or Testing

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Entrance Exam

\_\_\_\_\_ Zero balance \_\_\_\_\_ Interview

\_\_\_\_\_ Transcripts

Student # \_\_\_\_\_ Accepted \_\_\_\_\_

Payment Plan: \_\_\_\_\_ Cash \_\_\_\_\_ CF

Extended Day: \_\_\_\_\_ Yes \_\_\_\_\_ No

Payment: \_\_\_\_\_

**Enrollment Application** \_\_\_\_\_ - \_\_\_\_\_

## STUDENT INFORMATION:

**Grade Entering** \_\_\_\_\_

*Missionary Christian School will admit students of any race, color, gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, gender as determined at birth, national and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletic, and other programs.*

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Prefers \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Enrolling Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (needed for the school to authorize emergency treatment)

For students entering Kindergarten, did your child participate in the VPK program last year?  No  Yes

If Yes, Where? \_\_\_\_\_

### Students live with the following adults:

Child lives with: [  ] Father [  ] Step-Father [  ] Mother [  ] Step-Mother [  ] Legal Guardian

Person Responsible for tuition: \_\_\_\_\_ Relationship \_\_\_\_\_

Name & address of Student's Previous School \_\_\_\_\_

Siblings' name, grades, and school(s) attending \_\_\_\_\_

### Parents:

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's E-mail (please print clearly): \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's E-mail (please print clearly): \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Address: \_\_\_\_\_

### SPIRITUAL INFORMATION

Name/Location of church your family attends: \_\_\_\_\_

**Contacts: List non-custodial parent below, unless you supply legal documentation denying contact.)**

**List two neighbors or relatives who will assume temporary care of your child if parents cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Authorized Person(s) to pick up child (first & last names): \_\_\_\_\_

**School Hours:** Kindergarten 8:00 am – 2:50 pm; 1<sup>st</sup> – 8<sup>th</sup> grades 8:00 am – 3:00 pm

**For New Students Only:** How did you hear about our school? \_\_\_\_\_

If you heard from a friend, please provide name: \_\_\_\_\_

Why do you want your child to come to this school? \_\_\_\_\_

**Mode of Transportation:**  Car  Public Bus/Transportation  Private Transportation Service  Walker

**PARENTAL CONSENT (must be signed at bottom of page)**

**EMERGENCY CARE AND PICK-UP PERMISSION**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements deemed necessary.

**CHILD ACCESSABILITY IN THE CASES OF DIVORCE AND ESTRANGEMENT** *Note: This is to include information regarding parental and non-spousal relationships (i.e., girlfriend/boyfriend of the child's parents).*

In order to prevent unauthorized visit or pick-up of my child at MCS by a spouse/former spouse/non-spousal parent who has been legally forbidden to do so, I understand that I must supply the MCS school office with all official, legal court documents (including, but no limited to, injunctions, restraining orders, etc.) stating the current disposition of parental/non-parental access to my child. I understand that all documents are to be submitted on or before the first day of the child's attendance at MCS. I understand that I am responsible to inform the MCS school office as soon as possible of current changes and updates regarding the status of all court orders (injunctions, restraining orders, etc.) should any such changes occur. (A copy of each official document will be made by the school office staff to be kept on file.)

**PERMISSION TO TRAVEL**

I hereby give my permission for my child to be transported by school-approved transportation to and from sponsored activities.

**SCHOOL HEALTH SERVICES**

I request that my child participate in any health appraisal activities conducted in school by a Public Health Nurse.

The activities may include screening for vision and hearing problems and Scoliosis (curvature of the spine). I understand that there is no charge for these services.

**STATEMENT OF NON-DISCRIMATORY POLICY**

I have been informed that Missionary Christian School admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

**STATEMENT OF FAITH** (See latest revised copy of "The Statement of Faith" and Message for fuller description and explanation.)

I have read the "Statement of Faith" printed below and subscribe to them. I am willing to have my child trained in accordance with "Statement of Faith."

1. We believe the Bible is the only infallible and authoritative Word of God.
2. We believe there is one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Spirit.
3. We believe in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal future return to this earth in power and glory.
4. We believe in the blessed hope which is the Rapture of the Church at Christ's coming.
5. We believe that the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
6. We believe in the redemptive work of Christ on the cross provides healing of the human body, in answer to believing in Prayer.
7. We believe that the Baptism of the Holy Spirit is available to all believers (Acts 2:4).
8. We believe in the sanctifying power of the Holy Spirit by who's indwelling the Christian is enabled to live a holy life.
9. We believe in the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation.

**MCS ENROLLMENT AGREEMENT** I have read the MCS Enrollment Agreement 2018-2019 inserted as page 3 of this application; I understand that my attendance at Missionary Christian School is a privilege. I pledge that will abide by all policies and rules set forth by the school. I will always strive to exhibit Christian character. I do understand that I may be asked to withdraw from the school at any time if/when my conduct, academics, or life style inside/outside the school is such that it brings shame and reproach on Missionary Christian School and the cause of Jesus Christ.

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

Parent's Signature of Consent (or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

# MISSIONARY CHRISTIAN SCHOOL FINANCIAL AGREEMENT

Missionary Christian School operates on a very carefully controlled budget. An integral part of maintaining that budget is the timely receipt of all registration, tuition, before and after school care, lunch and other fees from the parents of enrolled students. In order to accomplish this goal, the MCS board has adopted the following tuition payment policy. This policy will be strictly adhered to by the school staff and parents. **All monthly tuition payments are made by the 5<sup>th</sup> of each month.**

REGISTRATION - FINANCIAL INFORMATION:

Registration                      This fee is **due with the application for enrollment** and it is **nonrefundable** unless the school is unable to enroll the student. **Parents may have their child's registration fees covered by the scholarship.**  
 K5 – 5<sup>th</sup>                      \$200  
 6<sup>th</sup> – 8<sup>th</sup>                      \$250                      **If you withdraw before the last day of school, you will be required to pay the registration fee in full before withdrawal is complete.**

Books                      \$300                      **Due by June 30<sup>th</sup>.** This **non-refundable** fee covers school-owned and consumable textbooks. **A \$25.00 late fee will be assessed if book fees are not paid on before June 30. Parents may have their child's book fees covered by the scholarship. If you withdraw before the last day of school, you will be required to pay the Book fees in full before withdrawal is complete.**

**Tuition** Please call the school for information: Tuition must be current for a student to attend the first day of class. The tuition is required in full for the month in which a student withdraws from Missionary Christian School.

                     *(Initials) Extended Care Program – (If applicable):* I will meet all financial obligations when due and realize that failing to meet the financial obligation/meet the balance, my child may not be eligible to continue in the Extended Care Program and in school.

This policy will be strictly enforced to avoid any serious delinquent account problems for the parents of the school. By enrolling your child in Missionary Christian School (MCS), you are committing yourself to making all of the required payments in a timely matter. Please note: Should a student be withdrawn from MCS for any reason, the full tuition to the end of the month is required.

**PARENT OR RESPONSIBLE PARTY**

First Name	Last Name	Spouse First Name	Last Name
Billing Address – Street		City	State
Daytime Phone	Email Address	Driver's License Number	
		Zip Code	

**STUDENT INFORMATION- *Oldest to Youngest***

First Name	Middle Initial	Last Name	Grade Entering	Tuition
				Cash Tuition /Scholarship
				TOTAL

**PAYMENT INFORMATION – Choose ONE of the following:**

FOR OFFICE USE ONLY

<input type="checkbox"/> <b>PLAN:</b> 10 Tuition Payments	Payment Dates: Monthly Payment due by the 1 <sup>st</sup>	Cash Tuition / Scholarship _____ Initials: _____	Monthly Payment Amount: _____ Initials: _____
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**All returned checks will be assessed a \$35.00 overdraft fee and a \$30.00 late Fee.**

**I HAVE READ AND ACCEPT THE ABOVE TERMS:**

*(Both parents must sign, if child is not living with either parent, the legal guardian is required to sign).*

FATHER'S SIGNATURE	MOTHER'S SIGNATURE	DATE
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# **PARENT/GUARDIAN STATEMENT OF SUPPORT**

We realize that **MISSIONARY CHRISTIAN SCHOOL** is a ministry of Iglesia Misionera A.D. and that it is providing the best possible spiritual, academic and social preparation for our child. We understand that attendance at Missionary Christian School is a privilege, and we pledge to agreeably abide by all policies and rules set forth by the school and summarized in the Parent-Student Handbook.

Please read the following statements. If there are any statements you cannot personally support, please initial it and discuss it with us in a personal interview. Generally, your honest inability to commit to any of these support measures would not necessarily prohibit acceptance into Missionary Christian School; however, we want you to know from the start, the foundational premises of MCS, our parental expectations, and how important it is to have your personal support.

1. We have read the "Statement of Faith" of the School and are willing to have our child educated in accordance with them.
2. We will regularly and earnestly pray for Missionary Christian School.
3. We will worship the Lord regularly at a Bible-believing church.
4. We will fully cooperate in the educational activities of Missionary Christian School by doing our best to make Christian education effective in the lives of our children.
5. We will require our children to support the spiritual activities of the school (Chapel, Bible classes, Scripture memory, etc.)
6. The school has full discretion in the discipline of our children in accordance with the "dress code policy" and the "discipline policy" as published.
7. The school reserves the right to expel any student when either the parents/guardians or the student does not cooperate with the policies of the school.
8. We realize that transcripts and student records will not be forwarded if tuition or other fees are not paid in full. In addition, report cards will not be sent home at the end of any grading period in which the account is not up to date.
9. We will seek to support and advance Missionary Christian School in every area possible-spiritually, academically, physically, and financially.
10. Failure to disclose information about my child, but not limited to, disciplinary and academic issues, may result in my application being revoked.

We agree to cooperate with school personnel in a positive and supportive manner concerning the operation of the ministry and the implementation of the education programs. We agree to apply the principles of Matthew 18:15-17 in resolving any questions or matters of disagreement (Matthew 18 requires direct communication with the persons involved as opposed to general discussions or gossip with other parents or teachers who are not directly involved in the matter). If for some reason we become dissatisfied, we promise to handle the matter as privately and lovingly as possible. If support or resolution cannot be reached, we recognize it is our responsibility to leave and seek another school in alignment with our personal convictions.

We give permission to use our child's picture in school brochures, videos, or other promotional publications.

This is to be signed on each application each year.

I have read the Parent-Student Handbook and agree to support the school by requiring my student(s) to obey all school policies and requirements. I will take time to read the handbook to ensure that both my student(s) and I understand our responsibilities as student(s) and parent(s). I agree to work diligently with MCS staff and faculty to resolve any areas of concern that I may have during the school year. I agree that I will follow the Matthew 18 principle to resolve any areas of conflict. I also agree to pay my tuition and any other fees in a timely manner as outlined on the financial information sheet and handbook.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

*BOTH SIGNATURES ARE REQUIRED*

*(If child is not living with either parent, the legal guardian is required to sign)*





**Missionary Christian School**

10651 Anderson Road  
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**School- Student- Parent Contract**

Missionary Christian School is a partnership between parents, students, teachers, and staff to provide the best possible education for our students. In order to achieve our ambitious goals, we must all make a commitment to working together.

**Pledge by the student:**

I promise to work very hard, probably harder than ever before, to achieve my personal and spiritual best. I understand that my education is important, and I will try to make the most of every opportunity I have to learn. I will arrive on time and in complete uniform. I understand Missionary Christian School’s handbook rules and values, and I will try to live up to them every day.

**Reach Values**

**R:** I will Respect my classmates, teachers, my school property, and myself. My teachers hold the keys to my future; I will always treat them with special respect. I will jump to it when they ask me to do something. I also know that my classmates are my teammates; I will never put them down or let them down.

**E:** I will approach learning with Enthusiasm. I will do things with a positive attitude.

**A:** I will aim for Achievement in every subject by producing top quality work. I will complete my homework every night, including my required reading.

**C:** I will demonstrate good Citizenship. I will look for the opportunities to help my classmates, my school, and my city.

**H:** I will always practice Hard Work when I approach a task. I will come to class prepared, focused, and ready to learn. I will give every task my very best.

I understand that Missionary Christian School’s standards for academics and behavior are very high and that there will be consequences if I do not live up to the school’s handbook standards as well as the REACH values. If I fail to honor any one of the standards and or values, I will take responsibility for my actions, try to learn from my mistake and will work to improve my behavior. I know that I must always work to be a better student, a better citizen, and a better person.

Parent Signature (kinder-2<sup>nd</sup> gr.): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (3<sup>rd</sup>. – 12<sup>th</sup>): \_\_\_\_\_ Date: \_\_\_\_\_

Students must sign this form in grades 3<sup>rd</sup> – 8<sup>th</sup> grade. Pre-School through 2<sup>nd</sup> grade parents should read the information to their child and sign.



# **Missionary Christian School**

## **Internet Acceptable Use Policy and Release Form**

The Internet is an interconnected network of computers that links people and institutions around the world. Access to the Internet, also known as “The Information Superhighway” can be of enormous benefit to students, because it allows them to:

- Develop skill and competence in the use of electronic technology
- Obtain global resources
- Become discriminating information consumers

However, there are drawbacks. Because of the global nature of the Internet, millions of on-line sites are easily accessible. Some of these sites may include materials that are offensive or inappropriate in an educational setting. Therefore, students need to assume responsibility for their actions on-line, just as they do in the classroom, home, and community.

The following statements serve to define and delineate the responsibilities of students who access or transmit information through the internet:

1. Students’ access to the electronic network known as the Internet is a privilege, not a right. This privilege may be revoked at any time for violation(s) of the Acceptable Use Policy. School disciplinary and legal action may be taken as deemed necessary.
2. A parent or guardian can request annually that his/her child have or not have individual access to the internet.
3. It is understood that the administrator may review student files and communications at any time in order to maintain system integrity and ensure that users are behaving responsibly.  
\*\*\* Users should not expect that files stored on district servers will always be private. \*\*\*
4. Only those students with prior instruction shall be authorized to use the Internet. Upon completion of such instruction, students will be eligible to sign the Acceptable Use Policy. It is understood that parental permission is also required before access will be allowed.
5. Students specifically agree to avoid: divulging passwords, trespassing into individual or network files, or failing to report known security problems; the transmission of abusive, harassing, offensive or obscene language, messages, pictures, or files, or knowingly accessing sites known to be inappropriate with respect to content, vandalism, including harm to data, accounts, systems, networks, hardware, etc., through deliberate physical action, the introduction of viruses, or the downloading of excessively large or dangerous files.

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

# Missionary Christian School

10651 Anderson Road, Tampa, FL 33624 Tel: 813-964-8500 Fax: 813-964-5206

## MEDICAL INFORMATION

20\_\_\_\_ - 20\_\_\_\_

Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Entering Grade \_\_\_\_\_

1. Check if the student has had any of the following. Give dates of any positive answer.

<input type="checkbox"/> Polio	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> German Measles
<input type="checkbox"/> Fractures	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Other
<input type="checkbox"/> Malaria	<input type="checkbox"/> Concussion/Head Injury		<input type="checkbox"/> Kidney Infection

Explanations: \_\_\_\_\_

2. Check if the student has had any of the following. Please explain any positive answers.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Abdominal Pains	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Constipation
<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Hearing Loss/Defect	<input type="checkbox"/> Bladder Problem	<input type="checkbox"/> Glasses
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Hernia	

Explanations: \_\_\_\_\_

3. Is the student on any medications:  Yes  No

Specify: \_\_\_\_\_

4. Does your child have any physical limitations which might require some adjustment to a normal student activity schedule?  Yes  No

If yes, please describe \_\_\_\_\_

5. Has your child had any operations?  Yes  No

If yes, please describe \_\_\_\_\_

6. Does your child have any allergies?  Yes  No

If yes, please describe \_\_\_\_\_

7. Has your child ever been treated for any nervous, mental, or emotional disorder?  Yes  No

If yes, When and how long a period \_\_\_\_\_

8. Is there any other medical information about your child that you think we should have?

\_\_\_\_\_

# FAMILY MEDICAL AUTHORIZATION

## STUDENT(S) INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Age \_\_\_\_\_ Birthday \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Father Name \_\_\_\_\_ Wk. Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Mother Name \_\_\_\_\_ **Wk Phone** \_\_\_\_\_ Cell \_\_\_\_\_

## MEDICAL INFORMATION

Daily Medications \_\_\_\_\_  
Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Doctor to be called \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Dentist to be called \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Hospital Preferred \_\_\_\_\_

### LIST TWO PERSONS TO CONTACT IF PARENTS CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number (s) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number (s) \_\_\_\_\_

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IN THE EVENT OF AN EMERGENCY WE WILL ACCESS THE 911 EMERGENCY SYSTEMS.  
IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD,  
PLEASE SIGN THE FOLLOWING STATEMENTS:

#### **PERMISSION TO TRANSPORT STATEMENT**

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes of this information. \_\_\_\_\_

#### **PERMISSION TO TREAT STATEMENT**

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. \_\_\_\_\_

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

#### **MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of (month) \_\_\_\_\_ (year) \_\_\_\_\_ by \_\_\_\_\_ (name of the person named above), who I personally know or who has produced \_\_\_\_\_ (type of ID) as identification

\_\_\_\_\_  
Notary Seal