



East Dayton Christian School - *Equipping for Leadership & Service*

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**NEW ENROLLMENT CHECKLIST K-12 2023-2024**

***Return this Checklist, Completed Forms and \$125 Registration Fee to the school office.***

**NEW STUDENT:**

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

**STEP 1**

- ☐ Registration Fee(non-refundable) **\$125** Receipt# \_\_\_\_\_
- ☐ Student Information Form
- ☐ Parent Information Form
- ☐ Financial Form
- ☐ Up-to-date Custody Verification Papers Included (if applicable)
- ☐ Completed Adoption Papers Included (if applicable)
- ☐ Records Release Form ( \_ Form submitted \_Records received)
- ☐ Student Recommendation Form
- ☐ Copy of ETR, IEP or 504 (if applicable) Reviewed by \_\_\_\_\_
- ☐ Copy of Official Stamped Birth Certificate (*all 4 corners of the certificate must be visible*)
- ☐ Student Medical Exam/Immunization Record (**Due Aug. 1st**) Must have to attend school.
- ☐ Medical Forms (EMA & Health History Form)
- ☐ Conflict Resolution
- ☐ Handbook Agreement
- ☐ Partnership Agreement
- ☐ Kindergarten Supply Fee (if applicable)
- ☐ K-6 Daycare Forms (if applicable)

**For all families applying for a state tuition voucher:**

***If you are applying for the Ohio EdChoice Scholarship (voucher), Please check one:***

- ☐ I am a new applicant
- ☐ I am a renewal

Step 1: Approved by \_\_\_\_\_

**STEP 2**

- ☐ Admissions Testing Scheduled (*Date* \_\_\_\_\_)
- ☐ Admissions Testing Completed
- ☐ Testing Results: Pass/Fail
- ☐ Parent/Guardian Notified
- ☐ EdChoice Application submitted & verified

Step 2: Approved by \_\_\_\_\_

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**Office Use Only - Name & Grade of student given to:**

Principal	Food Service
IT Director	Attendance/EdChoice



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## 2023-2024 APPLICATION FOR ADMISSION

**Please refer to the notes below before filling out the pre-application and other forms.**

**Please be advised:**

- Students who have and/or had a pending case in the juvenile/adult court system due to legal offenses must first submit documentation for administrative review prior to submitting an application.
  - If your child is currently receiving special education or intervention services, documentation (ETR and any IEP/504 or School Accommodation Plans) must accompany the application.  
*Feel free to email the documentation to [edcs@eastdaytonchristian.org](mailto:edcs@eastdaytonchristian.org). Make sure to include your name and the student's name listed on the application.*
  - The application is not considered complete until all official documentation from the previous school has been received.
  - Visible body piercings and/or tattoos are not allowed at EDCS.
  - Parents/Guardians need to read the Parent-Student Handbook in order to sign the statement of cooperation that is on the back of the student information page. The handbook is located at [www.eastdaytonchristian.org](http://www.eastdaytonchristian.org) under the parent portal on the homepage.
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**STUDENT INFORMATION FORM**

Grade to Enter 2023-24 \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

Last

First

Middle

Preferred Name \_\_\_\_\_

Biological sex:    Male    Female

Student Address: \_\_\_\_\_  
Street City State Zip

Primary phone number \_\_\_\_\_

Ethnicity:

African-American

Asian Hispanic/Latino American

Indian/Alaska Native

Caucasian

Muliracial

Native Hawaiiin/Pacific Islander

Other

Current School Attending: \_\_\_\_\_

Public school assignment in your school district: \_\_\_\_\_

Has the student been retained, suspended, expelled, or asked to withdraw?    Yes    No

If so, what grade? Please explain: \_\_\_\_\_

Has your child ever been a student at EDCS, including preschool? \_\_\_\_\_ When? \_\_\_\_\_

Name and grades of siblings attending our school: \_\_\_\_\_

How did you hear about East Dayton Christian School? \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Does your child have any medical conditions or history of physical or emotional conditions which require professional attention?

Please explain: \_\_\_\_\_

**Emergency contacts:** (Please list full **name/relationship** to student and **best phone numbers** to call)

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*East Dayton Christian School does not discriminate on the basis of race, color, national and ethnic origin in admissions policies, scholarships, athletic and other school-administered programs. EDCS reserves the right to select students on the basis of academic performance, religious commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with EDCS administration and to abide by its policies. (Romans 2:11)*



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**SPECIAL EDUCATION/INTERVENTION SERVICES**

- Is your student currently receiving or ever received special education/intervention services?  
☐ Yes  
☐ No
  - Is your student presently receiving speech services?  
☐ Yes  
☐ No
  - Is your student currently on an IEP/504 Plan?  
☐ Yes - If yes, a copy of the ETR and IEP/504 must be included with this application for admission.  
☐ No - If no, have they been on a plan in the past?  
☐ Yes  
☐ No
- 

**EDCHOICE SCHOLARSHIP**

Student is applying for an EdChoice scholarship based on:

- ☐ School District
  - ☐ income-based
- 

**CUSTODY**

If custody has been awarded to one parent or is shared, a copy of that document must be included with this application.

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**STATEMENT OF COOPERATION**

In making an application for my child, it is my desire to have him complete the school year 20\_\_-20\_\_\_. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during school activities. I have read and agree to abide by the policies in the East Dayton Christian School parent/student handbook which includes, but is not limited to: EDCS Honor Code, Partnership Agreement, and Conflict Resolution. (The parent/student handbook is located at eastdaytonchristian.org under the parent portal on the homepage.)

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

Date\_\_\_\_\_

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

Date\_\_\_\_\_



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**PARENT INFORMATION FORM**

**Biological Father**

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Biological Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Marital Status:**

Married      Separated\*      Divorced\*      Single\*

*\*If custody has been awarded to one parent or is shared, a copy of that document must be included with this application.*

**Student Lives With:**

Both Parents      Mother Only      Father Only      Guardian  
Mother & Step-Father      Father & Step-Mother      Foster Parents      Other

**Non-residential/Non-custodial parent (if applicable)**

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Does non-residential/non-custodial parents have visitation rights?      Yes      No

Is non-residential/non-custodial parent responsible for tuition?      Yes      No



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**Step-Parent Information (*for those legally married/remarried*)**

Legal Step-Father's name \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Step-Mothers's name \_\_\_\_\_ Phone: \_\_\_\_\_

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*Updated 11/2022 sa*



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**FINANCIAL COMMITMENT FORM  
TUITION/FEES 2023-2024**

**K-12th**

New Student Non Refundable Registration Fee: \$125.00/student

Continuous Enrollment Fee (Returning Students): \$50.00 on/before 3/1/23

**Tuition Rates:** Yearly

K-8th Grade: \$5,500.00

High School: \$7,200.00

***Intervention Services are \$100.00 per month per subject***

**K-6th:** Before/After School DayCare Fees

Part Time \$15.00/day

Full Time \$150.00/month for 1 student

**Family Rate:** 2 students \$175.00/month

3 students \$200.00/month

4 students \$225.00/month

**Tuition Payment Options:** **check to select option**

\_\_\_ Monthly on FACTS 10 or 12 month plans June 2023 - May 2024

\_\_\_ Semi Annual Due 8/1 & 12/1 3% off

\_\_\_ Annual by 8/1 4% off

\_\_\_ Annual by 7/15 5% off

\_\_\_ I receive or am applying for Ohio Ed Choice

**If East Dayton Christian School's tuition is higher than the Ed Choice scholarship amount and the family does not qualify for low income status (at or below 450% of the federal poverty guideline), the family will have to pay the difference.**

***\*For any family withdrawing after March 1, 2023, 10% of gross annual tuition will be charged.***

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

Students Name(s) \_\_\_\_\_

**East Dayton Christian School does not offer tuition assistance scholarships.**



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## REQUEST FOR STUDENT RECORDS

**Please send appropriate records including:**

- ☐ Report Card, Transcripts
- ☐ Standardized test scores, end of course test scores, proficiency test scores
- ☐ Discipline records
- ☐ Attendance records
- ☐ Evaluation Team Report (ETR) and any IEP/504 Plan or School Accommodation plan (if applicable)
- ☐ Student Recommendation form for admissions
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ SSID #

**Send Student Records to:**

East Dayton Christian School Admissions  
999 Spinning Rd. Dayton, OH 45431  
Phone: 937-252-5400 Fax: 937-258-4099  
edcs@eastdaytonchristian.org

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***Fill in the required information, sign and submit this form with your application. Enrollment is considered incomplete without records.***

Student Name: \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City Zip

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ request that

Current School \_\_\_\_\_

Current School Address City State Zip

Provide copies of school record information to East Dayton Christian School for the school's admission process. The records should include copies of all school records including birth certificate, immunization records, standardized test scores, latest quarter grade report cards, attendance records, discipline records, IEP/ETR reports (if applicable) and End of Course Exam scores. These records will be used for consideration of admissions and appropriate education placement.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

*Parents/guardians may inspect the records transferred or received. Records transferred by authorization of this release will NOT be released to another person, out of district school, or agency other than the one listed above without written notification to the parent or guardian.*





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**STUDENT RECOMMENDATION**  
**FOR ADMISSION TO EAST DAYTON CHRISTIAN SCHOOL**  
**999 Spinning Rd., Dayton, OH 45431**

**INSTRUCTIONS TO PARENTS:** Please complete items 1-4, then give this form to your student's principal or other authorized officer at his/her school. Your signature releases records and other evaluative data to East Dayton Christian School. **Registration is not complete without this information.**

- (1) Student's Name \_\_\_\_\_
- (2) Applying to grade \_\_\_\_\_ (3) Date \_\_\_\_\_
- (4) Signature of Parent/Guardian \_\_\_\_\_
- 

**This section is to be completed by the student's school principal or other authorized officer. This form assists in screening new applicants. The information gathered may or may not be shared with the student's parents/guardians. Principal should return the form directly to East Dayton Christian School by mail or fax, 937-258-4099.**

Name of School \_\_\_\_\_

How many years did the student attend? \_\_\_\_\_ What grades? \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Principal's Name \_\_\_\_\_ *NOTE: If student has attended current school for less than 2 years, please include the student's previous school information including name, address, phone number, principal's name, years attended, grade levels and reason for transfer.*

**Please answer the following questions regarding the above named student:**

Does this student exhibit recurring disciplinary concerns? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

To your knowledge, does this student use illegal drugs, alcohol, and/or tobacco? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has this student ever been suspended? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has this student ever been expelled or asked to withdraw? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

Is this student frequently tardy to school and/or have frequent absences: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_



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Category	5	4	3	2	1	Rating
<b>Integrity</b>	<b>Exceptionally Upright</b>	<b>Noticeably Upright</b>	<b>Upright, no cause to question</b>	<b>Weak or questionable</b>	<b>Record of dishonesty</b>	
<b>Leadership &amp; Responsibility</b>	<b>Outstanding, top positions, contributes most</b>	<b>Commendable, top or next to top positions</b>	<b>Capable, minor positions</b>	<b>No sign or leadership or involvement</b>	<b>Record of irresponsibility</b>	
<b>Interest in Non-Academic Activities</b>	<b>Outstanding</b>	<b>Commendable, top or next to top positions</b>	<b>Active</b>	<b>Minor participation</b>	<b>No participation</b>	
<b>* Conduct</b>	<b>Outstanding in every aspect</b>	<b>Generally Excellent</b>	<b>Good or acceptable</b>	<b>Marginal</b>	<b>Poor or reprehensible</b>	
<b>* Respect for Authority</b>	<b>Works very well with those in authority</b>	<b>Works well with those in authority</b>	<b>Mild resistance to authority</b>	<b>Periodic rebelliousness to authority</b>	<b>Rebellious to authority</b>	
<b>Parental Support</b>	<b>Exceptional</b>	<b>Quite Good</b>	<b>Average</b>	<b>Sometimes Supportive</b>	<b>Often Unsupportive, critical of school</b>	
<b>Summary</b>	<b>Outstanding</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	

**\* These areas must be filled out by the person in charge of discipline.**

***For Private Schools:***

Does this student's family take care of their financial obligations to your school in a timely manner?

\_\_\_\_\_ yes \_\_\_\_\_ no If no, please explain: \_\_\_\_\_

Does this student receive an EdChoice Scholarship? \_\_\_\_\_ yes \_\_\_\_\_ no

***All Schools:***

Additional comments about this student: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Disclose Immunization Information

Name of Child\_\_\_\_\_

Date of Birth\_\_\_\_\_

I, \_\_\_\_\_, as the parent or guardian of the above named child, hereby authorize ( *Name of Provider[s]*):

\_\_\_\_\_ to disclose the specific and individually identifiable immunization records of the above named child to ( *Name of School*):

\_\_\_\_\_ for the specific purpose of presenting written evidence, satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code or for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time and that I may be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken by the above named Provider(s) or School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given.

**I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.**

I further understand that I may request a copy of this signed authorization.

\_\_\_\_\_  
(Signature of Personal Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship/Authority)

\*\*\*\*\*

NOTE: This Authorization was revoked on:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Staff)

## REVOCATION SECTION

I do hereby request that this authorization to disclose immunization information of \_\_\_\_\_  
(Name of Child/Patient)  
signed by \_\_\_\_\_ on \_\_\_\_\_ be rescinded,  
(Enter Name of Person Who Signed Authorization) (Enter Date of Signature)  
effective \_\_\_\_\_.  
(Date)

I understand that any action taken by the named Provider(s) or School in accordance to this authorization prior to the revocation date is legal and binding.

\_\_\_\_\_  
(Signature of Client/Patient) (Date) (Signature of Witness) (Date)

\_\_\_\_\_  
(Signature of Personal Representative) (Date) (Relationship/Authority)

Ohio Department of Health • School and Adolescent Health

# Physical Examination (Physician)

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth / /
Height	Weight	BMI percentile	BP	

## Screening Tests

Vision		Hearing		Postural	
Date performed / /		Date performed / /		Date performed / /	
Distance Acuity	<input type="checkbox"/> R <input type="checkbox"/> L	Pure Tone		<input type="checkbox"/> No abnormality noted	
Muscle Balance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right ear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Screening not done	
Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left ear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Referral made	
Color	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Child wears hearing aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	
Child wears glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child under the care of a hearing specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tested with glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Speech/Language

Speech assessment completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has no discernible speech problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech evaluation recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has possible problem with	

## Lead Poisoning

<input type="checkbox"/> Date		Type	<input type="checkbox"/> C <input type="checkbox"/> V	Results	µg/dL
<input type="checkbox"/> Date		Type	<input type="checkbox"/> C <input type="checkbox"/> V	Results	µg/dL
<b>Tuberculin Test</b>					
Date		Type		Results	

## Health History (Serious or chronic illnesses/injuries/surgeries)

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## Physical Examination Date of most recent examination / /

<input type="checkbox"/> Essentially normal <input type="checkbox"/> Abnormalities as follows	
Is this child able to participate fully in:	
Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No
If limitations are advised, please specify	
Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?	

HealthCare Provider's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

This page intentionally left blank.

**EAST DAYTON CHRISTIAN SCHOOL**

**PHYSICIAN / LICENSED PRESCRIBER MEDICATION AUTHORIZATION (Prescribed or Over-the-Counter)**

FORM A

**PRESCRIBER: EDCS urges you to schedule medication administration times outside of school hours, whenever possible. When necessary, medication administration will be permitted, insofar as feasible, during the school hours.**

<b>Part I</b>		<b>MEDICATION ORDER BY LICENSED PRESCRIBER</b>	
(One medication per sheet)			
Name of Student: _____		DOB: _____	
Medication _____		Dosage _____ Time (s) _____ Route _____	
Beginning date: _____		End date: _____ Today's Date: _____	
Special Instructions: _____			
Possible adverse reactions for the student the medication was prescribed (that should be reported to the prescriber): _____			
Possible adverse reactions for unauthorized user: _____			
Procedure for EDCS employees if the expected relief is not produced or student is unable to administer the medicine: _____			
Prescriber's Signature: _____		Office #: _____ Fax #: _____	
Prescriber's address: _____		Emergency #: _____	

**ASTHMA INHALERS AND EMERGENCY AUTO-INJECTORS:**

<b>Part II</b>	<b>PERMISSION TO CARRY</b>	<b>ASTHMA INHALER</b>
This student is capable of possessing and using the inhaler: YES** _____ NO _____ (if NO, inhaler will be kept in the clinic.)		
This student has been trained on the proper use of the inhaler: YES** _____ NO _____ (if NO, inhaler will be kept in the clinic.)		
**If the prescriber or school nurse determines the student to be incapable of possession or self-administration, the auto-injector will be stored and administered as deemed appropriate by school officials and outlined in the student's Emergency Action Plan.		
PRESCRIBER SIGNATURE: _____		DATE: _____

<b>Part III</b>	<b>PERMISSION TO CARRY</b>	<b>EPINEPHRINE AUTO-INJECTOR</b>
<b>NOTE: SCHOOL PERSONNEL WILL CALL 911 WHEN AN EPINEPHRINE AUTO-INJECTOR IS ADMINISTERED.</b>		
Allergen and/or Circumstances for use of the auto-injector: _____		
This student is capable of possessing and using the auto-injector: YES** _____ NO _____		
This student has been trained on the proper use of the auto-injector: YES** _____ NO _____		
<b>I understand I must prescribe two auto-injectors for use at school as required by ORC 3313.718: YES _____</b>		
**If the prescriber or school nurse determines the student to be incapable of possession or self-administration, the auto-injector will be stored and administered as deemed appropriate by school officials and outlined in the student's Emergency Action Plan.		
PRESCRIBER SIGNATURE: _____		DATE: _____

<b>Part IV</b>	<b>TO BE COMPLETED BY THE SCHOOL</b>
Date Received: _____ Signature of Administrator: _____	
Person(s) authorized to give medication for this student: Principal, Secretary, Staff Member(s) _____	
Signature of School Nurse: _____ DATE: _____	

**COMPLETE BOTH SIDES**

## EAST DAYTON CHRISTIAN SCHOOL

## PARENT REQUEST &amp; AUTHORIZATION TO ADMINISTER MEDICATION (Prescribed or Over-the-Counter)

FORM B

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_

**PART I**

**TO THE PARENT/GUARDIAN:** Students needing medication are encouraged to receive the medication at home whenever possible. The following information is necessary for any student who must take medication in school. All prescribed and over-the-counter medication must be accompanied by both Parent/Guardian and Licensed Prescriber authorizations.

**By signing the form, the parent/guardian agrees to the following:**

I will assume responsibility for the safe delivery of the medication to school in a properly labeled container: Prescription medication will be in a prescriber/licensed pharmacist-labeled container that includes the student's name, name of the medication, date, and dosage instructions (quantity and time) and prescriber's name. Over-the-counter medication will be in its original container with all labeling visible.

I will submit a new medication authorization form for each medication with parent and prescriber signatures at the beginning of each school year, and if the previous order changes during the school year.

For students transferring from other school districts: I understand that new medication authorization forms must be written by my licensed provider for EDCS. (Orders written for other school districts are not accepted.)

I release and agree to hold EDCS, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

**I authorize my child to receive the prescribed medication. I also authorize the exchange of information between the medication's Licensed Prescriber and the school regarding the health care needs of my child when deemed necessary by school personnel. I understand the School Nurse cannot provide or delegate the assistance with administration of this medication without this permission as determined by the Ohio Nurse Practice Act.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
 Emergency Phone Numbers

**WHEN AN EPI-PEN\* IS ORDERED, I understand I must provide TWO for use at school as required by Ohio law. (ORC 3313.718)**

The principal or school nurse has been provided a back-up dose of the \*Epinephrine Auto-Injector (Epi-Pen or other type)

Please initial: **YES** \_\_\_\_\_ / Date \_\_\_\_\_ **NO** \_\_\_\_\_ Expiration Date of Medication \_\_\_\_\_

**PERMISSION TO CARRY ASTHMA INHALERS\* & EPI-PEN TYPE AUTO-INJECTORS\***

**PART II**

**NOTE:** The Licensed Prescriber must complete the "Permission to Carry" section of the Medication Authorization on the reverse side of this form. All requested information must be provided before we are able to permit your child to carry their emergency medication.

My child has permission to carry and self administer this medication.

I understand that students who are authorized to self-administer must carry their medication\* on their person. I also understand that any irresponsible actions regarding the "self-administration of medications" will be subject to disciplinary action.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATION ADMINISTRATION**

**MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.**



Student Legal Name (Last-First-Middle)		Birthdate
Address	City	Zip
		School District
Grade	Home Room Teacher	Email address
Primary Contact	Mother/Guardian	Father/Guardian
Name		
Place of Employment		
Cell #		
Home #		
Work #		

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PART I OR PART II MUST BE COMPLETED**

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

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

**COMPLETE BOTH SIDES**

## Health History (Parent Fills Out)

Student's Name	Sex  <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth  /      /
----------------	--	-------------------------------

### Student Health Conditions

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

**DOES YOUR CHILD HAVE ANY LIFE THREATENING ALLERGIES?**    ☐ YES    ☐ NO

(If yes, please list and describe symptoms.) \_\_\_\_\_

**DOES YOUR CHILD USE AN EPI-PEN?**    ☐ YES    ☐ NO

Please list any prescription medication that your child takes on a regular basis.		
Medication and dose	Time	Reason

### MEDICATION ADMINISTRATION

**MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.**

I release and agree to hold the East Dayton Christian School Board, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



East Dayton Christian School - Equipping for Leadership & Service

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## CONFLICT RESOLUTION POLICY

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

Misunderstandings or problems can arise between the teacher and a student, teacher and parent, parent and the school, in any one of several possible areas.

*Matthew 18:15-17* "If your brother sins against you, go and show him his fault, just between the two of you, go and show him his fault, just between the two of you. If he listens to you, you have won your brother over. But if he will not listen, take one or two others along, so that every matter may be established by the testimony of two or three witnesses. If he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, treat him as you would a pagan or a tax collector." NIV translation

**By my signature, I agree to handle complaints or problems in the way described below:**

1. In light of the Biblical example for conflict resolution, I agree to not discuss concerns that I am having with a teacher or the school with any other parent until I have followed the steps listed below.
2. All questions, problems, or complaints should be brought directly to the teacher or person involved before anyone else is involved. All participants should be tactful, listening and maintaining a positive attitude.
3. If the situation is not resolved at this level through direct contact, it should then be discussed together with the teacher or person involved and their immediate supervisor.
4. If the situation is not resolved at this level through direct contact, it should then be brought to the administrative team.
5. If it is not resolved at this level, the administrative team will then present it to the Superintendent for consideration.

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

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



East Dayton Christian School

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

## HANDBOOK AGREEMENT FOR PARENTS AND STUDENTS

**Parents: Please read the following statements carefully and sign below to indicate your agreement.**

I hereby affirm that I have read the Student Handbook and discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.

I understand the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to God's Word, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand the services of East Dayton Christian School are engaged by mutual consent and that either the School or I reserve the right to terminate any or all services at any time. I understand that this Student Handbook does not contractually bind East Dayton Christian School and is subject to change without notice by decision of East Dayton Christian School's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

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

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

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**Students in Grades 3-12: Please read the following statement carefully and sign below to indicate your agreement.**

I hereby affirm that I have read the Student Handbook. I certify that I consent to, and will submit to, all governing policies of East Dayton Christian School, including all applicable policies in the Student Handbook.

I understand that the Student Handbook does not contractually bind East Dayton Christian School and is subject to change without notice by decision of East Dayton Christian School's governing body.

I understand that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with school's standards could result in the loss of that privilege.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



East Dayton Christian School

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

## PARTNERSHIP AGREEMENT FORM

### Missions Statement

*Recognizing that God is the absolute authority and basis for all truth, East Dayton Christian School strives to assist the family in training students to fulfill God's purpose for their lives.*

**By signing this Partnership Agreement, we give permission for our child to take part in all school activities, including sporting events, practice and school-sponsored trips away from the school premises (except as specifically listed below).** Further, in the event our child becomes ill or is injured while under school supervision, we authorize the school authorities to take the following steps: a) parental contact made and instructions followed as given by parent, b) in the event a parent isn't reached, contact will be made to the student's physician and follow his/her instructions; c) in the event the student's physician cannot be reached, contact will be made to a licensed practicing physician for further instructions. We release East Dayton Christian School, its Board of Directors, administration, employees, agents, and representatives from any injury or damage which may be caused by our child(ren).

### I/We acknowledge East Dayton's Christian School's position on the following:

- Our belief in and commitment to Jesus Christ as Savior and Lord.
- East Dayton Christian's Biblical role to mold students to be Christ-like.

### I/We acknowledge and agree to the following:

1. Our commitment to participate in the Christian education of our son/daughter.
2. Our commitment to volunteer as our schedule allows for activities such as (athletics concessions, fall festival, open house, parking lot duty, other school activities not listed)
3. Our commitment to the Statement of Faith, Mission, and Philosophy of East Dayton Christian School as stated in the handbook.
4. Our commitment to the policies of East Dayton Christian School.
5. Our commitment to support all classroom rules and regulations, and to follow all rules concerning bus and school transportation.
6. Our understanding of the Biblical lifestyle that the school teaches and requires for all personnel. This includes but is not limited to the sanctity of marriage as the legal union between one man and one woman (Genesis 2:23-24, Matthew 19:4-6).
7. Our commitment to give beyond our tuition as God leads and enables.
8. Our commitment to attend all parent meetings and lend our support to the programs.
9. Our commitment to pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Romans 13:8-10; I Corinthians 12:12-14; 13:1-13; Galatians 5:13-15, 25,26; Ephesians 4:1-7).



East Dayton Christian School

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

10. Our commitment to agree with any policy and policy implementation. If we disagree with any policy set or implemented by the school, we will in no case complain to any other party. In the spirit of meekness and unity we will register our concerns with the teacher or administrator involved (Matthew 18:15-17).
11. Our commitment to our tuition obligation as stated and signed on the Financial Commitment Form.
12. We further agree to the following **financial policy as set by East Dayton Christian School:**
  - **Registration and Continuous Enrollment fees are non-refundable.**
  - **Late Entry/Early Withdrawal:**

If our student enters after the first official day of the current school year, we, the parents/guardians are responsible for paying tuition and school fees for the entire month in which the student is entering. If our student withdraws after the first official day of the current school year, we, the parents/guardians are responsible for paying tuition and school fees for the entire month in which the student is withdrawing.
  - **Continuous Enrollment/Late Withdrawal Fees (2023-2024) School Year:**

Due March 1, 2022	\$50 per student continuous enrollment fee
Due March 2-31	\$250 Late Withdrawal Fee Per Student
After March 31	10% of gross annual tuition for late withdrawal
13. We realize that all academic records will be held until accounts are paid in full. Records will not be transferred to another school if any account is outstanding.
14. We grant permission for our child(ren) to be photographed, audio recorded, or video recorded and for the resulting images or media to be used by East Dayton Christian School in newsletters, brochures, advertising, videos, and/or other media and materials including professional portfolios. Student's photos will not be tagged with their names.
15. We grant permission for student names to be published in the school by classrooms and hallway recognitions including, but not limited to, honor roll and school activities.

We, the parents/guardians, understand and agree to East Dayton Christian's Partnership Agreement Form.

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

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

**\*If non-custodial parent desires to be included in the educational program including conferences and school activities, the non-custodial parent must sign this agreement.**

**EDCS BEFORE/AFTER SCHOOL PROGRAM** (One form per student)

**For students in Kindergarten - 6th grade**

**2023-2024**

**Please check ALL that apply:** ☐ AM only ☐ PM only ☐ Both ☐ Occasional ☐ Full-time

**\*\*Monthly form of payment:** ☐ Cash ☐ Check ☐ Facts (Automatic Withdrawal Payment Plan)

**Daycare Fees are: \$150 - 1 student, \$175 - 2 students, \$200 - 3 students, \$225 - 4 students**

**\*AM Daycare Begins at 6:30 a.m. in the Cafeteria - PM Daycare Ends at 5:30 p.m.**

Grade to enter for 2023-2024 /yr \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

With whom does the student reside: ☐ Parents ☐ Father ☐ Mother ☐ Guardian

Legal Guardian #1 (Name) \_\_\_\_\_ Relation to student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Legal Guardian #2 (Name) \_\_\_\_\_ Relation to student \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Info: Physician \_\_\_\_\_ Phone \_\_\_\_\_

Names of other persons authorized to pick up student:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relation to student \_\_\_\_\_ Phone# \_\_\_\_\_

Estimated time of pick-up from daycare: \_\_\_\_\_

**\*Students must be picked up by 5:30 p.m. to avoid a \$4/min. Late pick-up fee**

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

**\*\*DAYCARE PAYMENTS ARE TO BE PAID ON THE FIRST OF THE MONTH TO AVOID A \$25.00 LATE FEE. SEPTEMBER THROUGH MAY**