

**Application for Enrollment to**

**Conerstone Foundation Academy**

**Admission:**

All applicants for admission to Cornerstone Foundation Academy must obtain an application for admission. Initial acceptance of new students is **probationary for the First Quarter.** The school reserves the right to set up and keep **its student conduct and dress standards.** Students are expected to make socially and academically acceptable progress, abide by the school rules and guidelines, and conduct themselves in a manner consistent with the policies and practices set up by the administration. **Student who consistently violate the letter and spirit of the rules and guidelines may be asked to withdrawn from school.** Cornerstone Foundation Academy makes **no distinction** in the admission of students based on **race, gender, nationality, or ethnic culture.** As a private Christian Institution, admission to Cornerstone Foundation Academy is a privilege rather than a right. This privilege may be forfeited and enrollment terminated should a new or returning student fail to meet their responsibilities at Cornerstone Foundation Academy.

By signing these documents, I have read and understand the rules and guidelines outlined in this student handbook. I am willing to follow these guidelines in letter and spirit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signature of Parent/ Guardian Date

***\*Student Information:***

|  |
| --- |
| First Middle Last |
| Enrollment Year: Age: DOB: Grade at the time of Enrollment: |
| Cell Phone: Home Phone: |
| Email Address:  |
| Street Address: City: State: Zip code:  |

***\*Father Information:***

|  |
| --- |
| First Middle Last |
| Cell Phone: Text: Y/N Home Phone: |
| Email Address:  |
| Street Address: City: State: Zip code:  |
| Employer: |

***\*Mother Information:***

|  |
| --- |
| First Middle Last |
| Cell Phone: Text: Y/N Home Phone: |
| Email Address:  |
| Street Address: City: State: Zip code:  |
| Employer: |

***\*Earlier Schools Attended:***

|  |
| --- |
| School Name (1): |
| Grades Attended Start Date End Date  |
| Address: City: State: Zip Code:  |
| Phone: Fax: |
| Website: |

|  |
| --- |
| School Name (2): |
| Grades Attended Start Date End Date  |
| Address: City: State: Zip Code:  |
| Phone: Fax: |
| Website: |

|  |
| --- |
| School Name (3): |
| Grades Attended Start Date End Date  |
| Address: City: State: Zip Code:  |
| Phone: Fax: |
| Website: |

***\*Home Church Information:***

*Although Church attendance is strongly encouraged, it is not required to enroll in Cornerstone Foundation Aca.*

|  |
| --- |
| Church Name:  |
| Address: City: State: Zip Code: |
| Pastor’s Name: Church Phone # |
| Pastor’s Email:  |
| How long have you attended? |

\* Has this student ever been expelled or suspended from school?

 \_\_Yes \_\_No If So, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*How did you hear about Cornerstone Foundation Academy?

 \_\_Phonebook \_\_Facebook \_\_Friend

 \_\_TV \_\_Flyer \_\_Newspaper

*\*Check all that apply:*

\_\_\_ I intend to communicate clearly with my student’s teachers and the administration concerning my student’s Grades & behavior.

\_\_\_ I understand that is a privilege, not a right, to attend Cornerstone Foundation Academy. Students must always behave in a manner of respect toward the teacher, staff and other students.

\_\_\_ I understand that all new students are admitted on probation for the first nine weeks.

\_\_\_ I understand that the Lord Jesus Christ expects us to be disciplined in all areas of life.

\_\_\_ I have read the Student Handbook paying particular attention to all bold typed changes from earlier handbooks.

\_\_\_ I understand that rules and policies in the Handbook, and as a parent I give Cornerstone Foundation Academy faculty permission to carry out any disciplinary action in the handbook they consider necessary for my student.

\_\_\_ I will work cooperatively with the school whenever disciplinary procedures are considered necessary for my student.

\_\_\_ I will promptly pay my tuition and fees and communicate with the administration if there is any reason for the delay in my email approval payments.

\*\***Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Relationship to the Student Date*

\*\***Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Relationship to the Student Date*

**\*\*Medical Release:**

I allow Cornerstone Foundation Academy to seek proper medical care for my child **if I cannot be reached.** This includes calling 911 or taking my child to the hospital if necessary.

Should an emergency arise, it is understood that a conscientious effort will be made to find, in order, all persons listed as emergency contacts on the registration form before emergency action is taken.

I agree to supply a copy of my child’s shot records and send it to Cornerstone Foundation Academy.

I agree that my financial responsibility is emergency treatment, care, and transportation expenses.

*\*Medical Information:*

|  |
| --- |
| Student Name: |
| Personal Physician: Phone: |
| Allergies:  |
| Insurance Provider: |
| Policy Number: |

***\*\*Emergency Contact:***

|  |
| --- |
| Emergency Contact #1 Name: Phone Number: |
| Emergency Contact #2Name: Phone Number: |
| Emergency Contact #3Name: Phone Number: |
| Emergency Contact #4Name: Phone Number: |
| Emergency Contact #5Name: Phone Number: |

*Comments:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian Date

**\*\*Pick-Up Permission Form:**

Please Note: Only those listed on this form are granted permission to pick up your students from Cornerstone Foundation Academy. Any alterations to this list must be made, dated, and initialed by the Parent/Guardian.

**The persons listed below have my permission to pick up my student from Cornerstone Foundation Academy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of Parent/Guardian Date

|  |
| --- |
| Name Relationship  |
| Name Relationship |
| Name Relationship |
| Name Relationship |
| Name Relationship |

***\*\* Photography/ Video Agreement***

I understand that a photographer or videographer from Cornerstone Foundation Academy may take pictures with my student listed below it, either individually or in a group.

I further understand that these pictures, whether in print or online, may be used in future brochures, videos, or other publications of Cornerstone Foundation Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**\*School Field Trip Procedures:**

Cornerstone Foundation Academy has legal, ethical, and moral obligations to keep students reasonably safe and secure when in their care. This obligation extends beyond the school grounds into off-campus field trips. These off-site excursions open students to potential hazards that would not be present in the regular school environment. Therefore, safeguards must be set for the protection and to ensure that risks and potential liabilities are minimized.

Laws for field trips vary from state to state. There are also hanging rules for schools appointed as public or private. Therefore, Cornerstone Foundation Academy personnel must always refer to and follow the school board policies for all specific laws about field trips.

Bellow are some key areas that every school district should focus on field trips to help reducem liability risk.

**Field Trip Activities and Insurance:**

School personnel must decide the appropriateness of activities for the students based on age, skill, and behavior levels. Cornerstone Foundation Academy will ensure that the school insurance coverage extends to the field trip location and specific activities.

**Student Medical:**

 Cornerstone Foundation Academy personnel in charge of any field trip will always have a copy of each student’s emergency medical authorization form. Authorized medications must also be taken on the field trip and remain in a secure location. Cornerstone Foundation Academy personnel and chaperones must be aware of specific student medical needs and have plans to accommodate those needs.

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Signature of Parent/Guardian Date

**\*Supervision and Chaperone Selection**

Cornerstone Foundation Academy will assign the proper ratio of supervisions to students based on school personnel should increase the percentage of supervisions to students because of the specific field trip activity. All chaperones must be by Cornerstone Foundation Academy personnel and the parents/guardians of the student. The school must take all measures to supply adequate supervision for its students.

**\*Transportation:**

Transportation is needed for all off-campus field trips. Rental Vans should be the preffered means of transportation because its generally the safest. Drivers are trained school employees with the skills, training, and a ability to transport students. When dealing with smaller groups, the transportation option will be a van which may be more cost-effective. Generally, the use of private vehicle is **not recommended.**

**\*Parent/Guardian information and Consent:**

**Parents and Guardians must be informed in writing of all Field Trips their child will attend. Parents and Guardians must know the planned field trip activities and any possible hazards and risks. Parents and Guardians must also sign a permission slips authorizing their child to attend the field trip.** Cornerstone Foundation Academy is aware that these forums do not necessarily waive liability.

The added legal issues that need to be considered for field trips should not deter school districts from supplying valuable learning opportunities to their students. There is no need for Cornerstone Foundation Academy school to reduce or cut field trips based on possible legal ramifications.

Adhering to all field trip policies will help reduce sign s of liability associated with field trips. When deciding on field trips that align with the school’s educational mission and budget, the focus should be on proper preparation and following district rules and laws.

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Signature of Parent/Guardian Date

***\*\*Permission Form:***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My child, I allow my child to attend to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that personal injury can and may occur to my child, and I, at this moment, authorize Cornerstone Foundation Academy to personal to look for a consent to emergency medical attention for my child as needed; I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I, at this moment, release Cornerstone Foundation Academy, its employees, agents, and volunteers, from any liability, claims, demands, cause of action, and possible causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) that may be sustained by my child while taking part or traveling to and from this event.

The following is all the insurance information, restriction, allergies and medication information for my child to receive proper medical care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I allow my child to ride in a rental van appointed by Cornerstone Foundation Academy or a selected personal car belonging to me while taking part in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, properties visited on an outing: other’s personal property, or vehicles used for transportation.

**I agree and consent to all the above stated.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Emergency Contact Name and Phone Number for the Day of the Trip**

**Authorization to Administer Medication**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to administer the following **prescription medications** to my child.

*Dosage Instructions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to administer the following **over the counter medications** to my child.

*Dosage Instructions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to apply the following **creams, lotions, or ointments** on my child.

*Dosage/ Application Instructions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to apply **the Sunscreen or Sunblock** to my child.

*Application Instructions:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Administering Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date