

ALL STUDENTS

Has the child ever been expelled? _____ Suspended ? _____ Is he currently suspended? _____
Is there a balance due at another school ? _____ Name of school _____
Does the child have significant health problems? _____ allergies? _____ seizures? _____
Is he currently on any medication? _____ which one(s)? _____
Does he have emotional problems of which we should be aware? _____
Behavioral problems? _____ Learning disabilities? _____

STUDENTS IN GRADES 4-12 ONLY

Has the student smoked? _____ used alcohol? _____ used illegal drugs? _____ been arrested? _____
Has the student parented a child? _____ Is the student married? _____

STATEMENT OF COOPERATION

It is my intention to have my child complete the school year at Northside unless otherwise indicated.

It is my intention to pay fees when due and to pay tuition according the terms of my *Financial Agreement*. Report cards and transcripts are not released if the account is past due. I understand that if my account becomes 60 days in arrears due, my children will have to be withdrawn from school.

My child has permission to participate in all school activities, such as field trips, fine arts competition, and athletics.

I pledge to encourage my child in his homework and other special projects, as well in the application of Bible principles to his life and learning. I support the goals of the school as published on page 7 of the *Parent and Student Handbook*.

If I have a question regarding a classroom issue, I will speak first to the teacher, then to the administration, rather than to other parents. If I have a question regarding a matter of policy, I will approach the administrator. If I cannot continue to support Northside, I will withdraw my child without seeking to undermine or discredit the ministry or its personnel.

The school has permission to administer appropriate discipline in order to maintain an orderly atmosphere conducive to learning. Paddling will not be utilized without prior warning and administrative contact. Parents may come to the school to administer the paddling, if they prefer to do so. All paddlings are recorded with the offense, date, time, and adult witness(es).

I will inform the office of any changes in the following: address, personal phone numbers (home, cell phone, pager, beeper, or employer), persons (with phone numbers) authorized to pick up my children, other emergency numbers, medical information, and the custodial status of my children. If appropriate, I will provide a signed, updated *Statement of Cooperation*.

Date _____

Parent's/Guardian's signature

For the interview, please bring _____ your child
_____ the completed Application
_____ a copy of the most recent report card
_____ a copy of achievement testing results
_____ a copy of the Birth Certificate
_____ the SC Certificate of Immunization (form #1148)

REGISTRATION FEES ARE NOT REFUNDABLE