



Temple Christian School

THE TCS APPLICATION ALONE WILL NOT SECURE A PLACE FOR YOUR STUDENT. THE NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THE APPLICATION, AND ALL REQUIRED DOCUMENTATION MUST BE RECEIVED AND REVIEWED.

In consideration of Temple Christian School accepting my child as a student, I/we will accept full financial responsibility for my child's tuition, fees, and cost assessed for damage to books or school property. It is understood that failure to pay all tuition and fees may result in dismissal and the withholding of grades and transcripts until financial obligations have been met.

I/We agree to abide by the purpose, procedures and policies of Temple Christian School and do hereby request that my child be accepted as a student. I have read and am in complete agreement with the rules and policies listed in the TCS online handbook.

I give my permission and approval for my child to participate in any athletic team, group or association activities or field trips supervised by the staff of TCS.

I hereby authorize the staff of TCS to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care. Any qualified physician called by TCS may treat and do whatever necessary for the health and well being of my child.

I also agree to accept responsibility for the cost of the above emergency medical and surgical care services. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release absolve indemnify and agree to hold harmless the local athletic

league, school, organizer, sponsors, supervisors, participants, and persons transporting my child, whether the result of negligence or any other cause, except to the extent and amount covered by accident or liability insurance.

Parent Signature

I (print names of parents/guardians) _____
have read and understand each document and realize that enrollment at this school is a privilege-not a right- and my child can lose this privilege by violating school policy.

Date:_____ Printed name of Student:_____ Grade:____

Father's/Guardian's signature Mother's/Guardian's signature

I (printed name of student), grade 7-12 _____
have read and understand each document and realize that enrollment at this school is a privilege-not a right- and I can lose such privilege by violating school policy.

Printed name of student

Signature of student

Grade Level

Date signed