



PO Box 509 Gladwin, MI 48624
office@skeelschristianschool.com

Student Enrollment Form

School Year: 2026/2027

Non-Refundable Enrollment Fee

Preschool - 12th Grade - Per Student:

☐
☐

\$150 Mar 16 - May 31
\$250 After May 31

FOR OFFICE USE ONLY

☐
☐
☐

10 monthly payments (August - May)
Tuition paid in full (August 5% Discount)
Opt out of Family Service Hours - Pay \$100

Student Name:

Last

First

Middle

Returning Student: ☐ Yes ☐ No

Enrolling Grade: _____ Age: _____ DOB: _____ T-Shirt Size: _____

Family Address: _____

We provide important school communication through an email and texting platform.

Please provide the owner of and the phone number(s) and email(s) to be used in the system.

Father's Name: _____

Father's Address: _____

Father's Email: _____

Mother's Name: _____

Mother's Address: _____

Mother's Email: _____

Other's Name: _____

Other's Address: _____

Other Email and Relationship to Student: _____

MEDICAL HISTORY / HEALTH CONCERNS

Please indicate any allergies, medications, and/or health conditions/concerns of which our staff should be aware.

☐
☐
☐

None

Allergies: _____

Medication: _____

☐

Special Conditions: _____

We **MUST** receive an updated **Immunization Record** (OR a **Waiver** if undervaccinated) from the Health Department by Aug 25, 2026.

Primary Care Physician or Preferred Health Clinic

Phone Number

Name of Insurance Carrier

If you are enrolling multiple students you may skip this page after completing this form for your first student.

Student Enrollment Form, Pg. 2

Family Church Information

Church Name: _____

Church Address: _____

Lead Pastor's Name: _____

Family Church Attendance: ☐ Weekly ☐ Occasionally ☐ Rarely

Other Information: _____

Name, Contact Numbers, & Relationship of Persons to be Notified in an Emergency When Parent(s) Not Available

1)	2)
3)	4)

In making this application, I understand that:

Tuition costs are established by the Skeels Christian School (SCS) Board of Education. It is the intent of the Board that tuition will remain the same throughout the academic year and will not be impacted by school closures caused by natural disasters, illness, building damage, weather conditions, or other unforeseeable factors.

1. My cooperation is expected in regular tuition payment, practical help, fulfilling Family Service Hours, and faithful prayer support. All accounts from the previous semester must be paid in full before continuing the second semester or re-enrolling for the next year, unless previous arrangements have been made with the administration. Warning letters will be sent out prior to the end of the semester.
2. I will bring any complaints directly to the appropriate teacher or administrator without engaging in destructive verbal criticism of the school or its staff in the presence of my child or friends.
3. The administration has full responsibility for placing my child in the proper grade.
4. The school has full discretion in the classroom discipline of my child.
5. Attendance at Skeels Christian School is a privilege and the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
6. I will not allow my child, presently enrolled or transferring to SCS, to utilize class work (i.e. answer keys, class notes, tests, quizzes, homework, labs, etc.) from this or another school that will undermine their responsibilities academically.
7. For my child to participate in scheduled field trips and other school activities, I understand that they will be transported in private vehicles.
8. I give permission to SCS to secure emergency medical and/or emergency surgical treatment for my child if needed.
9. I understand Skeels Christian School does not carry medical insurance on its students. Parents are encouraged to consult with an insurance professional to make sure that their child is covered in transportation to/from, and while at, Skeels or any Skeels events off of campus

I/we are willing to have our child trained in accordance with the above statements.

Responsible Party Signature(s): _____ Date: _____

Making Disciples...Making a Difference

Please complete this page for each student you are enrolling.

Skeels Christian School

Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Skeels Christian School to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian or Eligible Student: _____ Date of Birth: ____/____/____

Printed Parent/Guardian Name: _____

Please complete this page for each student you are enrolling.

School Year: _____
New form must be completed every year

PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name _____ Teacher _____ Grade _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medication can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want any OTC meds given to my student

TOPICAL

_____ Antibiotic cream (i.e. Neosporin)
_____ Hydrocortisone cream (i.e. Cortaid)
_____ Benadryl cream (i.e. Caladryl, Diphenhydramine)
_____ Burn gels

ORAL

_____ Ibuprofen (i.e. Advil, Motrin)
_____ Antihistamine
_____ Cough Drops
_____ Pepto Bismal

Please check with the school nurse to see which medications are available for students in the school clinic and which medication you will need to supply, OTC medication will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent or Guardian)

(Date)

The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the form, "Request for Medication Administration".

MEDICATION HISTORY:

Is your student allergic to any medication? _____ If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis? _____

If yes, please list: _____

If you are enrolling multiple students you may skip this page after completing this form for your first student.

Social Media Release Form

We like to share the wonderful things we are doing at Skeels Christian School! A variety of social media avenues will be used to share what we are doing inside and outside the classroom. Some of the ways that will be used include Facebook, take home newsletters, and local newspapers.

We would appreciate your permission to use photos or videos of your child(ren), please indicate your preference below with your signature.

() Yes, I would like to allow photos and videos of my child to be used in various social media releases as they relate to SCS activities. Name of student(s), including first and last name:

() No, I would not like to allow photos and videos of my child to be used in various social media releases as they relate to SCS activities. Name of student(s), including first and last name:

Parent Signature

Date



If you are enrolling multiple students you may skip this page after completing this form for your first student.



Grandparents/Special Person Day Information Form

Student(s) Name:

Grandparent Name:

Address:

Grandparent Name:

Address:

Grandparent Name:

Address:
