



office@skeelschristianschool.com

Student Enrollment Form

School Year: 2025/2026

Non-Refundable Enrollment Fee

Preschool - 12th Grade - Per Student:

☐ \$150 Mar 17 - 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

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

MEDICAL HISTORY / HEALTH CONCERNS

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

<input type="checkbox"/>	None
<input type="checkbox"/>	Allergies: _____
<input type="checkbox"/>	Medication: _____
<input type="checkbox"/>	Special Conditions: _____

We **MUST** receive an updated **Immunization Record** (OR a **Waiver** if undervaccinated) from the Health Department by Aug 25, 2025.

Primary Care Physician or Preferred Health Clinic	Phone Number
Name of Insurance Carrier	Health Insurance Policy Number

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