



Enrollment Forms Checklist

Cornerstone will be glad to make copies of documents for you as needed. All forms become part of each student's cumulative file that parents may access when requested. The forms in this packet are due before the first day of school.

All Students:

- Verify that current application information is correct.
- Complete and return the Emergency Contact and Medical Form.
- Complete and return the Authorized Persons Pickup Form.
- Complete and return the Permission Form.
- Complete medication forms – OPTIONAL.
- Provide updated Immunization Records.
- Notify office of health changes (allergies, illnesses, etc.).

All students entering Preschool Three, Preschool Four and Kindergarten are required to have health forms each year prior to the start of school.

New Students:

- Copy of birth certificate
- KCI Immunization form
- Physical/health form
- Records sent from previously attended school

Cornerstone staff would be happy to assist you in the transfer of records from a previous school. To transfer records, the student must be officially enrolled. A request signed by the parent/guardian and school official will be sent to the previous school.

Note: Records sent from previous school may contain the above required forms – health forms must be completed within the past year.



Authorized Persons Pickup Form

Authorized Person(s) who can pick up your child besides parent/guardian:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Student Late Pick-up Policy

Students will remain with a teacher or designated Cornerstone staff person for up to 15 minutes outside after their official dismissal time. After 15 minutes or during especially inclement weather the student will come inside to the office area to wait. The parent/guardian will be notified by phone that the student is waiting inside. Parent/guardians are advised to pick up students within 15 minutes of the designated dismissal time or notify the school during such times when they are unable to.



Emergency Contact and Medical Form

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical

Doctor: _____ Phone: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____

Name: _____ Medical Needs/Allergies: _____



Permission

Form

Photo Release Permission

Cornerstone Classical School herein referred to as “school” would like to include photos of students, teachers, and school activities in the newspaper, school newsletters, brochures, flyers, website, Facebook, Twitter, video and other electronic forms of communication. Occasionally, it might be necessary to use the name of a student, but no addresses, and/or telephone numbers will ever be used. All images whether hard copy or electronic are the sole property of the school.

_____ We/I hereby *do give* permission for Cornerstone Classical School to use photos of my child.

_____ We/I hereby *do not give* permission for Cornerstone Classical School to use photos of my child.

Please be aware that if you choose to not give permission, your child will be excluded from every photo the school takes for the purposes mentioned above.

Field Trip Permission

Students at Cornerstone will participate in field trips throughout the school year. Students will ride with parent volunteers with insured vehicles. Field trip permission forms will be sent home and must be signed and returned prior to the student(s) leaving.

If your student is on a field trip, you authorize CCS to obtain immediate medical care, including from a hospital or physician other than your student’s physician, if in CCS’s judgment, a medical emergency occurs and there is insufficient time to first contact you or your student’s physician.

Student Name: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

I do not give permission for Cornerstone to release my address to the Association of Classical and Christian Schools so that I will receive their parent magazine, “The Classical Difference.”

Signature of Parent or Guardian

Printed Name

Date