

# Elementary Enrollment Form

## Independence Bible School

Date: \_\_\_\_\_

Student's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Race: \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_

Phone numbers (day & evening): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Last school attended & address: \_\_\_\_\_  
\_\_\_\_\_

Name and address of church the student attends: \_\_\_\_\_  
\_\_\_\_\_

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### For Parent(s)/guardian(s)

I (We) understand the school's rules and agree to support the school staff and administration in the enforcement of the rules. I (WE) will endeavor to maintain a Christian home atmosphere and encourage my (our) child to follow God. I(We) understand that the school administration will contact me (us) when there is a problem and I am (we are) obligated to assist in correcting the discrepancy as soon as possible.

Parent's name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Notice and Release

Independence Bible School is hereby providing notice to me that it intends to open or reopen its daycare and/or preschool and/or school program August 12<sup>th</sup> 2020. I/we understand that Independence Bible School cannot protect my child/student and/or from risks which may be encountered as a result of my child attending the daycare and/or preschool and/or school program I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in the program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with participation in the school providing this program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable.

In consideration of myself and my child/student participating in the daycare and/or preschool and/or school program provided by Independence Bible School, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Independence Bible School, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the daycare and/or preschool and/or school program and/or afterschool program, including any medical expenses, injury, and/or death.

I agree to indemnify Independence Bible School, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program, whether caused by negligence of Independence Bible School or otherwise. I fully

understand, on my own behalf and on the behalf of my child/student the risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of the release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Kansas.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

I understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and or myself to recover damages in the event of death, personal and/or bodily injury of any kind property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

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Parent Signature

Date

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Names of children

# Elementary

# STUDENT INFORMATION



For the student's teacher

STUDENT: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

ANY INFORMATION TO HELP ME AS YOUR CHILD'S TEACHER:

\_\_\_\_\_

\_\_\_\_\_

# Independence Bible School

## Financial Aid Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Number of siblings residing with parent(s)/guardian \_\_\_\_\_

Fathers's Occupation \_\_\_\_\_ Family Income \_\_\_\_\_

Mothers Occupation \_\_\_\_\_

Give reasons why you would like to attend IBS.

\_\_\_\_\_  
\_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Do you attend regularly? **Yes** or **No**

Please attach a letter of recommendation from your local minister, church official, and/or representative of the Bible School.

\_\_\_\_\_  
I have read and answered the above questions to the best of my knowledge and am willing to allow the scholarship committee to review any or all the school records needed. I agree to uphold and maintain the rules and regulations of I.B.S.

\_\_\_\_\_  
Parent/Guardian

Date

Send application and letter of recommendation to:  
Scholarship Program  
Matthew Brewer  
4012 CR 3900  
Independence, KS 67301

Dear Parents/Guardians

During the year, students are photographed participating in class projects and events. These photos are used on the school website, in public relations materials and on the school PFF Facebook page. Class activities also may be videotaped and shown during special school events.

Oftentimes, reporters and photographers from local newspapers visit the school.

Although Independence Bible School works with them, the school is not responsible for photographs taken and used by these papers. If you have questions, please call 620-531-3780.

In addition, teachers and students have the opportunity to use various forms of technology to share student photos with their class, their school, and their community. These

educational sites will be teacher moderated and allow students to collaborate online with teacher supervision. It provides them the opportunity to learn to use the internet in a responsible manner.

Please check the appropriate box below. Remember to return this form to the school office as soon as possible.

\_\_\_\_\_ I grant

\_\_\_\_\_ I do not grant

permission for my child's name/picture to be used in Independence Bible School's publications/videos and online for educational lessons and projects.

Child's Name \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Rev. 08/2016

Independence Bible School's  
**STUDENT INTERNET USE / ACCESS PERMISSION FORM**  
*Please complete the following information and return it to your school. PLEASE PRINT!*

**PERSONAL INFORMATION** (One per family – list children's names)

Student's Full Name:

Date of Birth:

School Grade:

**STUDENT/PARENT AGREEMENT**

I understand that internet access is designed solely for educational purposes, and that it is intended that these resources are used only for educational purposes. Independence Bible School has taken reasonable precautions to supervise internet usage by students by installing filters on the network and, in the case of elementary students, white-listed the website they will be using. I have read and understand the Guidelines for Telecommunications Use (see reverse side of this form).

**PARENTAL CONSENT** – (Required if student is less than 18 years of age.)

As a parent or guardian, I recognize that it is impossible for the district to control access by the students to all information or materials available on the internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger internet public, although Independence Bible School has made every effort to filter internet access. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of the disclosure of information on the internet. I accept full responsibility for supervision of my child outside the school setting.

**BASIC INTERNET ACCESS**

I hereby consent for my child to utilize the school internet services, and for disclosure of the following information when related to an activity or an academic assignment within Independence Bible School, in accordance with the Family Educational Rights and Privacy Act, 20 USC §1232g:

Check yes or no to indicate whether permission is given or not:

Yes \_\_\_ no \_\_\_ Basic Internet Access - permission for my child to utilize the school internet services

I certify that the information contained on this application is true and correct to the best of my knowledge and belief. (Students over 18 years of age may sign for themselves.)

\_\_\_\_\_  
Parent/Guardian Signature Date  
Parent/Guardian Full Name (please print):  
Parent/Guardian Work Phone: Home Phone:

\_\_\_\_\_  
Student Signature Date  
SCHOOL USE ONLY: Date Authorization Granted:  
Whom:

*Students must pay for school lunches in advance. The school will be sending out weekly bills to students that have a negative balance in their account. Parents or guardians will be called every two weeks if an attempt to pay on the negative lunch balance has not been made.*