

Birchwood Christian School

"Home of the Warriors"

New Family

SIBLING

PACKET

2021-2022 School Year



22208 North Birchwood Loop Road
Chugiak, AK 99567

School Office: 907-688-2228

Fax: 907-688-2159

Email: info@birchwoodwarriors.org

Web: www.birchwoodchristianschool.org

2021-21 BCS Student Application (K-12)

Please Fill Out for Each Student Enrolling

First Name _____ Initial _____ Last _____

First Name Used _____ DOB _____

Parent Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Applying for Grade _____ Academic Year 2021/2022 Male Female

K3/4 and K-5th grade school hours **8:00am - 2:30pm**

6th-12th grade school hours **8:00am - 2:35pm**

Academic History

School	Address	Grades Attended	Reason for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Interests _____

What concerns do you have regarding your child's progress? _____

Has the student ever skipped or repeated a grade? Y N which grade? _____

Explain: _____

Has the student ever been tested (I.E.P.), diagnosed, or enrolled in any special education program or special school? _____

** Please attach most recent copy of IEP or 504

Does the student have a history of any of the following: discipline problems, suspensions, expulsions, excessive absences? If YES, please list school(s), infraction(s), and explain.

Please sign below to indicate your agreement with and willingness to cooperate with Birchwood Christian School in the Christ-centered education of your child.

Signature of Parent/Guardian _____ Date _____

Birchwood Christian School Partnership Agreement

(One form to be filled out per student each year)

Parents and Students in All Grades MUST Read and Agree With the Following Guidelines

I. Commitment of Students

- A. I will maintain a courteous, respectful, and friendly attitude towards others.
- B. I will work responsibly in the classroom without regularly distracting others.
- C. I will display a Christ-like attitude in speech and action.
- D. I will dress neatly and modestly, keeping my body clean and well-groomed.
- E. I agree with Birchwood Christian School statement of Faith
- F. I agree with and will follow all policies outlined in the *Student Handbook*.

II. Commitment of Parents

- A. I will be courteous and respectful towards school personnel at all times.
- B. I will never speak disrespectfully of school personnel in front of my children.
- C. I will offer grace and forgiveness in the face of difficulty or disagreement.
- D. I will seek resolution to conflict in a Christ-like manner (Mt.18:15-17).
- E. I agree with Birchwood Christian School statement of Faith
- F. I will support this ministry through prayer, speech and action.

III. Commitment of the School

- A. We will be courteous and respectful towards parents and students at all times.
- B. We will offer grace and forgiveness in the face of difficulty or disagreement.
- C. We will seek resolution to conflict in a Christ-like manner (Mt. 18:15-17).
- D. We will support our students and families through prayer, speech and action.
- E. We will strive to provide an excellent school experience for our students.

IV. We have read the BCS Student/Parent Handbook and agree to abide by the policies stated therein, and by the guidelines listed above.

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Principal

Date

Parent Form for PHOTO RELEASE

I, the undersigned, do hereby grant or deny permission to Birchwood Christian School to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Birchwood Christian School Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Birchwood Christian School setting only (not in the larger community).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Birchwood Christian School for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

*If you have questions, contact **Birchwood** Christian School at 688-2228.*

New Family Sibling Packet
Birchwood Christian School
Activities Registration - Release Form
(One form per student each year)
(Please Print)

Student Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Parent Name(s): _____

Important Medical Information (allergies, medications, etc.): _____

Medical Insurer: _____ Policy Number: _____

Emergency Contact: _____ Phone: _____ Cell _____

Medical Release

I, _____ (parent) grant permission for any Birchwood Christian School representative to obtain medical treatment for my child, _____ in case of sickness or injury.

Signature: _____ **Date:** _____

Permission to Participate in BCS Activities

To participate in various BCS sponsored activities: I authorize the counselors at BCS to transport my child to each activity. I recognize the hazards inherent in trips to and from activities. I recognize there is a significant element of risk in any outdoor, sport or activity. Knowing the inherent risks and dangers and rigors involved in the activities, I the parent/guardian choose to voluntarily accept responsibility for any injury my child may sustain. I recognize that my child is of age to make decisions both good and bad. If my child's actions deem him/her to be unmanageable or inappropriate, I will be responsible for whatever actions the leadership determines is necessary.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors from any and all claims, demands, or injury while participating in these activities.

I, _____ (parent) grant my child, _____, permission to participate in all Birchwood Christian School activities for the 12 (twelve) month period beginning **July 1, 2021** and ending **June 30, 2022**.

If student will be participating in 6th through 12th grade sports – please attach a copy of their current, within 1 year, sports physical.

(Parent/Guardian Signature)

(Date)

Birchwood Christian School
Youth Pastor/Leader Reference Form (Grades 6-12)
To be completed by student and signed by youth pastor/leader

Explain how you came to know Jesus. _____

Describe your current relationship to Jesus. _____

What youth group do you attend? _____

What is the name of your Youth director? _____

How do you serve at your church?

Signature of Student **Date**

Signature of Youth Pastor/Youth Leader **Date**

Name of Church

Birchwood Christian School:

TUBERCULOSIS (TB) RISK ASSESSMENT



Student _____ Birthdate _____ Grade _____

Parent/Guardian filling out form: _____ Date: _____

Please answer ALL 4 Questions: All New-to-School Preschool through 12th grade

1. Where was this student born? (City, State & Country) * _____ *

Children born in the U.S., Canada, Australia, New Zealand or Western/Northern Europe **do not** need TB testing.
*Children born in US protectorates or on US Military bases in countries not listed above **DO** require TB testing and equals YES to #1

2. Has the student been in contact with anyone who has active TB disease in the past year?

3. Has the student travelled to any high TB-rate countries for more than 30 days total during the past year? (any country **other than** U.S., Canada, Australia, New Zealand, or Western/Northern Europe)

4. In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student travelled to one of these regions for more than 30 days in total during the past year?

ANY YES Answers mean your child is **at risk for TB** and must receive a PPD TB skin test or have an IGRA blood test done at your healthcare provider **OR** a blood test at a laboratory called IGRA (Interferon Gamma Release Assay)

Alaska State law requires PPD (purified protein derivative) tuberculin skin testing (TST) **or** Interferon Gamma Release Assay (IGRA) blood test for all students of any age who are new to our school with positive TB risk assessment. (*students who have attended then left BCS and returned less than 2 years later are NOT new to school*)

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

Your School has partnered with Smart Tuition to service your child's tuition account. To enroll online, please follow the instructions below:

1. ONLINE ENROLLMENT

Visit: www.enrollwithsmart.com

2. WELCOME TO ENROLL WITH SMART

Click on the blue box, Create a New Account.

3. FIND YOUR SCHOOL

Enter your school's name in the search box. Make your selection by clicking the green circle.

4. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

5. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school. If you already have a child in this school with a Smart Tuition account, simply add any additional children to your existing account by going to enrollwithsmart.com and enter your current account information under I Have A Smart Account.

6. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

7. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click SUBMIT ENROLLMENT to complete your online enrollment.

REGISTRATION APPLICATION SUCCESSFUL

You will receive a confirmation page with your Smart Tuition Family ID. Your school will then review your enrollment, and once complete, you will receive confirmation from Smart Tuition.

ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at parent.smarttuition.com.

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Contact Center is available 24 hours per day. Families can access their accounts to check balances and make payments. Call us at (888) 868-8828.

