

Finger Lakes Christian School
2291 Rt. 89
Seneca Falls, NY 13148

A Ministry of...
Calvary  Chapel
Seneca Falls

Student Enrollment Form

Parents: Please fill out and return to the FLCS office.
Within 48 hours of receipt the Principal will call and schedule
an entrance interview for you and your child.

If you have questions, please contact
the Principal Matthew Stahlnecker

principal@fingerlakeschristianschool.com
315/568-2216

2291 Route 89
Seneca Falls, NY 13148

Fax 315/568-6638

www.fingerlakeschristianschool.com

Do not return this page with the application

A thumbnail sketch of Finger Lakes Christian School

- Established in 1990.
- Approximately 100 students in grades Pre-K through 12.
- NYS Education Department registered secondary school.
- Regents or local diplomas, depending on the track preferred by the individual family and student.
- Graduation rate for years 2001-2023: 98.2%
- Post graduation for years 2001-2023: College, 85%; Military, 4%; Workforce, 11%
- While FLCS is a school for Christian children, it's very possible that some students at FLCS are not born again. Therefore the staff at FLCS - pastors, the Principal, teachers, substitute teachers and secretaries (all born-again Christians) - will lovingly, though actively, engage in attempts to convert to Christianity those students that are not born again.
- Volunteers are welcome and needed to keep this ministry operating effectively, and all volunteers must also be born again.
- Students in grades 7-12 attend Bible classes twice/week, and all students have devotions with their teachers or a pastor at least weekly and attend a chapel service weekly. At those times, and interwoven with the academic classes as well, your student will be taught the orthodox doctrines of the Christian faith, as expressed in our doctrinal statement on pg. 3.

Mission Statement

Finger Lakes Christian School exists for two reasons: to train children from Christian families in the orthodox, fundamental precepts and lifestyle of the Christian faith* and to provide those children with a solid, traditional-classroom education. Our goal is to prepare our students spiritually and academically to lead fulfilling, productive lives in God's kingdom and in society.

Doctrinal Statement

In order to enroll and remain enrolled students and parents must agree with these doctrines, with the exception of point 6. Parents and children possessing beliefs divergent from these should not apply to FLCS. Students at FLCS expressing contrary beliefs may be removed from the student body.

1. There is only one God, and He is a Trinity of three persons: the Father, the Son and the Holy Spirit. He has existed and will exist forever. There are no other gods besides Him, not on other planets or in other universes. He alone is God.
2. Jesus Christ, the second person of the Trinity, is fully God, equal in divinity to the Father and the Holy Spirit. He is not a created being, but has existed eternally.
3. Death entered the world through the sin of Adam, the first man. That sin has been inherited thereafter by every person ever born, with the exception of Jesus Christ.
4. Therefore, every person is a sinner in need of salvation. God has provided the means of salvation through faith in Jesus Christ. There is no other means of salvation available to mankind.
5. Jesus came to earth and took on the form of a man, having real flesh and blood. He lived a sinless life and died on the cross, a substitutionary death for our sins. He was physically resurrected from the grave and ascended physically into heaven.
6. Jesus will come again physically to the earth to establish his kingdom on earth. He will reign for 1000 years, after which he will resurrect all of mankind in order that they may be judged.
7. Those who accept Jesus as their only means of salvation will, upon their death, go immediately into his presence and spend eternity with him in heaven. Those who reject Him will go to hell when they die, and eventually spend eternity in the lake of burning fire.
8. The Bible is the inspired Word of God, perfect in its original writings, and preserved for us by God for our use and His glory. It is wholly sufficient for instructing us in the doctrines of the faith and is completely true in all its pronouncements. Anything that purports to be true, yet contradicts the Bible is, by definition, false. That includes teachings, doctrines and church traditions that are in conflict with or not originating in the Scriptures.

Enrollment Criteria

FLCS is a ministry of Calvary Chapel Seneca Falls and, as such, operates under the guidelines and authority of the constitution and by-laws of the church. FLCS admits students of any race, color and national or ethnic origin, but, as a specifically Christian school and ministry of the church, reserves the right to deny enrollment based on a student's or parent/guardian's religious beliefs, or their practices, that are in conflict with Biblical teaching*, as interpreted by and practiced at this church. We reserve the right to expel students for the same.

However, we enroll children from a wide variety of Christian churches and traditions, as long as the student and parent/guardian meet these criteria:

1. At least one parent or guardian living in the home with the student is a born-again Christian*. The student must also be born again if he or she is entering at 6th grade or above. Because there are differing opinions of what it means to be born again, and because it is the primary qualification for enrollment, FLCS reserves the right to determine if a prospective employee meets this criterion.
2. Must agree with the doctrinal statement on pg. 6, with exception of point 6.
3. The student and/or parent guardian may not practice or believe in:
 - a. any so-called "Christian" religion that teaches that Jesus is not God; that there is no heaven and/or hell; that there is any mediator between man and God, the Father, except Jesus Christ; that salvation is based in part or in full on good works as opposed to faith alone; that there is, after death, any intermediary state, such as purgatory, before entering heaven or hell; that keeping the Sabbath is necessary for salvation.
 - b. any non-Christian religion, such as Wicca, Paganism, Islam, Buddhism (this is, obviously, not an exhaustive list.)
 - c. sexual activity outside of marriage.
 - d. co-habitation with a member of the opposite sex in a relationship that substantially constitutes or mimics a marriage relationship, even if there is no sexual activity.
 - e. same-sex romantic relationships, sexual activity or marriage.
 - f. drunkenness, the use of any illegal drugs or the misuse of legal drugs.

This is not meant to be an exhaustive list. Other flagrantly un-Christian attitudes or behaviors* could be reason for denying or terminating enrollment, such as divisive behavior, disobedience to authority, lawlessness, uncontrollable temper, etc. The ones listed above are simply those that are most frequently encountered in today's culture when discussing what constitutes true faith in God.

The Principal will determine, during the enrollment interview, whether those criteria are met.

Parents and children not meeting these criteria will not be enrolled at FLCS or, if discovered to no longer meet them, will be expelled, at the discretion of the Principal.

* The interpretation of "orthodox fundamental precepts...of the Christian faith," "Biblical teaching," "born-again Christian" and "flagrantly un-Christian attitudes" is at the discretion of the Elder Board of Calvary Chapel Seneca Falls.

Suspensions and Expulsions

Finger Lakes Christian School is not designed to be a correctional institution for problems arising beyond those encountered in average school children. Children who do not adjust to the school's disciplined academic environment and/or make a habit of criticizing the policies and decisions of staff and administration may be suspended or expelled.

If a discipline problem persists a student may be suspended, at the Principal's discretion, for a specified period of time. For more serious or repeated offenses a student may be expelled by the Elder Board at the recommendation of the Principal. Expelled students may re-apply at the beginning of the next school year, but are not assured of re-admittance.

It is school policy that the Principal will explain to the staff the reasons for a student's suspension or expulsion. As well, the Principal will explain the same to the student body. Generally speaking, that would occur when the suspended or expelled student is in the 7th grade or above, and the explanation would be to the 7th-12th graders. Children in lower grades may have to be addressed as well, depending on the circumstances, as determined by the Principal.

The reason for this policy is two-fold:

1. The edification of the student body as a whole. FLCS clearly presents guidelines for proper behavior and the consequences of not following those guidelines. Students need to see that those consequences are real, for two reasons:

- So they will consider the consequences of their own actions and be saved from them.
- When students see misbehavior and don't see the prescribed consequences they innately (and correctly) perceive it as unjust, which can lead to disillusionment with the authorities over them, and create a spirit of bitterness and/or rebellion.

Ecclesiastes 8:11 "When the sentence for a crime is not quickly carried out, the hearts of the people are filled with schemes to do wrong."

2. The protection of the disciplined student. We are a small school, and the fact is that news travels fast. Often a majority of the students, if not all, know about another student's misbehavior before the teachers and Principal do, though the details may be sketchy and misinformation usually abounds. Speculation can be far more damaging to a person's reputation than the truth. It's necessary for an adult who is well-informed to put the lid on that speculation by explaining, with only as much detail as necessary, what the actual circumstances are. Otherwise, the assumptions that will be made can be far worse than the truth.

Tuition

Tuition rates may change year-to-year, so we don't publish them in this document. The rates are posted and updated on our website: www.ccsenecafalls.com/flcs/tuition.php. You may also contact the school 315/568-2216 or office@ccsenecafalls.com.

Tuition is discounted for the 2nd and 3rd child enrolled from the same family. Any additional children attend tuition-free. Registration fees are paid for all children, regardless of the number of children.

If a child does not complete the school year at FLCS tuition refunds, if due, will be payable as follows: leaving on or before the 15th of the month, a refund of 1/2 month's tuition will be paid; after the 15th of the month, no refund will be made. If tuition has been paid in advance, the full amount beyond the current month will be refunded. All books are the property of Finger Lakes Christian School and must be returned to the office in good condition. The cost of replacing damaged books will be deducted from the refund.

Tuition may be paid annually in advance for a 2% discount, semi-annually for a 1% discount, or in 10 monthly installments beginning in August. We do not charge interest or carrying charges for monthly installments.

If tuition payments are being made monthly, they are due on the 20th of the month, and are paying for the following month's tuition. For example, your first payment is due August 20th and is paying, in advance, for September's schooling.

Volunteers may receive tuition discounts of up to 20%. Discounts are not given for parents volunteering in the sports program, as parents of student athletes are required to volunteer in the program. The exceptions are parents who volunteer as coaches or as the Athletic Director. Volunteer discounts do not apply to the first 1/2 year of volunteering - once a volunteer has proven his/her reliability the discount will be applied until the volunteering ends. Contact the Principal for details on volunteering opportunities and applicable discounts.

Late tuition payments. In order to maintain the school's solvency, and in fairness to those who pay their bills faithfully every month:

1. If a payment is 10 days overdue, a note will be sent home notifying the parent.
2. If a payment goes to 30 days overdue, the student or students will be suspended until the account is paid up.
3. If an account is repeatedly more than 10 days overdue, the student may be suspended after any payment is only 10 days overdue and until the account is paid up.
4. Exceptions to 2 & 3 may be made at the Principal's discretion, if prior arrangements have been made. However, it is the responsibility of the parents to contact the school to discuss those arrangements.

Part-time Students

All courses and extra-curricular activities are available to part-time students. Please call the school for registration fees and tuition rates.

There are no multiple-child discounts for part-time students.

The application process and enrollment criteria are the same as for full-time students.

Student Application - Finger Lakes Christian School

Applicant's Name (Last, First)	Grade entering	Entrance date	DOB	School District
--------------------------------	----------------	---------------	-----	-----------------

Parent/Guardian #1

Parent/Guardian #2

Name (Last, First)		Name (Last, First)	
Street		Street	
City	Zip	City	Zip
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Emergency Phone	_____	Emergency Phone	_____
Email	_____	Email	_____

List all previous schools attended by this child beginning with the most recent. Include homeschooling years.

Name of School	Address	Grades	Years	Principal

Has the child ever repeated a grade? _____ If so, which grade? _____

Why do you want your child to attend FLCS? _____

If your child is experiencing difficulties at his or her current school, please explain. _____

If your child is transferring from another school we will request his or her educational and health records directly from the school. If your child has been home schooled in any of the last three academic years, please include academic transcripts with this application.

Emergency Contact & Pick-up Information

Student's Full Name _____

Parent/guardian _____ Cell Phone _____ Home phone _____

Place of employment _____ Phone _____

Parent/guardian _____ Cell Phone _____ Home phone _____

Place of employment _____ Phone _____

Please list below the people 1) to be contacted in the case of an emergency involving your child and/or 2) have permission to pick your child up. Emergency contacts will be made in descending order.

Anyone picking up a student under 18-yrs.-old must have a photo ID on file at the school. That includes parents or other relatives.

Emergency Pick-up
Contact Person

<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Name _____	Phone #1 _____	Phone #1 _____

Parent/Guardian Signature _____ Date _____

Parent/guardian testimony of Christian faith

As you've already read, a requirement for enrollment is that at least one parent or guardian living in the home with the student must be a born-again Christian. Are you born again? If that term is unfamiliar to you, please read the next page before answering.

If you are born again, please write a short paragraph describing your salvation experience.

Father/guardian _____

Mother/guardian _____

What is your church affiliation? _____

How often do you attend? _____

In the section below or with an attached document, please provide a pastoral reference regarding your church involvement.

Pastor's signature _____ Phone _____

If you are unsure what the term "born again" means, or if you know that you are not born again, please read this page before filling out the "Parent/guardian testimony" section on the previous page.

What does it mean to be a born-again Christian?

Different Christian traditions have different ways of expressing the relationship one has with God, so whether you use the term "born again" or not is not important. It's the truth behind the phrase that counts. The classic passage from the Bible that answers this question is John 3:1-21. The Lord Jesus Christ is talking to Nicodemus, a prominent Pharisee and member of the Sanhedrin (the ruling body of the Jews). Nicodemus had come to Jesus at night with some questions.

As Jesus talked with Nicodemus, He said, "I tell you the truth, no one can see the kingdom of God unless he is born again." "How can a man be born when he is old?" Nicodemus asked. "Surely he cannot enter a second time into his mother's womb to be born!" Jesus answered, "I tell you the truth, no one can enter the kingdom of God unless he is born of water and the Spirit. Flesh gives birth to flesh, but the Spirit gives birth to spirit. You should not be surprised at my saying, 'You must be born again.'" (John 3:3-7)

The phrase "born again" literally means "born from above." Nicodemus had a real need. He needed a change of his heart—a spiritual transformation. New birth, being born again, is an act of God whereby eternal life is imparted to the person who believes (see 2 Corinthians 5:17 and Titus 3:5). John 1:12&13 indicates that being "born again" also carries the idea of "becoming children of God" through trust in the name of Jesus Christ.

The question logically comes, "Why does a person need to be born again?" The apostle Paul in Ephesians 2:1 says, "And you He made alive, who were dead in trespasses and sins." To the Romans he wrote, "For all have sinned and fall short of the glory of God." (Romans 3:23) All human beings are by nature spiritually "dead." We all have inherited a nature that is poisoned by sin, beginning in the Garden of Eden with Adam's disobedience and passed down through every generation since. That nature is proven by our thoughts and actions from a very early age right into adulthood: we are, "by nature," selfish, prideful and prone to sin. We are, the Bible tells us, "dead in our sins" - that is, spiritually dead and headed for an eternity separated from God, an eternity of suffering, paying for our sins. That's why when a person receives spiritual life through faith in Christ, the Bible likens it to a rebirth. Only those who are born again have their sins forgiven and have a relationship with God.

How does that come to be? Ephesians 2:8-9 states, "For it is by grace you have been saved, through faith—and this not from yourselves, it is the gift of God—not by works, so that no one can boast." When one is saved, he/she has been born again, spiritually renewed, and is now a child of God by right of new birth. Trusting in Jesus Christ, the One who paid the penalty of sin when He died on the cross, is the means to be "born again." "Therefore, if anyone is in Christ, he is a new creation: the old has gone, the new has come!" (2 Corinthians 5:17)

If you have never trusted in the Lord Jesus Christ as your Savior, will you consider the prompting of the Holy Spirit as He speaks to your heart? You need to be born again. Will you pray the prayer of repentance and become a new creation in Christ today? "Yet to all who received him, to those who believed in his name, he gave the right to become children of God— children born not of natural descent, nor of human decision or a husband's will, but born of God." (John 1:12-13)

If you want to accept Jesus Christ as your Savior and be born again, here is a sample prayer. Remember, saying this prayer or any other prayer will not save you. It is only trusting in Christ that can save you from sin. This prayer is simply a way to express to God your faith in Him and thank Him for providing for your salvation. "God, I know that I have sinned against you and am deserving of punishment. But Jesus Christ took the punishment that I deserve so that through faith in Him I could be forgiven. I place my trust in You for salvation. Thank You for Your wonderful grace and forgiveness—the gift of eternal life! Amen!"

Source: [www.gotquestions.org/What does it mean to be a born-again Christian?](http://www.gotquestions.org/What_does_it_mean_to_be_a_born-again_Christian?)

Parent Agreement

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the school from any liabilities that may be a result of my child participating in these activities. In case of an accident or serious illness, I request that the school contact me. If the school is unable to do so, the school may take whatever measures deemed necessary.

I affirm my confidence in the staff at FLCS to educate my child(ren) and to carry out all other duties required of them, including assigning homework, meting out discipline, citing dress code violations, etc. I realize that from time to time children take issue with actions with which they disagree, and that children are normally prone to making criticisms out of context. I pledge that if my child complains about a staff member (Principal, teacher or volunteer) or his/her actions in any way, I will correct my child, support the school personnel and, if I have a question concerning an incident, I will request full details in writing.

I will fully cooperate with the school, and when I disagree with school policies or procedures, disciplinary measures, etc., I agree to bring those issues to the attention of the staff so they may be properly addressed.

I further realize that building a strong relationship with my child's teacher to aid in the training of my child is as much my responsibility as it is the school's, and therefore I agree:

- To pray for the staff and program
- To cooperate with the staff in disciplining my child and accept their judgment in all such matters
- To cooperate in training my child to respect school and church property, and to pay for irregular use of the same
- To follow through with any work, assignments or slips to be signed
- To send written excuses for absences
- To see that my child arrives at school on time
- To attend all mandatory parent functions
- To lay a spiritual foundation through a Godly example in the home
- To support the spiritual training of chapel, devotions, Bible classes, etc.

I realize that my child, as a student, represents Jesus Christ and Finger Lakes Christian School. I understand the importance of demonstrating a good Christian witness to a watching world. Therefore, I shall encourage my child to do all he/she can to bring honor to the name of Jesus Christ and, through his or her speech and conduct, to protect the reputation of Finger Lakes Christian School.

I understand that all students are accepted on a nine-week trial basis. To satisfactorily complete this trial period, my child must maintain a satisfactory level of conduct.

The teachers and administration are hereby given full discretion in the discipline of my child, though I understand that FLCS does not administer corporal punishment.

As a parent or guardian I agree that I am responsible for reading and following the instructions, restrictions and stipulations outlined in this Student Application, as well as those in the Student Agreement on the next page and the Student Handbook (a copy of the handbook is available on our web site: www.ccsenecafalls.com/flcs). Signing below indicates my willingness to adhere to and be bound by these document, even if I have not read them.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

If there is any portion of this page that you disagree with or are uncomfortable with, please do not sign. The Principal can discuss your objections at the enrollment interview and, as appropriate, make minor modifications.

Student Agreement

PLEASE NOTE: Students below 6th grade do not need to read or sign this document.

This form must be signed by all students entering 7th grade or above, including

1. Full-time students
2. Part-time students
3. Students who do not attend FLCS but are participating in any extra-curricular activities

As a student or participant in Finger Lakes Christian School, I pledge to

1. abide by the standards expressed in the FLCS Student Handbook throughout my enrollment at or involvement with Finger Lakes Christian School.
2. abstain from alcohol, tobacco of any kind, illegal drugs, vaping and/or sexual activity.
3. act in an orderly and respectful manner, maintaining Christian standards in courtesy, kindness, language, morality, and honesty.
4. refrain from giving the impression to other FLCS students or faculty that I am not in harmony with the goals, aims and standards of the school.

I understand and agree that I am required to maintain these standards in and out of FLCS. If my behavior, in school or out, is not in compliance with these standards, I accept that I will be subject to disciplinary measures, including possible suspension or expulsion.

Student Name (please print) _____ Date _____

Signature _____

I, the parent of this student, with my signature affirm my agreement and pledge to support compliance with everything written above.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Medical Information

If your child becomes ill or has an accident in school, first aid will be given and you will be notified. The responsibility for further treatment rests with you and your family physician. It is extremely important that your emergency notification information is kept up to date (see page 8). Please report any changes to the school office as soon as possible.

Most injuries/accidents are brought to the attention of the child's teacher but, occasionally, a child does not report an injury. If your child has sustained a school-related injury that you believe was not reported, please notify the office so that the appropriate documentation can be made.

If your child is ill, please do not send him to school. Many symptoms require a judgment call on your part, but these two do not: running a fever or vomiting. In either case the student must stay home from school. A child exhibiting these symptoms in school will be immediately separated from the student body and you will be asked to pick him up. Please remember that we do not have a full-time nurse on staff, so it is necessary that you consult your family physician about any illnesses.

For the protection of all students, a child with an untreated contagious disease should not be in school. This includes impetigo, pink eye, scabies, head lice, ringworm or excessive sneezing and coughing (as early cold symptoms). A note from the child's physician would be helpful in determining when the child should be re-admitted to school.

Parents are urged to send in a note explaining any illness-related absences.

Physician Contact Information

Doctor's name _____ Address _____
Phone _____
Doctor's name _____ Address _____
Phone _____

Immunizations

New York State Public Health Law mandates that, regardless of age or grade, all new pupils show proof of having been immunized against certain diseases before they enter school. The immunizations required are listed on the attached form, "Physical Exam and Immunization Record by Personal Physician." If your child is not properly immunized, you must provide us with proof that your child is in the process of receiving and completing the immunizations required, or that you claim a medical or religious exemption meeting the following requirements:

1. Medical exemption - must include a physician's statement that immunization against any one of the diseases would be harmful to the child's health.
2. Religious exemption - you must provide a written statement that parents or guardians are bona fide member of a recognized organization whose teachings are contrary to the administration of immunizing agents.

Notify the office of any immunizations/boosters that your child receives during the school year so that health records can be kept up to date.

Bring proof of your child's immunizations - available from your physician - to the school as soon as possible. It must be signed by a doctor or nurse in that office. We will accept a faxed or emailed copy of the form. Our contact information is on the front page of this packet.

Your child will not be able to start his/her first day of school unless proof of immunizations or exemptions are on file.

Physicals

New York State requires that all children entering Pre-school, Kindergarten and grades 2, 4, 7 and 10 have a physical examination by their doctor before entering school. You can schedule an exam with your health care provider. If a report of a physical is not received within 30 days of the start of school, we will arrange for one to be done in school by a licensed health care provider.

Mandated Tests

Vision. All new students and students entering or re-entering Pre-K, 2nd, 4th, 5th, 7th, and 10th will have their vision tested at FLCS by the local public school's nurse.

Hearing. Those students entering or re-entering Pre-K, K, 2nd, 4th, 7th, and 10th will be given a hearing test.

Scoliosis. New York State requires that each child entering or re-entering grades 5-9 receive an annual examination of their back, by the public school nurse, to detect curvature of the spine.

For all tests, parents will be notified if the results are questionable or treatment is recommended.

Medications

Over-the-counter (OTC) medications to be taken by a student during the school day require written pre-authorization by a parent.

Prescription medications require written pre-authorization by a parent, a copy of the prescription, and must be in the original prescription bottle.

Permission forms for both OTC and prescription medications are included in this packet or can be obtained from the office.

Students are not allowed to self-administer any medications, whether OTC or prescription. They are not allowed to have any medications on their person, in their backpack or stored in their lockers. Medications may only be administered by a staff member, and only in the office. Exceptions to these rules are on the permission form.

Students are never, under any circumstances, to give medication of any kind to another student. A first offense will result in a mandatory suspension.

Lead Screening Test

According to New York State guidelines, all pre-school children should have a lead screening test done within three months of school enrollment. While not required, all area doctors are aware of this guideline and usually include the test during the pre-school physical. This is a reminder to check with your child's doctor about this important test.

If you have any questions, please call the school office. Any questions we are unable to answer will be referred to the local public school nurse.

This form, or an equivalent, must be filled out by your child's primary care provider. You can take this form to that office or they can complete a form of their choosing. Please bring the completed form to the school or have their office send it to us.

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: ☐ M ☐ F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
 PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
 Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
 Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

Significant Medical/Surgical History: ☐ See attached _____

Allergies: ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Referral

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No
 Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: _____ ☐ None

☐ Known or suspected disability: _____ ☐ Please monitor

☐ Restrictions: _____ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: ☐ Asthma ☐ Diabetes ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension

☐ Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 2/08

Medical History (pg. 1)

Student name _____ Male ___ Female ___ Date of Birth _____

Parent or guardian name(s) _____

Home address _____ Phone _____

Physician name _____ Phone _____

Physician name _____ Phone _____

Were there any issues, pre-natal or during or immediately following birth, that resulted in any effects or complications or that we would need to be aware of in educating or otherwise caring for your child?

Has your child ever had any of the following diseases or conditions? Include dates.

Date	Date	Date
_____ Chickenpox	_____ Pneumonia	_____ Meningitis
_____ Measles	_____ Rheumatic Fever	_____ Encephalitis
_____ German Measles	_____ Scarlet Fever	_____ Tuberculosis or exposure to TB
_____ Mumps	_____ Diabetes	_____ Bowel Problems
_____ Whooping Cough	_____ Epilepsy	_____ Kidney Problems
_____ Heart Disease		

Does your child have:

1. Allergies? Yes ___ No ___ If yes, allergic to what? _____
How would you handle an allergic reaction? _____

2. Asthma? Yes ___ No ___ If yes, describe what triggers an attack, attack frequency, and what medications are given. _____

3. Seizures? Yes ___ No ___ If yes, describe how often, how long they last, and what medication is taken. _____

4. Frequent earaches or ear infections? Yes ___ No ___
5. Frequent sore throats or strep throat? Yes ___ No ___
6. Hyperactivity/Attention Deficit Disorder? Yes ___ No ___ If yes, describe how it is handled or treated, (medications, etc.). _____

If medications are required to handle any of the above conditions, please supply the appropriate medication permission forms, found on the following pages.

Medical History (pg. 2)

Has your child ever had:

1. A serious head injury? Yes ___ No ___ If yes, describe the injury, its date, treatment given and any lasting effects. _____

2. Lead poisoning? Yes ___ No ___ If yes, when and how was it treated? _____

3. A serious injury or accident? Yes ___ No ___ If yes, describe and give date. _____

4. Any operations? Yes ___ No ___ If yes, describe and give dates. _____

5. Been hospitalized? Yes ___ No ___ If yes, describe and give dates. _____

6. Any uncorrected problem with eyes or eyesight? Yes ___ No ___ If yes, describe. _____

7. Any uncorrected problem with ears or hearing? Yes ___ No ___ If yes, describe. _____

8. Speech or language problem? Yes ___ No ___ If yes, was an evaluation done? Yes ___ No ___
If yes, give date and results. _____

9. Does your child have any physical disabilities that would limit gym participation? Yes ___ No ___
If yes, describe: _____

10. Any mental health/emotional problems? Yes ___ No ___ If yes, describe. _____

11. Does your child take any medications on a daily basis? Yes ___ No ___ If yes, describe. _____

12. Will your child be taking any medication during school hours? Yes ___ No ___ If yes, fill out the forms on the following pages.
13. Other medical problems not previously listed: _____

14. Any other problems pertaining to family life, home, school, social life, etc. that you think we should be aware of? _____

The above information is considered confidential, but we do occasionally share information with the Principal, guidance counselors, or teachers as necessary.

Parent Authorization for Administration of Non-Prescription (OTC) Medication In School

To be completed by parent or guardian.

Dear Parent / Guardian,

We will not administer medication of any kind to your child without a parent or guardian's written consent. We will only administer the non-prescription (OTC) medications listed on this form.

The school stocks a supply of generic ibuprofen, acetaminophen (Tylenol), cough drops and throat lozenges. If there are others you want to have available for your child, please bring them to the office, labeled with your child's name.

Students may not carry medication of any kind on their person at any time, nor keep it in their backpacks, lockers, etc. There are no exceptions except prescription inhalers or Epi-pens, which may be carried by the student and self-administered. All other medication in the building must be stored in the office for administration by an authorized staff member. Students may never, under any circumstances, give medication to another student. A first offense will result in mandatory suspension.

Student Name

Date of Birth

Grade

School Year

Medication

Common indications

Dosage

1. Ibuprofen
(Advil, Motrin)

Headache, backache,
toothache, muscle pain,
menstrual pain, fever
due to cold/flu

200 mg. Tablets
1-2 every 4-6 hours

2. Acetaminophen
(Tylenol- regular strength)

Headache, backache,
toothache, muscle pain,
menstrual pain, fever
due to cold/flu

325 mg. Tablets
1-2 every 4-6 hours

3. Cough drops/throat lozenges

Cough, sore throat

Every 1-2 hours or
as needed

4. Sunscreen

Expected exposure
to the sun

As needed

5. Other non-prescription medication that you want to provide for your child's use: _____

Parent/guardian signature _____ Date _____

**Prescription medication
permission form**

A separate form for each prescription must be completed by parent or guardian.
Please make copies of this page as necessary.

Students may not carry medication of any kind on their person at any time, nor keep it in their backpacks, lockers, etc. There are no exceptions except prescription inhalers or epipens, which may be carried by the student and self-administered. All other medication in the building must be stored in the office for administration by an authorized staff member. Students may never, under any circumstances, give medication to another student. A first offense will result in mandatory suspension.

I request that my child _____, receive the prescription medication described below. I will supply the medication in the original pharmacy container. I understand that only authorized FLCS staff members will administer the medication. We agree to hold Finger Lakes Christian School and its employees free from liability for any problems or complications, medical or otherwise, that arise from my child being given proper dosages of the medications listed below.

Student name _____

Condition being treated _____

Name of medication _____ Prescription date _____

Prescribed dosage, frequency and method of administration _____

Times to be taken during school hours _____

Start date _____ Stop date _____

Possible side effects and adverse reactions _____

Other recommendations _____

Name and title of licensed prescriber (please print) _____

Address _____ Phone _____

Parent/guardian signature _____ Date _____

Prescriptions must be in their original, labeled containers. Labeling must include the student's name.

Medication and refills must be brought to and from school by a parent, guardian or other responsible adult.

No changes will be made without written authorization from a parent or guardian.