



## 2021-2022 STUDENT APPLICATION KATY ADVENTIST CHRISTIAN SCHOOL

OFFICE  
USE ONLY

Grade applying for \_\_\_\_\_ Date of Application \_\_\_\_\_

Student Social Security # \_\_\_\_\_

1. Full legal name of student \_\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_

Check document submitted to **Verify birthday for child** Birth Certificate ( ) Notarized statement ( )  
 Entering kindergarten or Hospital statement ( ) Passport or visa ( )  
**First grade** Verified by \_\_\_\_\_  
SCHOOL OFFICIAL

3. Student living with: Father ( ) Mother ( ) Stepfather ( ) Stepmother ( )  
 Other \_\_\_\_\_  
SPECIFY

Home address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
NUMBER STREET  
 \_\_\_\_\_ Home Phone \_\_\_\_\_  
CITY STATE ZIP

Email address \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

4. \_\_\_\_\_

Legal names Parents / Stepparents in #3	Denom. Affiliation	Church where Membership held	Languages used at home	Occupation	Business phone

5. Is this student sponsored by an Adventist church member? Yes ( ) No ( )

Is this student a baptized member of the Adventist church? Yes ( ) No ( )

If yes, indicate year baptized \_\_\_\_\_ Church where membership is held \_\_\_\_\_

If student has other church affiliation, specify \_\_\_\_\_

6. School last attended \_\_\_\_\_  
NAME OF SCHOOL ADDRESS PHONE

7. \_\_\_\_\_

Names of other children in family	Sex	Age	Check if living At home	School child is attending

OFFICE USE ONLY

Name _____ Other Dates documents / payments Received _____ Verification of Immunizations _____ Verification of birthday _____ Transcript(s) _____	Grade enrolled _____ Room assigned _____ Withdrew _____ Registration fee paid _____ First Month's tuition paid _____
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8. Has this student been previously identified as qualifying for a special education program? Yes ( ) No ( )  
 If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_  
 Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

9. Does student have an unpaid account at another school? Yes ( ) No ( )  
 If so, state where \_\_\_\_\_

10. Name and address of person to whom financial statements are to be sent if different from that given in item #3.

NAME	ADDRESS	TELEPHONE
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**UNIFORMS:**

I agree to abide by the uniform code as outlined in the KACS Handbook. To maintain color and quality consistency as well as cost effectiveness, uniforms need to be purchased at [flynnohara.com/school/TX100](http://flynnohara.com/school/TX100) or Flynn O'Hara, 1022 Wirt Road Ste 322, Houston, TX 77055. Phone: 346-201-3490. They have a complete listing of required daily and dress uniforms. I will help my child abide by the uniform code listed above. **I understand they are expected to be in uniform daily and will be sent home to change if they come in inappropriate attire.**

DATE	PARENT / GUARDIAN'S SIGNATURE
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**SPECIAL NEEDS:**

I understand that Katy Adventist Christian School does not provide special needs services.

DATE	PARENT / GUARDIAN'S SIGNATURE
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**PHOTO STATEMENT:**

From time to time we will take pictures of our children. We like to use these pictures in power point presentations in the area churches to show what is happening at our school. Occasionally we will put a photograph on a brochure or on our web site for advertising purposes. Names are never listed. By signing, you give permission for your child's picture to be used in this way.

DATE	PARENT / GUARDIAN'S SIGNATURE
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**ELECTRONICS / CELL PHONES:**

I understand that smart watches, cell phones, etc. are **not allowed**. I agree to make sure my child abides by the rules and regulations of KACS. I understand that these items will be confiscated if brought to school, and I will have to pay a fine to have them returned (see handbook). I also understand that disregarding any of the rules and regulations may result in my child being suspended / expelled. (Tablets / Computers may be allowed with permission from Principal.)

DATE	PARENT / GUARDIAN'S SIGNATURE
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**PARENT CONTRACT:**

I hereby agree to support school regulations and to help my child observe them, and to accept all financial educational obligations for this student. I understand that when an account becomes 45 days past due, financial arrangements must be made with the business office in order for the student to continue in school, plus a \$25.00 late fee will be assessed each month for every month in arrears. If financial arrangements are not made, school policy requires that the student(s) withdraw until payment is made or an approved payment plan is arranged.

DATE	PARENT / GUARDIAN'S SIGNATURE
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