



Klamath Falls Adventist Christian School

2499 Main Street, Klamath Falls, OR 97601-2721

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STATEMENT OF COOPERATION

Student Name: _____

My child/children and I have read the Klamath Falls Adventist Christian School (KFACSK) *Student Handbook*, specifically noting those areas dealing with school philosophy, admission policy, and rules of conduct, attendance, citizenship, and dress code.

We understand that attendance at KFACSK is dependent upon demonstration of behavior and attitude consistent with the philosophy and policies outlined in this *Handbook*.

We understand that by signing this Statement of Cooperation, we are agreeing to abide by the standards of Klamath Falls Adventist Christian School.

Student name (please print) _____

Student signature _____

Parent/Guardian signature _____

Date _____