



# MISSISSIPPI VALLEY Christian School

## RE-ENROLLMENT STUDENT APPLICATION

School Year 2021–2022  
Mississippi Valley Christian School  
2009 Seminary Street, Alton, IL 62002

### STUDENT INFORMATION

Student's name \_\_\_\_\_

First Middle Last

Entering grade: \_\_\_\_\_ For students enrolling in K–4 or K-5 please indicate:  All day  Half-day

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

With whom does the child live?  Father & Mother  Father only  Mother only  Other \_\_\_\_\_

*If other, please complete the following:*

Person's name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

*If custody is shared, please attach a separate page detailing the description of the terms and attach a copy of any legal documentation.*

List the names of any persons **not** allowed to pick up your child: \_\_\_\_\_

Who will be making financial payments? \_\_\_\_\_ *please see Statement of Financial Agreement*

Name of church student attends: \_\_\_\_\_

Student's church attendance and involvement:  High  Medium  Low

Has student accepted Christ as his/her personal Savior?  Yes  No

### MEDICAL INFORMATION

Father's phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of an EMERGENCY, notify the following people in the order listed (parent will always be notified first):

Name Relationship Phone

Name Relationship Phone

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Please list **any** medications and dosage your child takes on a regular basis: \_\_\_\_\_

*If your child is to take any medicine at school, **IT MUST BE BROUGHT TO THE OFFICE IN THE ORIGINAL CONTAINER WITH SPECIFIC INSTRUCTIONS AS TO its ADMINISTRATION.***

Specify any medical allergies, chronic illnesses, asthmatic conditions, diabetes, or any other special health considerations of your child (heart, eyes, hearing, etc.): \_\_\_\_\_

May your child be given at school: Tylenol? Yes No                      Ibuprofen? Yes No  
Tums? Yes No    Cough Drops? Yes No

**\*\* Name of student's medical insurance company:** \_\_\_\_\_  
**\*\* Policy number:** \_\_\_\_\_ **Group number (if applicable):** \_\_\_\_\_

Every student is covered under our student insurance. This is a secondary insurance to cover what your primary insurance does not. All claims must be submitted by the parent or guardian to our insurance company. Forms are available upon request in the office.

**Health/immunizations, dental and eye exams are required the by the State of IL for specific grade levels. Separate paper work is available for your convenience.**

Describe any mental or emotional disabilities (ADD, etc.): \_\_\_\_\_

I understand that the school does not employ a registered nurse. Certain members of the office staff are assigned to oversee the healthcare needs of the students and I will cooperate with the health care policies of the school.

As a parent and/or guardian, I do herewith authorize Mississippi Valley Christian School to call an emergency ambulance in case of an accident or acute illness and to arrange for necessary emergency treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority for emergency treatment is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given by the school. I also agree to accept financial responsibility for the above medical services. This release form is being completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This form must have **two** signatures unless the student is in the custody of one parent or guardian.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* This information MUST be included. If you have no insurance, please write "None."**