



## Registration Packet Check List

**Your child's Spot will not be held if the whole packet is not returned at the time of registration.**

This check list is to help make sure you have all the correct paperwork before returning it back to the school.

1. Registration Packet Check List.
2. Registration Form / Tuition Payment Option
3. Parent Information Sheet
4. Tuition - You can keep
5. Emergency Form
6. Physical Exam - **NEED BACK BEFORE AUGUST 1st! (Details on Page)**
7. Important School Information & School History
8. General Enrollment Information
9. General Enrollment Information Cont.
10. Authorization Form
11. Field Trip Authorization Form
12. Parent Agreement
13. TV Viewing / Topical Preparation Permission Form
14. Publicity Form / Social Media Permission / Rest Time Policy / Hospital Choice
15. Parent Responsibilities
16. / 17 Anti- Bullying Agreement / Student / Guardian Responsibilities



## Registration Form

Trinity Evangelical Lutheran Church and School

52 El Rio Drive, P.O. Box 787 Alamosa, CO 81101

School (719) 937-2150 Church (719) 589-4611

School Email: trinitylutheranalamosa@gmail.com

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**Preschool: 3 years old as of July 1st**

**Kindergarten: 5 years old as of October 1st**

**CLASS:** Please circle the class your child will be entering and days they are attending

**(3 year olds can only come TWO days)**

Preschool: 2 mornings

Preschool: 3 morning

Preschool: 4 mornings

Preschool: 2 full days

Preschool: 3 full days

Preschool: 4 full days

Kindergarten

First Grade

Second grade

**PLEASE CIRCLE WHICH DAYS YOUR CHILD WILL BE ATTENDING (PRE-K ONLY)**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

**Name of child**

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**Street address**

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**Mailing address**

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**Date of birth** \_\_\_\_\_

**Payment Options: 9 Month Payment or 12 Month Payments**

(Circle One Option Please) (Details on Page 3)

**Parent Information****Father's Information**

Father \_\_\_\_\_ Cell phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address \_\_\_\_\_

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

Workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work physical address \_\_\_\_\_

**Mother's Information**

Mother \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address \_\_\_\_\_

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

Workplace \_\_\_\_\_ Work phone: \_\_\_\_\_

Work physical address \_\_\_\_\_

**In the event that your account is 60 days past due and is turned over to a collection agency, all collection fees will be assessed to you.**

\_\_\_\_\_

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

\_\_\_\_\_

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

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND SECURE****FOR SCHOOL USE ONLY**

Date received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

Date of enrollment (first day of school) \_\_\_\_\_ Pre- admission Interview: \_\_\_\_\_

Authorized signature \_\_\_\_\_

## Trinity Lutheran School Tuition 2025-2026

You have the option of paying over 12 months (**July-June**) or 9 months (**September- May**)

If you have more than one student in our school, you pay the full tuition due for the oldest child and receive 15% off each additional child.

**\*Registration Fees are NON- REFUNDABLE**

**In order to secure your child's spot, we MUST have a complete registration form with the appropriate registration and supply fees due at the time you turn in your registration form. We can not save a spot for your child without these two items.**

Please note these forms **MUST** be returned **BEFORE** your child starts attending next school year and are filled out new each school year! The health statement must be filled out and signed by a physician. Please do not wait too long to schedule an appointment with your doctor as it is very difficult to get in before starts!

<u>Annual Tuition</u>	<u>12 month Payments</u> (Paid Monthly starts in July))	<u>9 Month Payments</u> (Paid Monthly starts in Sept.)	<u>Supply Fee</u>	<u>Registration Fee</u>
<u>Pre-K Two Mornings</u> \$1213.84	\$101.15	\$134.87	\$40	\$100
<u>Pre-K Two Fulls Days</u> \$2427.56	\$202.30	\$270.00	\$65	\$100
<u>Pre-K Three Mornings</u> \$1948.24	\$162.35	\$216.47	\$50	\$100
<u>Pre-K Three Full Days</u> \$3641.40	\$303.45	\$404.60	\$90	\$100
<u>Pre-K Four Mornings</u> \$2427.56	\$202.30	\$269.73	\$65	\$100
<u>Pre-K Four Full Days</u> \$4855.24	\$404.60	\$539.47	\$115	\$100
<u>Kindergarten - 2nd Grades</u> \$3927	\$327.25	\$436.33	\$150	\$100

**Circle what option you are choosing 9 or 12 month payments on page 2 of registration packet.**

EMERGENCY FORM  
Trinity Lutheran School  
52 El Rio Drive, P.O. Box 787, Alamosa, CO 81101 (719) 589-3271

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Father \_\_\_\_\_ Phone \_\_\_\_\_

Day care provider \_\_\_\_\_ Phone \_\_\_\_\_

List any additional persons who may be called in an emergency and who are authorized to transport your child from the school. Your child will not be allowed to leave with any other person without written and verbal authorization from parents or guardian. IDs will be required before we release a student to someone we do not know.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Physician to be called in an emergency:

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to be called in an emergency:

Name \_\_\_\_\_. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of choice:

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If physician cannot be reached, what action should be taken?

\_\_\_\_ Call hospital emergency \_\_\_\_ Other (explain) \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

In an emergency, my child's teacher or the school designated emergency person has my consent to call an ambulance at my/our expense. \_\_\_\_ Yes \_\_\_\_ No

In an emergency, my child may receive first aid. \_\_\_\_ Yes \_\_\_\_ No

In an emergency, the teacher in charge has my permission to call Dr. \_\_\_\_\_ and, if necessary, give consent to any doctor or hospital to administer emergency medical treatment and care for my child at my/our expense. \_\_\_\_ Yes \_\_\_\_ No

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



Physical Exam for Trinity Lutheran School  
52 El Rio Drive. Alamosa, CO 81101  
(719) 937-2150

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**MUST BE FILLED OUT BY PHYSICIAN!**  
**Due Back to the School by August 1st**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female (Circle)

Child's Present Age at the time of Service: \_\_\_\_\_ Years, \_\_\_\_\_ Months \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic's Phone Number: \_\_\_\_\_

Test	Date of Service	Results	Test	Date of Service	Results
Height			Hearing		
Weight			Blood Pressure		
BMI			TB Questionnaire / Test		
Vision			Lead Risk Questionnaire		

Physical Exam	Normal	Abnormal	Not Evaluated	Comments
Posture / Gait				
Skin				
Head				
Eyes: External Aspects				
Optic Funduscopic				
Cover Test				
Ears: Externals & Canals				
Tympanic Membranes				
Teeth				
Heart				
Lungs				
Abdomen (Include Hernia)				
Genitalia				
Bones, Joints, Muscles				
Neurological / Social: Gross Motor				
Fine Motor				
Communication skills				
Cognitive				
Self Help Skills				
Glands (Lymphatic / Thyroid)				
Muscular				
Nutritional Screening				
Developmental Screening				
Mental Health Screening				

Immunizations

**Y / N**

Up to Date for age  
on all immunizations

**Y / N**

Behind on  
immunization schedule.  
Received the following  
today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Y / N**

Required additional  
immunizations to be up  
to date. Please List  
immunizations still  
needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Statement on Child's Physical Status: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Print

Signature

License #

**If you can not get an appointment by August 1st, proof of an appointment scheduled is required by the school before school starts!**

## **IMPORTANT SCHOOL INFORMATION SCHOOL HISTORY**

Trinity Lutheran School was established as a ministry of Trinity Lutheran Church in 1982. The school is a self-supporting, non-profit mission of the church. The church provides the space for the school and maintains the grounds and the building. All furnishings, equipment, and supplies of the church and school are shared openly for all church/school activities

### **PURPOSE**

As a Christian school, Trinity's purpose is to help parents in our community to provide a Christ centered education for their children in spirit, mind, and body. Rooted in the Christian faith, Trinity Lutheran School provides education for children regardless of their race, gender, or religious background. The school is an autonomous member of the world-wide Lutheran Church Missouri Synod School System, one of the oldest and largest private school association in existence.

### **MISSION STATEMENT**

The mission of Trinity Lutheran School is to provide students with a strong spiritual and academic foundation under the nurturing care of our Savior Jesus Christ so each individual may develop as a total child of God. We are here to promote learning in a Christian environment. We are dedicated to helping you, the parents, help your child grow and develop in spiritual awareness, social confidence, emotional maturity, physical growth and academic stimulation. Our program has been developed to serve the total child. It provides many pathways by which learning can occur; trial and error, exploration and discovery, imagination, play, imitation, self-expression and by asking questions. The children will participate in both structured and informal instruction. The program will promote skills through development of verbal and listening skills, large and small motor skills, social skills, reading, computation, and spiritual awareness.

### **SPECIAL NEEDS**

While we seek to serve a wide variety of students with a wide range of abilities, Trinity Lutheran School does not have the resources, expertise, space and staff to serve students with special needs such as, but not limited to; hearing, speech, motor, social, behavioral or learning disabilities. If such special needs come to the attention of the staff of Trinity Lutheran School, it would be the general recommendation of the school to have the student tested and placed appropriately within the public school system in our community.

### **STUDENT BEHAVIORAL EXPECTATIONS**

The most important responsibility of the staff is to provide children with the skills that will enable them to become independent learners in an environment where dignity and self-esteem are nurtured and formed. To that end, we will expect behavior that is both orderly and respectful. In every case of student misbehavior, a solution to the child's problem will be sought at the lowest possible level – that of the classroom teacher and the student. However, in the event a student's behavior results in an on-going disruption of the classroom, undermines the authority of any staff person or endangers the person or property of himself or others, there will be an official notification to the parents. If after three notifications and a parent/teacher conference, the problem behavior persists, the child will no longer be able to attend Trinity Lutheran School.

### **FINANCIAL SUPPORT**

It is imperative that all parents make their tuition and childcare payments on time, which is the first of every month. Our staff depends on your tuition payments to provide them with the paycheck which they have earned. To that end, a late fee of \$15.00 will be added to the account of those whose payment is made after the 15<sup>th</sup> of each month.

The above is a brief overview of the policies of Trinity Lutheran School. A parent handbook detailing all policies of the school will be handed out at the beginning of the school year.

**I acknowledge the information contained above and understand that it is my responsibility to fully review the parent handbook which I will receive at the beginning of the school year.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL ENROLLMENT INFORMATION****TRINITY LUTHERAN SCHOOL****52 El Rio Drive, P.O. Box 787****Alamosa, CO 81101 719-937-2150**

The purpose of this form is to enable us to know your child and his/her needs, so that we may do the best job possible. All information is kept confidential.

Name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Today's date \_\_\_\_\_ Date of birth \_\_\_\_\_

Please list all children in the family in order of age, including the child you are enrolling:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Are there any special family situations that we should be aware of?

\_\_\_\_\_

Is your child adopted? \_\_\_\_ Yes \_\_\_\_ No

Parent's marital status (circle one) married legally separated divorced widowed single

Foods your child CAN NOT eat: \_\_\_\_\_

Can your child drink milk? \_\_\_\_ Yes \_\_\_\_ No Real fruit juice? \_\_\_\_ Yes \_\_\_\_ No

Does your child have any speech problems? \_\_\_\_\_

Do strangers understand your child's language easily? \_\_\_\_\_

Does your child have hearing problems? \_\_\_\_\_

Does your child wear corrective shoes? \_\_\_\_\_

Does your child wear corrective lenses? \_\_\_\_\_

Any disabilities or activity restrictions? \_\_\_\_\_

\_\_\_\_\_

Does your child require special attention or routines that may have to be taken into consideration in planning t school day?

\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Why? \_\_\_\_\_

Does your child have fears? \_\_\_\_ dogs \_\_\_\_ the dark \_\_\_\_ other \_\_\_\_\_

Does your child have nightmares or bad dreams? \_\_\_\_ Yes \_\_\_\_ No

Are all members of the family English speaking? \_\_\_\_ Yes \_\_\_\_ No

**Over**



If not, what language(s) is/are spoken? \_\_\_\_\_

Cue words used at toilet time \_\_\_\_\_

People and animals your child will talk about frequently (expecting teachers to know all about):

\_\_\_\_\_

What are your child's favorite indoor activities? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite outdoor activities? \_\_\_\_\_

\_\_\_\_\_

What special interests does your child have? \_\_\_\_\_

\_\_\_\_\_

Child's social behavior: (circle) shy   friendly   cautious   outgoing   loner

Emotional behavior: (circle all that apply) calm   excitable   easily angered   happy   cheerful

stubborn   whiny   quiet   cooperative   independent   active   fights often   tearful

gives in easily   wants own way   temper tantrums   cries easily

People staying at your home (uncle, aunt, friend, grandparent): \_\_\_\_\_

\_\_\_\_\_

Does your child have an awareness of God? \_\_\_\_ Yes   \_\_\_\_ No

Has your child been baptized? \_\_\_\_ Yes   \_\_\_\_ No

Name and location of church:

\_\_\_\_\_

What do you hope your child will gain from experiences here? \_\_\_\_\_

Family church affiliation \_\_\_\_\_ Does child attend? \_\_\_\_\_

List special needs of your child (including allergies) \_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FORM**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant my permission for my child to be included in evaluations in the school program.

I hereby grant my permission for the teacher or the school's designated emergency person to take whatever steps necessary to obtain medical care for my child.

These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do one of the following:
  1. Attempt to contact you through any of the persons listed on your emergency form.
  2. Call another physician
  3. Call an ambulance
  4. Have the child taken to the emergency room at the local hospital in the company of a staff member.

Any expenses incurred under #3 above will be the responsibility of the child's family. However, each child is covered under an accident insurance policy.

The school will not be responsible for anything that may happen as a result of false information given on school forms.

The school will not assume responsibility for a child who has not been signed in properly upon arrival at the school.

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Mother's or guardian's signature

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Date

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Father's or guardian's signature

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Date

**FIELD TRIP AUTHORIZATION**

**\*\*Preschool students do not take trips requiring transportation by vehicle.\*\***

During the school year, your elementary age child may take part in field trips and educational excursions either by private car or on foot. Your child will be chaperoned by responsible adults from the school staff and parent volunteers. Notice of field trips by car will be sent to you using a Field Trip Form and all field trips will be posted at the school.

When field trips are taken by car, the children will be transported in authorized vehicles driven by staff members or parent volunteers who have met all the necessary requirements. We will require and provide responsible drivers who have proof of insurance for their vehicle and those riding in it and good driving records. All seat belt laws will be followed.

Should any accident or illness occur while my child is away from the school on a field trip, I will not hold responsible the staff members or parent volunteers or church membership of Trinity Evangelical Lutheran Church and School.

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Signature of parent or legal guardian

Date

Most field trips will be a short walk in the neighborhood to observe the change of the seasons and review safety rules or to see College/University exhibits open to school children.

Field trips have become limited and we are encouraging in-school field trip experiences by inviting community workers or specialists to come to our school with their tools (**\*if guidelines/restrictions allow**). Please contact the teacher or list below if you wish to visit the school with your work or hobby tools.

Please list special talents or learning experiences you would like to share with your child’s class. Include times and dates you could come into the classroom or if you would like a class to visit your workplace.

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## PARENT AGREEMENT

I understand that Trinity Lutheran School is owned and operated by Trinity Evangelical Lutheran Church and is under the direction of the Trinity Lutheran School Board.

I understand that Trinity Lutheran School is a non-profit church school.

I understand that as a parent/guardian of a child attending Trinity Lutheran School I may attend School Board meetings that are not posted as executive meetings.

I agree to enroll my child \_\_\_\_\_ at Trinity Lutheran School.

I have received and read a copy of the school parent handbook and agree to adhere to said policies and procedures.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that fees and tuition payments are due in advance and I further understand that my child can be refused admittance if all payments are not made on schedule.

**THE REGISTRATION FEE MUST BE PAID AT THE TIME OF REGISTRATION TO ENSURE ENROLLMENT.**

**THE BOOK/SUPPLY FEE MUST BE PAID AT THE TIME OF REGISTRATION AND IS REFUNDABLE ONLY UNTIL JULY 1<sup>st</sup>.**

**EACH MONTH'S TUITION IS DUE ON THE FIRST DAY OF EACH MONTH AND MUST BE PAID ON OR BEFORE THE 15<sup>TH</sup> DAY OF EACH MONTH.** Additional late fees and return check charges of \$15.00 may be requested.

I understand a two week notice is required before withdrawing my child from the school. If notice is not given two weeks in advance, tuition may be required for two additional weeks.

I understand the monthly tuition guarantees my child a place in the school and refunds are not made for absences or holidays.

I understand that this agreement can be cancelled at any time by the Trinity Lutheran School Board.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## TV AND VIDEO VIEWING

We are not equipped to provide TV viewing.

1. Videos will be rated G (for general audiences) only.
2. Videos will be of religious or informational nature and will be carefully chosen and/or approved by the teacher in charge.
3. A staff member will always be present during viewing.
4. A video brought by a child to school from home will only be shown at the teacher's discretion.

My child \_\_\_\_\_ has my permission to view a video which is described in the above policy.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM

I give my permission for the staff at Trinity Lutheran School to assist with applying or to apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s). **\*If a student is not to use sunscreen for any reason, the parent is required to supply protective clothing, hats, etc. to protect exposed skin.**

\_\_\_\_\_ In the event that my child does not have sunscreen with them, the school may apply Equate (Walmart brand) SPF50 Kids to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

\_\_\_\_\_ My child may NOT use any sunscreen other than the one that he/she brings.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

### PUBLICITY PERMISSION

Trinity Lutheran School has my permission to use a photo of my child \_\_\_\_\_ for publicity purposes, such as in the Valley Courier, inserts in the Sunday church bulletin, or church newsletter.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Trinity Lutheran School has my permission to use a photo of my child \_\_\_\_\_ on the school Facebook page.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### REST TIME POLICY

I understand that my **preschool** child \_\_\_\_\_ will be having a rest time on a mat/cot at Trinity Lutheran School if they are under the age of 5 and/or attend for more than six hours in any given day. He/ she will be supervised during the entirety of rest time. Cots/mats will be provided by the school. Parents will provide a crib sheet, pillow, blanket, etc. and be responsible for laundering the above.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### HOSPITAL OF CHOICE

I understand that in the case of an emergency, my child will be taken to San Luis Valley Regional Medical Center in Alamosa (the nearest hospital) unless another hospital is indicated below.

Name and location of preferred hospital:

\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## **PARENTAL RESPONSIBILITIES**

**ALL FORMS/INFORMATION ON CHILD IS TO BE TURNED IN BEFORE THE FIRST DAY OF CLASSES.**

1. Provide necessary information on registration forms.
2. Insure that the child's immunizations are kept up to date, and provide the immunization information and physician's signature as required by state regulations.

### **TUITION**

1. Pay tuition either in full at the beginning of the year, or in equal monthly payments due the first of each month.
2. Payments made after the 15<sup>th</sup> of the month will be assessed a \$15.00 late fee.

### **COMPLY WITH SCHOOL RULES AS DETAILED IN THE PARENT HANDBOOK**

1. Deliver and pick up your child within the times specified.
2. Always leave the child with an adult.
3. Keep child home when displaying signs of illness.
4. Arrange to get child promptly if he/she become ill during school.
5. Notify the school if the child has a communicable disease.
6. Notify the school promptly of any planned changes in attendance.
7. Insure the child has regular school attendance and does not miss an excessive number of school days.
8. Attend conferences as scheduled to discuss child's progress.

**TAKE QUESTIONS OR PROBLEMS FIRST TO THE TEACHER CONCERNED. IF NOT RESOLVED, CONTACT THE DIRECTOR, OR FINALLY THE SCHOOL BOARD.**

**I have read the above responsibilities and agree to comply.**

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Parent/guardian signature

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Date

## **Trinity Lutheran School**

### **Anti-Bullying Policy and Parent/Student Agreement**

But the fruit of the Spirit is love, joy, peace, kindness, goodness, faithfulness, gentleness, and self-control. (Galatians 5:22-23)

**Parents and students please discuss this policy together, sign the agreement, and return to your teacher.**

**Philosophy Statement:** Trinity Lutheran School Board and Staff provide a safe and protective setting where students are encouraged to learn, meet their academic goals, and grow in their faith. As such, bullying interferes with both a student's ability to learn and a school's ability to teach because of its disruptive nature. Positive Christian behavior including loving others, respecting others, setting an example, and discouraging bullying is expected of all staff, students, parents, and volunteers.

**Definition:** Bullying can be defined as the use of force, threat or coercion to abuse, intimidate, or aggressively impose domination over others. This type of behavior is characterized as repeated or habitual and would not be applied to one or two isolated incidents of conflict. Bullying can be physical, verbal, or emotional.

**Consequences:** Any student who chooses to participate in bullying will be subject to the following consequences, after appropriate classroom disciplinary steps have been taken and the student and parents have been notified that the bullying behavior is unacceptable.

1. The first incident verified involving bullying will result in the student talking to the classroom teacher and school director and a notification to the parents.
2. The second verifiable incident will result in a meeting with the student's parents to develop an action plan.
3. The third incident may result in school suspension and depending on the severity possible expulsion.

However, each incident will be examined on a case-by-case basis and could vary based on several factors including age, nature of the problem, past history, etc. The discipline plan will include an action plan to correct the behavior, to prevent it from happening again, and to protect the bullying victim from harm.



**Student's responsibility:**

I prayerfully promise that I will do my best to keep our school a safe and caring place. This means I will;

1. Treat everyone with kindness and respect.
2. Resolve disagreements with other students in a Christ-like manner.
3. Never tease, hurt, make fun of, or bully another student.
4. Refuse to join in if I see someone else being mistreated.
5. Immediately ask for help from an adult at school if I am bullied or see someone else being bullied.

Student's signature if possible \_\_\_\_\_

**Parent/guardian's responsibility:**

I have reviewed the anti-bullying policy with my child and I prayerfully commit to encouraging my child to always treat others with respect and keep our school a safe and caring place. I will help my child to learn to treat others with the love of Christ.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Matthew 7:12

So in everything, do to others what you would have them to do to you...

