



Kodiak Christian School

3300 E. Rezanof Dr. Kodiak, AK 99615

907.486.4905

kcsoffice@kodiakchristianschool.com

www.kodiakchristianschool.com

Family Last Name _____

2026-2027 School Year

Child(ren)'s Full Name(s)	Date of Birth	Age on 9/1/26	Grade 2026-2027	Allergies
1.				
2.				
3.				
4.				
5.				

Father's/Guardian's Name: _____ Mother's/Guardian's Name: _____

Home Address: _____ Home Address: _____

Mailing Address: _____ Mailing Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Position: _____ Position: _____

Education: _____ Education: _____

High School: ____ years College: ____ years High School: ____ years College: ____ years

Marital Status: _____ Marital Status: _____

Married Divorced Widowed Married Divorced Widowed

Separated Remarried Unmarried Separated Remarried Unmarried

Church Involvement:

Name of Church: _____ Are you a Member? _____

Name of Pastor: _____ Phone: _____

Attendance: _____ Regular _____ Occasional _____ Seldom _____ Never

Church Activities: _____

Christian References: (One should be a pastor)

1. Name: _____ Phone: _____

E-mail Address: _____ Address: _____

2. Name: _____ Phone: _____

E-mail Address: _____ Address: _____



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Publicity Release Authorization:

Information regarding student participation in activities and sports, height and weight of athletes, most recent school or program attended, date and place of birth, dates of enrollment, diplomas and awards received, and major areas of study may not be released without consent, according to the **Family Educational Rights and Privacy Act of 1974**.

Kodiak Christian School has permission to release my child(ren)'s name(s) and pertinent information to area newspapers, sports teams and other appropriate media publicity regarding KCS events, awards, or athletic competitions for as long as the child(ren) are enrolled in KCS.

Parent/Guardian

Date

Internet Release Authorization:

Kodiak Christian School has permission to use school photos or the name(s) of my child(ren) in information related to KCS events, awards, or athletic competitions on the school's official website and social media pages.

Parent/Guardian

Date

Statements of Agreement:

Please initial the following statements.

_____ I have read and agree to foster the Kodiak Christian School Statement of Faith.

_____ I have read and agree to the policies and guidelines outlined in the Family Handbook.

_____ I have read and agree to the *financial policies* outlined in the Family Handbook and recognize that I am financially responsible for the prompt and complete payment of my bill.

_____ I have read and agree to adhere to Kodiak Christian School's *discipline policy*.

_____ I have read and agree to follow Kodiak Christian School's *computer use contract*.

_____ I have read and agree to fulfill Kodiak Christian School's *service hour commitment*.

_____ I understand Kodiak Christian School reserves the right to dismiss or refuse enrollment to any Student(s) that does not respect the standards and expectations of Kodiak Christian School.

I attest to the truthfulness and completeness of my responses above.

Father/Guardian

Date

Mother/Guardian

Date

