



Kodiak Christian School

3300 E. Rezanof Dr. / Kodiak, AK 99615
907.486.4905 / FAX: 907.486.2463
kcsoffice@kodiakchristianschool.com
www.kodiakchristianschool.com

Family Last Name _____

2022-2023 School Year

Child(ren)'s Full Name(s)	Date of Birth	Age	Grade	Allergies
1.				
2.				
3.				
4.				
5.				

Father's/Guardian's Name: _____

Mother's/Guardian's Name: _____

Home Address: _____

Home Address: _____

Mailing Address: _____

Mailing Address: _____

Home Phone: _____

Home Phone: _____

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



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Tuition Contract

Tuition Rates

K-8 First Student (Oldest)	\$4,850
K-8 Second and Third Student	\$4,850
K-8 Fourth Student	FREE
K-8 Fifth Student (+)	\$2,425

\$150 Books & Materials Fee due in August

Kindergarten (full day)	\$4,850
Kindergarten (half day)	\$3,500
Preschool (full-time)	\$3,500
Preschool (part-time)	\$2,200

We choose the following option to pay our tuition for the current school year:

One-Time Payment in Full: Full Payment paid directly to Kodiak Christian School by September 1st.

9 Month Payment Plan: Nine monthly payments (September 1 - May 1)
Late fee of \$10 assessed for payments made from the 10th-20th of each month Late fee of \$25 assessed for payments made after the 20th of each month

PFID Payment Plan: Apply Permanent Funds Dividend in October
A minimum family contribution of \$_____/month until yearly tuition is paid in full. *Approved by Administrator* _____

Custom Pre-Approved Payment Plan: Specific payment arrangements made with KCS office.
\$_____/month over the course of _____months. *Approved by Administrator* _____

Option to Pay the Actual Cost of Tuition: The *actual cost* to educate each child at Kodiak Christian School is \$7,839.
The published tuition rates are supplemented through various donations and fundraisers throughout the year.

**Payments can be made by cash, check, or credit card. *There is a 3% processing fee associated with all credit card payments.*

Service Hour Commitment

It is through the continued support of our school community that we are able to keep tuition costs as low as possible. As a school, we fundraise to supplement tuition cost. With every family contributing a minimum required amount of service hours, we can help assure an equal and fair distribution of our school's fundraising needs. Each family's service hour commitment is based on the oldest enrolled child. Please keep in mind that service hours do not carry over from semester to semester and may not be transferred to other families.

A \$25 service hour fee will be applied to each uncompleted service hour.

Grade Level	Semester Requirement	Total Service Hours
Preschool - 8 th Grade	10 Hours	20 Hours

I opt to waive the *Service Hour Commitment* by paying the non-refundable \$250 per semester fee as listed below:
 _____ 1st Semester (\$250) _____ 2nd Semester (\$250) _____ All Year (\$500)

Please Note: Students who withdraw after school begins will owe all the above fees plus the full month's tuition for any month in which at least one school day was attended.

Understanding the principles of Biblical stewardship, honesty and the necessity of funds being made available in a consistent manner in order to operate this ministry, I/we hereby pledge to honor the terms of this tuition agreement.

_____ Parent/ Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date Signed
_____ Parent/ Guardian Printed Name	_____ Parent/Guardian Signature	_____ Date Signed

Non-Refundable Enrollment Fee	Amount Received \$_____	Date Received:_____	Received by:_____	Check #_____
Non-Refundable Books & Materials Fee	Amount Received \$_____	Date Received:_____	Received by:_____	Check #_____