



Kodiak Christian School

3300 E. Rezanof Dr. Kodiak, AK 99615
907.486.4905

kcsoffice@kodiakchristianschool.com
www.kodiakchristianschool.com

Family Last Name _____

2024-2025 School Year

Child(ren)'s Full Name(s)	Date of Birth	Age on 9/1/24	Grade 2024-2025	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



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2024-2025 Tuition Contract

Family Last Name: _____

Tuition Rates

Preschool 3 Year Old	MWF 8:30-12	\$2,520
Preschool 4 Year Old	M-F 8:30-12	\$3,780
Pre- 4 All Day - 8th Grade	MTThF 8:30-3 W 8:30-2	\$4,950

We choose the following option to pay our tuition for the 2023-2024 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 \$25 assessed for payments made after the 10th of each month

PFD 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 3 & 4	5 Hours	10 Hours
Pre 4 All Day - 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)

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 #_____
\$150 Books & Materials Fee	Amount Received \$_____ Date Received:_____ Received by:_____ Check #_____