



ENROLLMENT APPLICATION – 2019-2020

Tri-County Christian School
2900 West Loras Drive, Freeport, Illinois 61032
(815) 233-1876
www.tricountychristian.org

- **All Students** need to check with their physician to verify that immunizations are up-to-date. State requirements for immunizations may have changed since their last visit.
- **All New Students** must provide a copy of their original birth certificate to the school office prior to the first day of school. Records for students transferring from another state of Illinois school will include this document.
- **Current Physicals and up-to-date immunization records are required** and need to be submitted to the school office prior to the first day of school for the following grades/students:
 - Preschool
 - Kindergarten
 - Sixth Grade
 - New students coming from another state
 - Students previously homeschooled

The form required by the State of Illinois is available through your physician.

- **Dental Health Examinations are required** and should be done the summer before or during the school year they attend the following grades:
 - Kindergarten
 - Second Grade
 - Sixth Grade

These exams must be completed and on file in the school office prior to May 15 of the school year they attend these grades. The form required by the State of Illinois is available through your dentist.

- **Vision Exams by an optometrist or physician licensed to provide complete eye exams** are required for the following:
 - Kindergarten
 - Any child entering the Illinois school system for the first time.

The form required by the State of Illinois is available through your optometrist. These exams must be completed and on file in the school office before October 15 of the school year they attend these grades.



ENROLLMENT APPLICATION – 2019-2020

Tri-County Christian School
2900 West Loras Drive, Freeport, Illinois 61032
(815) 233-1876

www.tricountychristian.org

REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION

Student(s) Last Name(s)

For Office Use Only
Date Received _____
Date Paid: _____
Amount Paid: _____
Check # _____
Admin. _____ Fin. _____
Off. Man. _____ CUM _____
Data Base _____

Father's Name (First & Last)

Mother's Name (First & Last)

(Please use the first name that you go by even if different than your “full” name.)

REQUIRED: ALL FAMILIES MUST COMPLETE THE FOLLOWING INFORMATION

Children live with (Circle any that apply):
Both Parents _____ Mother _____ Father _____
Stepmother _____ Stepfather _____ Other _____

STUDENT'S PRIMARY*: Phone Number: _____ Address: _____

(*This information will be for use in our TCCS family directory.)

FATHER'S/GUARDIAN'S INFORMATION:

Home Address (City, State, Zip): _____

Mailing Address (If Different): _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____

Place of Work: _____ Phone (Work): _____

Occupation: _____

Church Attending: _____

MOTHER'S/GUARDIAN'S INFORMATION:

Home Address (City, State, Zip): _____

Mailing Address (If Different): _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____

Place of Work: _____ Phone (Work): _____

Occupation: _____

Church Attending: _____

STUDENTS TO BE ENROLLED

Last Name	First Name	Middle Name	Sex	Grade Entering Or Preschool (Indicate PS 2-day PS 3-day or PS 5-day AND half or full day)	Birth Date

Which public school district would your child(ren) attend? If Freeport, please specify the school (e.g. Blackhawk, Empire, etc.). _____

PARENT(S)' STATEMENT OF COOPERATION

Please read the following statements carefully. Each parent is asked to **initial each category** as indicated.
Your full signature is to be signed at the bottom of this page.

Father/ Mother/
Guardian Guardian

_____ _____ I understand that Tri-County Christian School will make the decision: (1) to accept or reject this applicant as a student; (2) to determine from time to time the student's classroom and/ or grade placement; (3) to suspend or expel the student for any scholastic or disciplinary problems or for lack of proper payments on accounts.

_____ _____ I agree that my child, if accepted for admission, may be disciplined in accordance with the school's disciplinary policy.

_____ _____ I agree that my child may participate in school scheduled field trips.

_____ _____ I agree that if I ever have a dispute with the school, or its employees or directors, regarding myself or my child and said dispute cannot be resolved through the school's own internal procedures, I will resolve the dispute according to biblical principles (such as those set forth in Mathew 5:23-25 and 18:15-20, and I Corinthians 6:1-8) by submitting the matter to mediation and, if necessary, arbitration, according to the *Rules of Procedure* of the Institute for Christian Conciliation. I understand that arbitration is a legally binding process, and that judgement upon an arbitration award may be entered in any court otherwise having jurisdiction. I also understand that Christian conciliation shall be the sole remedy for any controversy or claim arising out of my child's enrollment and participation in the school.

_____ _____ I understand that if we prepay our tuition to receive a discount and/or receive any promotional discount at the beginning of the school year and then withdraw at any time before the end of the school year, we will lose those discounts and that will be reflected in our reimbursement check.

_____ _____ I understand that there is a gap between tuition and the total cost of educating my child(ren). To bridge this gap, I understand that I am expected to support the committee structure and raise funds to supplement the difference.

_____ _____ I understand that the fall parent orientation is a mandatory event and at least one representative from each family should be in attendance.

In consideration of Tri-County Christian School accepting my/our child as a student, I/we agree that I/we will accept full financial responsibility for the child's tuition and fees and will abide by the school's financial policies.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

If the student(s) lives with both parents, signatures of both parents are required unless the Board of Directors waives this requirement.

STATEMENT OF FAITH

1. We believe the Bible to be the only inspired, inerrant, and authoritative Word of God.
2. We believe there is one God, infinitely perfect and eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the complete deity and perfect humanity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His substitutionary atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His ministry of intercession for His People, and in His personal return in power and glory.
4. We believe man was originally created in the image and after the likeness of God, and that he fell, through sin, and is therefore spiritually dead in trespasses and sin.
5. We believe in salvation by the sacrifice of Christ received by grace through faith alone.
6. We believe in the present ministry of the Holy Spirit in this world, which includes the convicting of the lost in sin, the regenerating and indwelling of all who believe, and the empowering of believers for service and godly living.
7. We believe in the bodily resurrection of the dead; the saved to the resurrection of eternal life and the lost to the resurrection of eternal punishment.
8. We believe in the spiritual unity of all believers under the headship of Jesus Christ.

Father/ Mother/
Guardian Guardian

_____ _____ I have read and understand the school's Statement of Faith and understand that it is the foundation of the school's curricula and policies.

PARENT(S)' AGREEMENT TO THE PURPOSES AND POLICIES IN THE PARENT-STUDENT HANDBOOK

I/we have read, fully understand, and agree to the purposes and policies of Tri-County Christian School as stated in the Parent-Student Handbook and do hereby request that my/our child be accepted as a student. If accepted, I/we hereby agree to cheerfully comply with the spirit and purpose of TCCS by attempting to follow all TCCS policies and by respectfully working with the school staff as partners in my/our child(ren)'s academic and spiritual development.

I hereby affirm that I have read the Student Handbook and discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the handbook.

I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this handbook does not contractually bind Tri-County Christian School and is subject to change without notice by decision of Tri-County Christian School's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

(New parents would have received a copy of the Parent-Student Handbook in their inquiry packet or from the administrator. New and/or current parents may access the up-to-date handbook at www.tricountychristianschool.org/forms.)

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

If the student(s) lives with both parents, signatures of both parents are required unless the Board of Directors waives this requirement.

GRANDPARENTS' MAILING ADDRESSES

Please list grandparents and/or special friends whom you wish to receive information about our school and to be invited to Grandparents' Day.

Name	Complete Address	Relationship To Child

BUS INFORMATION: My child(ren) will be riding District #145's bus. (Grades K-8)
Please check above if your child(ren) will be riding the bus. To set-up services for Freeport Bus or for more information, please call the Freeport Bus Garage (815-232-0580).

NEW FAMILIES ONLY NEED TO FILL OUT THE REMAINDER OF THIS PAGE & BACK SIDE

How did you first find out about or become familiar with Tri-County Christian School?

CHURCH AFFILIATION:
Church Your Family attends: _____
Church's Address: _____ Pastor's Name _____
Church Members? _____ Attend Regularly? _____ Attend Occasionally? _____
Does student(s) attend Sunday school regularly? _____ How often? _____ If yes, where? _____

PARENT(S)' CHRISTIAN EXPERIENCE: (You may attach another page if more space is needed.)
Father: Are you a Christian? _____ If yes, what is the basis of your salvation? _____

What does Jesus Christ mean to you personally? _____

Mother: Are you a Christian? _____ If yes, what is the basis of your salvation? _____

What does Jesus Christ mean to you personally? _____

State why you wish your child(ren) to attend Tri-County Christian School.

REFERENCES: If possible, please provide the name of a current Tri-County Christian School parent or friend of Tri-County Christian School:

Name	Address	Phone

ACADEMIC AND BEHAVIOR HISTORY(S):

YES NO

WHICH CHILD?

Has student had any disciplinary problems in previous schools?

Has student had academic struggles?

Has student ever been suspended from school?

Has student ever been expelled from school?

Has student ever been retained in a grade?

If yes, please explain:

SCHOOL LAST ATTENDED:

Child School's Name Complete Mailing Address

According to the Final Regulations-Family Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in the school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release.



EMERGENCY INFORMATION CARD

2019-2020

Student(s) Last Name(s) _____

These emergency instructions and the medical consent below apply to the following children:

Student's Name	Birth Date	Grade	Serious Health/Allergy Problems
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

(PLEASE FILL IN INDIVIDUAL HEALTH PROFILES ON BACK SIDE.)

Physician Name & Phone: _____

Persons to contact in the event that parents cannot be reached:

1. Name _____ Phone (Work/Home) _____
2. Name _____ Phone (Work/Home) _____

NON-PRESCRIPTION DRUGS*

TYLENOL/GENERIC EQUIVALENT PERMISSION

TCCS will assist parents by providing and administering Acetaminophen (Tylenol) if the following two conditions are met:

1. The parents or guardians mark the authorization below stating that their child is not allergic to this medication and that they give the school permission to administer such medication.
2. The parents or guardians give prior verbal consent over the phone for each administration of such medication.

____ My child(ren) **may** be given Tylenol or generic equivalent at school if necessary. Give dosage according to package label. My child is not allergic to this type of medication.

____ My child(ren) **MAY NOT** be given Tylenol or generic equivalent at school.

COUGH DROPS PERMISSION

TCCS will assist parents by providing and administering cough drops (or equivalent) if the following condition is met:

The parents or guardians mark the authorization below stating that their child is not allergic to this medication and that they give the school permission to administer such medication.

____ My child **may** be given cough drops (or equivalent) at school by school staff. A call will not be made home beforehand.

____ My child **MAY NOT** be given cough drops at school by school staff.

*** All other medications (not provided by the school) can only be administered to a student upon the written order of a physician and the written request of the parent/guardian. All medications brought to school can NOT be kept with the student and will be kept in the front office. This includes Advil, Ibuprofen, Tums, Inhalers, over-the-counter cold/cough medicine, cough drops, throat drops, fruit freezers, etc. Authorization forms are available in the school office upon request or from your physician.**

AUTHORIZATION/CONSENT FOR TREATMENT OF A MINOR

If you and the physician listed above cannot be reached in an emergency, and if, in the judgement of school authorities, immediate and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? YES _____ NO _____

Father's/Guardian's Signature Phone (Work/Home/Cell) _____

Mother's/Guardian's Signature Phone (Work/Home/Cell) _____

INDIVIDUAL STUDENT HEALTH PROFILES

Student 1 Name: _____

Any **life threatening** health conditions? _____

Any **chronic** health conditions? _____

Allergic to any **medications**? _____

Allergic to any **foods**? _____

Allergic to any **insect sting** (bees, wasps, etc....)? _____

Names of medications he/she presently takes: _____

Name of medications he/she will keep at school: _____

Name and phone # of his/her physician: _____

Special instructions and/or health history: _____

Student 2 Name: _____

Any **life threatening** health conditions? _____

Any **chronic** health conditions? _____

Allergic to any **medications**? _____

Allergic to any **foods**? _____

Allergic to any **insect sting** (bees, wasps, etc....)? _____

Names of medications he/she presently takes: _____

Name of medications he/she will keep at school: _____

Name and phone # of his/her physician: _____

Special instructions and/or health history: _____

Student 3 Name: _____

Any **life threatening** health conditions? _____

Any **chronic** health conditions? _____

Allergic to any **medications**? _____

Allergic to any **foods**? _____

Allergic to any **insect sting** (bees, wasps, etc....)? _____

Names of medications he/she presently takes: _____

Name of medications he/she will keep at school: _____

Name and phone # of his/her physician: _____

Special instructions and/or health history: _____

Student 4 Name: _____

Any **life threatening** health conditions? _____

Any **chronic** health conditions? _____

Allergic to any **medications**? _____

Allergic to any **foods**? _____

Allergic to any **insect sting** (bees, wasps, etc....)? _____

Names of medications he/she presently takes: _____

Name of medications he/she will keep at school: _____

Name and phone # of his/her physician: _____

Special instructions and/or health history: _____



INFORMATION FOR CLASSROOM TEACHER

(Please fill out one form for each child.)

Student's Full Name _____ Grade Entering _____

Nickname (if used) _____ Birth Date _____

Father's Name _____ Mother's Name _____

Primary Address (City, State, Zip) _____

Phone (Home) _____ Phone (Cell) _____

Email Address: _____

Who should the teacher contact concerning academic or behavior problems with the student?

Name: _____ Phone: _____

Does student have any special needs? (Please explain below)

Vision/Hearing? _____

Physical/Medical? _____

Emotional/Social? _____

Academic? _____

Food Allergies? _____

Please give details:

Does your student have an IEP? Yes _____ (Please explain below) No _____

Has student ever received any special education assistance? (If so, list the date last received.)

Speech _____

Title I _____

Occupational Therapy _____

Other _____

What weekend, after school, or club activities is your child involved in?

Do you as a parent have any special skills or experiences you would be willing to share with the class?

Are you able to drive or chaperone on field trips?

Additional parent comments that would benefit the classroom teacher:



INFORMATION FOR CLASSROOM TEACHER

(Please fill out one form for each child.)

Student's Full Name _____ Grade Entering _____

Nickname (if used) _____ Birth Date _____

Father's Name _____ Mother's Name _____

Primary Address (City, State, Zip) _____

Phone (Home) _____ Phone (Cell) _____

Email Address: _____

Who should the teacher contact concerning academic or behavior problems with the student?

Name: _____ Phone: _____

Does student have any special needs? (Please explain below)

Vision/Hearing? _____

Physical/Medical? _____

Emotional/Social? _____

Academic? _____

Food Allergies? _____

Please give details:

Does your student have an IEP? Yes _____ (Please explain below) No _____

Has student ever received any special education assistance? (If so, list the date last received.)

Speech _____

Title I _____

Occupational Therapy _____

Other _____

What weekend, after school, or club activities is your child involved in?

Do you as a parent have any special skills or experiences you would be willing to share with the class?

Are you able to drive or chaperone on field trips?

Additional parent comments that would benefit the classroom teacher:

ILLINOIS STATE BOARD OF EDUCATION
New U.S. Department of Education Race and Ethnicity Data Standards

**PLEASE FILL OUT THE REVERSE SIDE AND
RETURN THIS FORM WITH YOUR REGISTRATION PAPERWORK
ONE FORM FOR EACH CHILD**

Dear Parent or Guardian:

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public and private school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

The Illinois State Board of Education (ISBE) has begun using the new categories. This requires school districts to re-identify race and ethnicity for all students — and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

On the backside of this sheet is the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child, and be sure to answer both parts of the two-part question. (Remember that school district staff is required to provide any missing information by observer identification.) Return the completed form with your child's enrollment paperwork.

Thank you for your cooperation in providing the needed data. Please direct any questions you may have to Mrs. Wendy Schardt.

Sincerely,



Mrs. Wendy Schardt
Administrator

STUDENT(S) LAST NAME

STUDENT(S) FIRST NAME(S)

STUDENT(S) GRADE

2019-2020 School Year

ILLINOIS STATE BOARD OF EDUCATION

New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: _____

SIS ID: Tri-County Christian School

Instructions: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

Part B: What is the student's race? **Choose one or more.**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: *The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff is required to provide the missing information by observer identification.*

ILLINOIS STATE BOARD OF EDUCATION
New U.S. Department of Education Race and Ethnicity Data Standards

**PLEASE FILL OUT THE REVERSE SIDE AND
RETURN THIS FORM WITH YOUR REGISTRATION PAPERWORK
ONE FORM FOR EACH CHILD**

Dear Parent or Guardian:

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public and private school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

The Illinois State Board of Education (ISBE) has begun using the new categories. This requires school districts to re-identify race and ethnicity for all students — and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

On the backside of this sheet is the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child, and be sure to answer both parts of the two-part question. (Remember that school district staff is required to provide any missing information by observer identification.) Return the completed form with your child's enrollment paperwork.

Thank you for your cooperation in providing the needed data. Please direct any questions you may have to Mrs. Wendy Schardt.

Sincerely,



Mrs. Wendy Schardt
Administrator

STUDENT(S) LAST NAME

STUDENT(S) FIRST NAME(S)

STUDENT(S) GRADE

2019-2020 School Year

ILLINOIS STATE BOARD OF EDUCATION

New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: _____

SIS ID: Tri-County Christian School

Instructions: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

Part B: What is the student's race? **Choose one or more.**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

NOTE: *The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff is required to provide the missing information by observer identification.*



Student Pick Up Form 2019-2020

STUDENT(S) LAST NAME

STUDENT(S) FIRST NAME(S)

I/We **AUTHORIZE** only the listed individuals below to pick up my child when I am/we are unavailable.

1. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

2. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

3. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

4. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

5 Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

6 Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Address _____
City _____ Zip _____

To the best of my knowledge, all information contained on the registration record is true and correct and I understand that it is my responsibility to notify Tri-County Christian School if any of the above information changes.

Father's/Guardian's Name _____ Phone Number _____

Father's/Guardian's Signature _____ Date _____

Mother's/Guardian's Name _____ Phone Number _____

Mother's/Guardian's Signature _____ Date _____



STUDENT(S) LAST NAME

STUDENT(S) FIRST NAME(S)

STUDENT(S) GRADE

2019-2020 School Year

Policy on Parents/Guardians Transporting Their Children

It is the responsibility of Tri-County Christian School to protect the health and safety of each child. When parents pick up and drop off their children it is expected that appropriate measures will be taken as to alleviate unsafe transportation situations.

TCCS teachers and staff are responsible for seeing that children get safely into the vehicle driven by a designated parent or guardian. It is the responsibility of the parent or guardian to follow safe transportation laws. Signature on this form verifies that it has been read.

Parent/Guardian Signature*

Parent/ Guardian Signature*

*Custodial Parent's/Guardian's Signatures Required



STUDENT(S) LAST NAME

STUDENT(S) FIRST NAME(S)

STUDENT(S) GRADE

2019-2020 School Year

Tri-County Christian School Photo Release

I hereby authorize and give full consent to Tri-County Christian School to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of Tri-County Christian School. I further agree that Tri-County Christian School may transfer or use these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature, or materials without limitations or reservations. In addition, I agree that TCCS may use these photographs on the TCCS website and the school Facebook.

Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of Tri-County Christian School's policies, program, or rules, nor does continued use constitute an agreement to continue the child's enrollment.

I am the parent and/or guardian of _____
(Please print)

I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Signature _____ Date _____