



5805 Live Oak Drive, Kelseyville Ca 95451
 Phone 707-262-1522 ~ Fax 707-263-4466
 office@kcaegles.com
 www.kcaegles.com

"equipping students to fulfill their God-given potential"

OFFICE USE ONLY	
Date Rec'd	_____
Assessment	_____
Interview	_____
Registration Pd	_____
Records:	
Requested	_____
Received	_____
Cumulative File:	
Requested	_____
Received	_____

2025-2026 NEW STUDENT APPLICATION FOR ENROLLMENT

STUDENT INFORMATION		
Student's Full Legal Name	Grade Entering	Date of Birth
Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION			
Parent's Name	Employer/Occupation	Parent's Name	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Other Phone	Work Phone	Other Phone
Email Address		Email Address	
Mailing Address		Mailing Address	
Home Address (if different than above)		Home Address (if different than above)	
<input type="checkbox"/> Student's Residence		<input type="checkbox"/> Student's Residence	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance		Responsibility <input type="checkbox"/> Financial <input type="checkbox"/> Conduct <input type="checkbox"/> Grades <input type="checkbox"/> Attendance	

Notice of Nondiscriminatory Policy as to Students

Konocti Christian Academy admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

SCHOOLS PREVIOUSLY ATTENDED		
School Name (include preschools)	City, State	Grades Attended

EDUCATIONAL HISTORY

Was/has applicant ever: Attended preschool Repeated a grade Skipped a grade Received an IEP
 Been suspended Been expelled Received speech therapy Received tutoring Been diagnosed with
 ADD/ADHD/Autism/Aspergers/other Received specialized testing (behavioral/academic/psychological)

If yes, please explain:

Why are you seeking a private school education for your child?

OTHER CHILDREN LIVING AT HOME

Name	Birth Date	Grade Level	School Attending

RELIGIOUS AFFILIATION

Church Home	Church Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> non-religious
Pastor's Name	Children/Youth Program Attendance <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> rarely

EMERGENCY CONTACTS/AUTHORIZED FOR PICK-UP

Parents will always be contacted first. List in order of preferred contact.

Name	Phone Number Cell-Work-Home	Phone Number Cell-Work-Home	Relationship
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	
	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	

ASTEP Enrollment

After School Training and Enrichment Program

Will you be utilizing after-school care? Yes No (If yes, please complete section below. Please see ASTEP Information & Enrollment Guidelines for details and current rates.)

K - 8th Grade

√	DAYS PER WEEK	√	DAYS ATTENDING
	1		Monday
	2		Tuesday
	3		Wednesday
	4		Thursday
	5		Friday

MEDICAL INFORMATION & MEDICATION CONSENT

(Must complete one form per student. Additional copies available from the office as needed.)

STUDENT'S NAME: _____

MEDICAL INFORMATION

Does student have any medical conditions or allergies?

Asthma Diabetes Hearing Loss Heart Condition Migraines Bee Sting Severe Allergy/Anaphylaxis
Food/Other Allergies Other _____ Describe/Notes: _____

Was student born premature? Yes No If yes, how many weeks early? _____

Does student need medication at school? Yes No (If yes, please complete *Medication Consent* section below.)

Doctor's Name

Phone Number

Dentist's Name

Phone Number

MEDICATION CONSENT (if applicable)

Name of Medication	Dosage	Time to be Administered	Reason for Medication	Discontinue Date

If medication is to be given on an "as needed" basis, state condition(s) under which medication is to be administered (e.g. headache, toothache, sore throat, etc):

If the above section is left blank the office will be calling for approval of medication.

A first aid note will be sent home with the student documenting any medication administered.

I hereby authorize the above, Konocti Christian Academy, to administer medication(s) to my child according to the directions stated above, and further authorize them to contact the child's physician if needed. Parents/guardians will always be the first point of contact. I understand that non-medically trained school personnel will administer medication. I agree to hold Konocti Christian Academy, its employees and agents who are acting within the scope of their duties, harmless in any and all claims arising from the administration of this medication at school.

I also agree to inform the school in writing immediately of any change in medication order. I will supply a limited quantity of the medication in the original container labeled plainly with the child's full name, name of medication and dosage, time and quantity to be administered, and physician's name.

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Name: _____

Financial Responsibility

This form is for families who have more than one payee contributing to financial responsibility. If 100% of all fees are being paid by the parent(s) as a single unit, please check the following box and sign at the bottom of the page.

We are paying all fees as a single family unit.

Tuition	
Please list all payees for <i>Tuition</i> and the percentage they will be paying.	
Payee: _____	Percentage: _____
Payee: _____	Percentage: _____

Annual Fees	
Please list all payees for <i>Annual Fees</i> and the percentage they will be paying.	
Payee: _____	Percentage: _____
Payee: _____	Percentage: _____

PI Hours	
Please list all payees for <i>PI Hours</i> and the percentage they will be paying.	
Payee: _____	Percentage: _____
Payee: _____	Percentage: _____

Miscellaneous Fees	
Please list all payees for <i>Miscellaneous Fees</i> and the percentage they will be paying.	
Payee: _____	Percentage: _____
Payee: _____	Percentage: _____

ASTEP	
If your child will be attending <i>ASTEP</i> , please list all payees and the percentage all payees will be paying.	
Payee: _____	Percentage: _____
Payee: _____	Percentage: _____

By signing below, you agree that all financial responsibilities defined above ultimately fall on the responsibility of the parent(s) and/or primary guardian(s) of the student.

Father's/Guardian's Signature: _____ Date: _____

Mother's/Guardian's Signature: _____ Date: _____

FIELD TRIP
RELEASE and EMERGENCY MEDICAL FORM

I/we give my permission for _____
to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I/we understand that I/we will be given at least 48 hours notice of all trips away from the school premises. I/we further understand that I/ we may revoke permission for a specific field trip by written notice hand delivered to the school office prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/ we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Konocti Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If it is believed that a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume financial responsibility for expenses incurred as a result of those services being provided, including emergency medical transportation.

SIGNATURE: _____
Father Stepfather Grandfather Guardian _____ Date

SIGNATURE: _____
Mother Stepmother Grandmother Guardian _____ Date

FINANCIAL REGULATIONS and AGREEMENTS

Please read the following regulations carefully in order to have a complete understanding of the financial obligations to which you are committing yourself with the enrollment of your child at Konocti Christian Academy (KCA).

ANNUAL FEES: The annual fees are a one-time fee charged at the beginning of each enrollment. These funds contribute to the purchase and upkeep of supplies, curriculum, technology, infrastructure, and maintenance. Annual fees will not be prorated for late start enrollment during the school year.

SCHOOL MATERIALS: It is the expectation that KCA property provided for individual student use, including, but not limited to, books, supplies, or technology will be used appropriately and cared for by students. Lost or damaged materials will be billed to the parents' account.

TUITION PAYMENT SCHEDULE: I/we agree to review the Tuition & Fee Schedule and understand tuition will be billed as outlined. Tuition is non-refundable. No tuition discounts or refunds will be offered if KCA is required to transition to periods of distance learning for public health or other emergencies. Tuition payments may be made *10 equal payments* (1st payment due Sept. 1st, last payment due June 1st) or *12 equal payments* (1st payment due July 1st, last payment due June 1st) or *1 annual payment* (annual tuition, less 5% discount, if received by Sept. 1st).

ASTEP: KCA offers an optional After School Training and Enrichment Program (ASTEP). If I choose to utilize KCA ASTEP, I hereby grant permission for my child to participate in all of the program activities. I/we agree to read the ASTEP Information & Enrollment Guidelines and understand use of the program will be billed as outlined.

PAST DUE ACCOUNTS: A \$15 late fee will be assessed on payments made after the 10th of the month. If the tuition and late fee are not paid by the 30th of the month, the student will no longer be accepted into school and cannot return until the unpaid balance is paid in full. A \$15 late fee will be assessed monthly on any unpaid balance. A \$25 fee will be assessed on any returned checks. If you experience financial difficulties, please contact the school office. Accounts 60 days past due may be referred to collections and may be submitted to credit reporting agencies. If it becomes necessary for KCA to consult or use legal counsel to collect fees owing to KCA, the parent/guardian agrees to pay all court costs, attorney fees, and collection costs as they relate to this matter.

PARENT INVOLVEMENT (PI) HOURS: Parents are required to volunteer a total of 20 hours per family per school year. Five of these hours will be allocated to our annual Renaissance Faire Fundraiser. Any PI hours not worked by the end of May will be billed to you at \$15 per hour. Parents will have the opportunity to make up any billable hours in the month of June, if opportunities are available.

VOLUNTEER FOR TUITION CREDIT (VTC): Parents who apply and are approved to participate in this program will volunteer a minimum of 12 hours per month in order to receive \$75 per month in tuition credit per family. Please contact the school office for details. PI hours are separate from volunteering for tuition credit. Please note that if your student(s) has been awarded a scholarship from the board, this will disqualify you for earning any VTC discounts.

EARLY WITHDRAWAL FROM SCHOOL: Should a student withdraw from KCA during the school year, an early withdrawal fee of one month's tuition will be added to any balance on the account. Should a withdrawal become necessary, please notify the school in writing as soon as possible.

VACCINATIONS: In California, private schools are required to follow the same state laws regarding student vaccinations as public schools, meaning all students must be vaccinated against certain diseases before attending school, with only valid medical exemptions allowed. If a student in California does not meet the required vaccinations for a private school, they generally cannot be admitted unless they are currently getting the necessary doses on a "conditional admission" schedule, meaning they can attend while catching up on missing vaccines within a specified timeframe, but they may be excluded from school if they do not comply with the vaccination plan within the given deadline; this applies to both public and private schools due to state law.
(California Code of Regulations [CCR], Title 17, section 6035)

BOARD OF CONCILIATION: If I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with Konocti Christian Academy, in keeping with I Corinthians 6:1, I/we agree to submit to a board of conciliation (the members of which will consist of one KCA chaplain, one representative for the parent, and one representative of the school board) rather than taking the dispute to a civil court. The decision of the Board of Conciliation shall be in writing and shall be a final binding decision. I/we agree the procedure to be followed, including costs involved, will be in accordance with the Christian Legal Society.

PARENT-STUDENT HANDBOOK: I/we agree to read the Parent-Student Handbook and to support the school in enforcing its policies and rules.

PHOTOS: I/we release Konocti Christian Academy to photograph and/or videotape my/our child while participating in school activities and to use the photos/videos on displays, in newspapers/publications, in promotional materials, or on KCA's website or social media.

PROBATIONARY PERIOD: All new students will be subject to a 90-day probationary period. Konocti Christian Academy reserves the right to revoke the admission of any student within this time period who is deemed not to comply with the philosophy and standards of the school and/or the academic and behavioral expectations of KCA.

I/we jointly and separately have read the above information and understand that this constitutes a legal and binding contract. I/we agree to support the school in enforcing its policies and rules as outlined in this contract and the Parent-Student Handbook.

SIGNATURE: _____ DATE _____
Father Stepfather Grandfather Guardian

SIGNATURE: _____ DATE _____
Mother Stepmother Grandmother Guardian