

Registration Packet

2023 - 2024



**"I will exalt you,
my God the King;
I will praise your name
for ever and ever."**

Psalm 145:1

King's Academy
7400 Eldridge Parkway
Houston, TX 77083
281 561-7400
MyKingsAcademy.com

Find a "fillable" digital copy of this form on
the home page of MyKingsAcademy.com.



Date Submitted: _____

King's Academy Student Registration Form 2023 - 2024

Student's Last Name: _____ First: _____ Middle: _____ Applying for Grade: _____

Name Student Goes By: _____ Gender: Male Female Date of Birth: _____

Student Resides With: Parents Mother Father Grandparent Guardian: _____

Ethnicity: Check all that apply. African African American Asian Hispanic White Other: _____

Language(s) Spoken: _____ Cell Phone, if applicable: _____

Last School Attended: _____ Public School District: _____

Family Information

Mother Mother Stepmother Grandmother Guardian

Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Street Address: _____ City/State/Zip Code: _____

Job Title/Occupation: _____ Place of Employment: _____

Religious Preference: _____ Church, if attending: _____

Country of Origin: _____ Primary Language(s): _____

Father Father Stepfather Grandfather Guardian

Name: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Street Address: _____ City/State/Zip Code: _____

Job Title/Occupation: _____ Place of Employment: _____

Religious Preference: _____ Church, if attending: _____

Country of Origin: _____ Primary Language(s): _____

Siblings

Names & Ages: _____

Other

Which parent is the primary contact for school communications? Mother Father

Which parent is the primary contact for financial discussions? Mother Father

Please describe any unusual family circumstances or custody issues of which the school should be aware: _____

Academic History

Student's grades are typically: Above Average Average Below Average

Does the student have any diagnosed or suspected learning disabilities or behavioral challenges? If so, please describe:

Has student ever been retained? Yes No If yes, what grade and why? _____

Has student ever been suspended or expelled? Yes No. If yes, give reasons: _____

Has student ever been selected to participate in a gifted or talented program? Yes No

As a parent, what are your primary reasons for considering King's Academy?

Strong academics	Small classes	Christian perspective	Safe, secure environment
Location	Athletics program	Special Needs Focus	Other: _____

Personal Information

Briefly describe your child's personality. _____

What are your child's favorite sports, interests, or hobbies? _____

Parental Permissions

Yes **No** **Field Trips.** I give permission for my child to participate in school-sponsored field trips to off-campus locations in school-approved vehicles with appropriate staff supervision.

Yes **No** **Media Release Form.** I understand that my child may be photographed, audiotaped, or videotaped as part of their educational activities or for internal training purposes.

Yes **No** **Media Release Form.** I give permission for photographs, audiotapes, and/or videotapes of my child to be used for advertising and/or online (such as on the school website). Last names or contact information will never be published to protect their safety.

Yes **No** **Water Activities.** I give permission for my child to participate in age-appropriate water activities planned by King's Academy. I understand he/she will be continuously supervised by adults & safety rules will be enforced.

Yes **No** **Nutritional Value of Food.** I understand that King's Academy is not responsible for meeting my child's daily food needs or for ensuring the nutritional value of their meals or snacks. I understand the importance of good nutrition and will ensure my child brings a healthy lunch and snack or orders lunch from a school approved vendor on a daily basis.

Yes **No** **Records Request.** I authorize King's Academy to request pertinent records from my child's previous school in order to assist in admissions decisions and to help my child succeed academically. I voluntarily waive the right of access to all information received by King's Academy from any source in connection with this application.

Yes **No** **Mandatory Evacuation.** In the event of an immediate, mandatory evacuation, I give permission for a representative of King's Academy to transport my child in a personal vehicle to a safe location. I understand I will be notified as soon as possible and provided relevant information regarding the relocation site.

Yes **No** **Christian Education** I understand that King's Academy educates students from a biblical worldview, and I approve that my child will be guided and encouraged in the Christian faith as a student at King's Academy.

Parent's Signature: _____

Date: _____



King's Academy Emergency Release Information

Student's Full Name: _____ Date of Birth: _____

Emergency Contacts

Mother's Name: _____ Primary Phone: _____ Alternate Phone: _____

Father's Name: _____ Primary Phone: _____ Alternate Phone: _____

Emergency Contacts

These persons may be called only when a parent cannot be reached. They have permission to pick up my child if needed.

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Additional Persons (who may pick up or drive my child)

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

Medical Information

Known Drug Allergies: _____

Dietary Restrictions/Food Allergies: _____

Other Known Allergies: _____

Chronic Health Concerns/Disability: _____

Medications

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Yes No Does your child use an EPI pen? (If so, please ask the front office for an allergy & anaphylaxis emergency plan form and submit it with written instructions from your child's doctor.)

Yes No Does your child use an inhaler or need regular breathing treatments? If so, please bring this to an administrator's attention immediately.

I understand that in case of injury to my child, the Head of School or other school representative will use his/her discretion in giving emergency first aid, calling parents for instructions, or calling an ambulance. I agree to assume financial responsibility for all medical expenses and/or ambulance services.

Parent's Signature: _____ Date: _____



King's Academy

Physician's Health Information & Assessment

King's Academy follows the health requirements set forth by the Texas Department of Family and Protective Services. Please have your child's doctor complete, sign, and date this form. It must be returned to the school no later than the first day of school.

Child's Full Name: _____

Birthdate: _____ Sex: Male Female

Parents or Legal Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Statement

Physician's Name: _____ Phone Number: _____

Office Name: _____

Address: _____

Preferred Hospital: _____ Phone Number: _____

Address: _____

I have examined the above-named child within the past year and verify this child's medical history and current state of health are satisfactory for participation in a school program.

Physician's Signature: _____ **Date:** _____

Hearing & Vision

Hearing and vision testing is required for children ages 4 and up and must be completed annually. If your child's physician or another specialist do not perform these tests, you may obtain this testing for a small fee when offered at King's Academy in October, 2023.

Hearing and Vision (To be completed by physician or specialist)

Vision R 20/____ L 20/____ Pass Fail

Hearing 1000Hz 2000Hz 4000Hz Pass Fail

Right _____ Pass Fail

Left _____ Pass Fail

Please check here if you prefer that your child be tested at King's Academy in October for a small fee.

Physician or Specialist's Signature: _____ **Date:** _____

Financial Policies

Please initial each of the following statements acknowledging you have read and agree to the financial terms below.

_____ The applicable registration fee is due at the time of registration.

_____ Registration fees, tuition, and testing fees are non-refundable. An exception will be made for registration fees if the school chooses not to admit an applicant for any reason. In that case, the school will refund \$250 of the fee.

_____ Annual tuition is payable in *10 equal monthly installments*, beginning June, 2023 and ending March, 2024.
_____ Payment amounts are not conditional upon the number of school days of any given month.

_____ If a student withdraws during the year, the parent is responsible for informing the school in advance and paying the child's tuition for the **entire year**. This is to offset the loss to the school, which has hired teachers and purchased curriculum in good faith that the parents will fulfill their financial contract.

_____ If the school is forced to close due to circumstances beyond our control such as a health or weather-related crisis, tuition must still be paid in full for that month.

_____ If a student has an extended absence for any reason, tuition must still be paid in full.

_____ Tuition is due on the **1st** day of the month and is late after the **10th** day of the month. If desired, a parent can see the Director of Operations to request smaller, semi-monthly payments payable by the 5th and the 20th of each month.

_____ Tuition may also be paid in one **non-refundable** annual payment up front to obtain a 5% discount .

_____ If a student's tuition is not paid in full for two consecutive months, the child may not be allowed to return to school beginning the third month until payment is made in full. Extenuating circumstances will be considered only if the parent has made a prior request to the Head of School by the 15th of the second month tuition is unpaid.

_____ I am aware that a discount may be applied to my child's tuition if he/she qualifies for a sibling, staff, or prepaid tuition discount.

_____ Check, ACH deposits, money orders, or credit cards are the accepted forms of payment. We prefer not to accept cash.

_____ Extended Day may be available to parents during select school holidays based on availability and for an additional daily fee. Pre-registration is required, and the non-refundable fee must be paid a **week** in advance.

_____ If a check is returned for any reason, your account will be charged \$25.00. The school may request that subsequent payments be made by money order.

_____ King's Academy will hold transcripts, report cards, and all student records until all tuition and fees have been paid in full.

I have read and understood the above statements & agree to abide by the financial policies of King's Academy.

Parent's Signature: _____ **Date:** _____

Please return completed form to the school office or email to drlewis@mykingsacademy.com.

King's Academy admits students of any race, sex, color, disability, 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, sex, color, disability, national or ethnic origin in the administration of its hiring policies, educational policies, admissions policies, scholarship programs, tuition assistance programs, or athletic and other school-administered programs.