



PARENT COOPERATION AGREEMENT

The administration of Longview Christian School strives to maintain effective communication and commitment between parents and teachers. In an effort to bridge any gaps that may occur, we have compiled a list of areas of commitment we feel would make a successful year for both parent and teacher, as well as your child. Prayerfully consider the commitment needed for the school term. The areas of commitment are as follows:

1. Commitment of prayer.
2. Commitment of attendance at school.
3. Commitment to uphold the policies in the Student Handbook.
4. Commitment to trust the teachers your child will have for the school term in the area of discipline (as stated in the Handbook), homework, and education.
5. Commitment to communicate with your child's teacher. (In an area of conflict, apply the Matthew 18 principle.)
6. Commitment to not complain to any other party and in the spirit of meekness will register only necessary complaints with the teacher or principal involved. (Matthew 18)
7. Commitment to pay the tuition on time. All final grades and credits will be held until accounts are paid in full. Records will not be transferred to another school if a balance is due.
8. Commitment to volunteer your time and talent. This may be done through work days, substitute teaching, yard work, special events, and fundraisers. A minimum of 20 hours is expected per family each year.
9. Participation in school fundraisers. Each family commits to raise at least \$500 per school year.

Signature of Father, Stepfather, or Guardian	Date
Signature of Mother, Stepmother, or Guardian	Date



FIELD TRIP PERMISSION FORM

Student's Name			
<input checked="" type="checkbox"/>	I grant permission for the following: (Check all that apply)		
<input type="checkbox"/>	Attend any school planned and supervised field trips (transported by school bus or van)		
<input type="checkbox"/>	Transported in a private car (LCS staff member or parent's car) when necessary.		
<input type="checkbox"/>	Receive emergency medical treatment (if needed)		
A reminder notice will be sent home to the parents prior to the planned trip. If a trip has been planned that you do not want your child to participate in, please call the school office to let them know.			
Parent's Signature		Date	
Insurance Information			
Please provide all insurance information as requested on the Medical Consent Form.			



MEDICAL CONSENT FORM

Student's Name			
<input checked="" type="checkbox"/>	We give our permission for LCS to administer: (Check all that apply)		
	Minor First Aid		
	Ibuprofen	<input type="checkbox"/>	Given according to directions on the bottle
		<input type="checkbox"/>	Other instructions: _____
	Acetaminophen	<input type="checkbox"/>	Given according to directions on the bottle
		<input type="checkbox"/>	Other instructions: _____
LCS will keep ibuprofen and acetaminophen in the school office. If other medication is needed, students must provide their medication to be stored in the office. Prescription medications must be in the original containers with the child's name on it.			
Other Emergency Contacts		In case of an injury or illness, we will contact the parents/guardians first. Please list individuals to contact in an emergency if the parents cannot be reached:	
Name		Relationship	Phone
If an emergency contact cannot be reached, please take my child to the designated local hospital below:			
<input type="checkbox"/> Good Shepherd Medical Center - 700 E Marshall Ave. Longview, TX 903-315-2000			
<input type="checkbox"/> Longview Regional Medical Center - 2901 N. Fourth Street Longview, TX 903-758-1818			
When a school function is out of town, I authorize a representative of Longview Christian School to make decisions regarding emergency medical treatment:			
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted			
Doctor's Name		Phone Number	
Allergies/Other Medical Information for Doctor's Use			
<input type="checkbox"/> None <input type="checkbox"/> Yes If yes, please list:			
Please list all prescription and non-prescription medication your child takes on an on-going basis:			
Name of Insurance Carrier		Policy Number	
Subscriber's Name		Group Number	
Signature of Parent/Guardian		Date	



RESTRICTED PICK-UP FORM

Legal Guardian (Custodian) Name		
Student's Name(s)		
<i>The following individual(s) have our permission to pick up our child(ren) from the premises of Longview Christian School. Proof of Identity Required.</i>		
Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number
Legal Guardian(Custodian) Signature		