

CONWAY CHRISTIAN SCHOOL  
STANDARD OF CONDUCT  
2019-2020

Conway Christian School was founded upon the conviction that young people should be able to gain a solid academic education in an environment that is conducive to spiritual growth. The school holds that the Bible is the sole authority on all spiritual matters and the spiritual growth begins with the initial act of saving faith and continues throughout life.

As a part of its basic philosophy of education, Conway Christian also recognizes that the home is primarily responsible for development of Christian character and a Christian conscience in the child, in which the church is essential, and that the school is responsible for building on this foundation.

In order to build on this foundation, Conway Christian must, therefore, provide an environment conducive to the spiritual growth and development of young people who are not yet mature Christians. We believe a Standard of Conduct, based upon the following Biblical passages, is necessary to provide such an environment. (1 Corinthians 8:9, 12-13; 10:32) The lifestyle of the Christian will endeavor to avoid practices which cause the loss of sensitivity to the spiritual needs of the world and loss of the Christian's physical, mental, or spiritual well-being. (1 Corinthians 9:27)

A growing awareness of the need for spiritual growth in the light of these principles has led Conway Christian to adopt the following standards which are believed to be conducive to an environment which will best promote the spiritual welfare of the student.

The school, therefore, expects each student to maintain Christian standards of courtesy, kindness, morality and honesty. The school further requires each student to refrain from profanity, indecent language, sexting, gambling, cheating, sexual immorality, stealing, the use of any type of tobacco, drugs, alcohol, and pornographic materials, and from participation in unlawful, violent, or destructive acts.

Conway Christian School does not condemn others who would view these restrictions differently, but we believe that the restrictions mentioned are types of conduct which are detrimental to spiritual growth.

Students are expected to abide by these standards throughout their enrollment at Conway Christian School. This includes both in-term and out-of-term times (school, home, social networking or any other place). Students found to be out of harmony with the Conway Christian School ideals of work and life may be asked to withdraw whenever the general welfare of the student body demands it.

It should be understood that this is a joint agreement between the school, the parent, and the student. It should be obvious to the parent that the school will enforce these standards. It should also be obvious to the school that the parent enforces these standards while the student is associated with CCS during the school term and the summer.

Conway Christian School considers it unethical to use or purchase any teacher guides, test answer keys, or quiz answer keys. We ask that if your child is having difficulty in a particular academic area that you contact the teacher for assistance.

I do not have now nor will I purchase any teacher guides, test keys or quiz keys of the curriculum used by Conway Christian School (i.e. Abeka, Bob Jones, etc.) while my child is a student at Conway Christian Elementary or Conway Christian Upper School.

\_\_\_\_\_  
**STUDENT NAME**

\_\_\_\_\_  
**GRADE**

\_\_\_\_\_  
Student Signature (7<sup>th</sup> – 12<sup>th</sup> grade)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**CONWAY CHRISTIAN UPPER SCHOOL** Student's Last Name \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION NEATLY WITH A BLACK PEN:** (This data sheet is kept on file in the office and used throughout the year for any emergency).

Student's FULL Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Name Middle Name Last Name

Name student goes by \_\_\_\_\_ Student Social Security Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If parents are separated, with whom does the child reside? \_\_\_\_\_

Step parent's name and contact information \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Father's cell \_\_\_\_\_ Mother's cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

CCS Siblings and grade \_\_\_\_\_

Siblings and ages \_\_\_\_\_

Name of person to call if parents cannot be reached \_\_\_\_\_

Phone numbers (must be accessible) Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

Is this person authorized to take student from school?  Yes  No

**Please list all adults authorized to take student from school:**

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>City</u> | <u>Phone Numbers</u> |
|-------------|---------------------|----------------|-------------|----------------------|
|             |                     |                |             |                      |
|             |                     |                |             |                      |

**Disease History:**

- Measles  German Measles  Whooping Cough  Frequent Ear infections  Mumps  Chicken Pox  Diabetes  
 Frequent throat infections  Contracted Tuberculosis  Defective Heart other \_\_\_\_\_

**Student's Abilities:** Physical or emotional difficulties you would like to make us aware of \_\_\_\_\_

**Allergies** (please list all) \_\_\_\_\_

Is any allergies life threatening? \_\_\_\_\_

**Medication:** Please list any medication(s) with dosage that your child may be required to take at school: \_\_\_\_\_

**Consent for Emergency Medical Care:**

Parents are contacted first in case of injury or illness. In cases of extreme emergency or life threatening situations, Conway Christian School is authorized to obtain medical treatment at the nearest emergency medical facility on our behalf.

Name of Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

I/We, \_\_\_\_\_, (mother, father, guardian) of above named student do hereby request and give consent to the principal of the school or his/her duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents/guardian cannot be reached. Consent is also given for the principal or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

**Insurance:** Provider \_\_\_\_\_ Group and/or Policy Number \_\_\_\_\_

**Liability Waiver Permission:**

(It is necessary for this section to be completed and remain on file. Your child will not be allowed to leave the school without this parental permission.)

I, \_\_\_\_\_,  give  do not give permission for \_\_\_\_\_ to participate in off campus activities this year.

**Conference:** I, the parent or guardian of this child, understand that I may ask for a conference with the teacher(s)/administrator(s) as needed.

Both Parent's Signatures \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

CONWAY CHRISTIAN UPPER SCHOOL

Vehicle Registration Form

2019-2020

All student vehicles must be registered through the Upper School Office with an assigned parking space. Please fill out and return to the Upper School Office along with a \$2.00 parking tag fee.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Insurance Company \_\_\_\_\_

Make of Vehicle \_\_\_\_\_  
(Honda, Chevrolet, Jeep, etc.)

Model of Vehicle \_\_\_\_\_  
(Accord, Blazer, Wrangler, etc..)

Year of Vehicle \_\_\_\_\_

Color of Vehicle \_\_\_\_\_

License Tag Number \_\_\_\_\_

Today's Date \_\_\_\_\_