



Coggin Memorial School

Home of the Mighty Warriors

Application Form

Date: _____ Grade applying for _____

Student's Name: _____

Address: _____ Zip: _____

Date of Birth: _____ Age as of September 1st: _____

Church Affiliation: _____ Baptized? _____ Date? _____

Place of Membership: _____

Family Data

Father: _____

Cell phone: _____

E-mail: _____

Mother: _____

Cell phone: _____

E-mail: _____

This section to be filled out by the School's Board Representative

_____ Coggin Memorial School has accepted this student's application.

_____ Coggin Memorial School has declined this student's application for the following reason(s):

School Board Representative's Signature: _____ Date: _____



Coggin Memorial School

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Financial Agreement

I have read and understand the Financial Policies of Coggin Memorial School. **I agree to pay the registration fee of \$200 along with 10 additional monthly payments of \$300** for my child(ren) in accordance with Coggin Memorial School's financial policies as explained to me. I understand **if my payment is paid after the 5th of every month, a \$35 dollar late fee will be assessed.**

I understand that it is the policy of the Texas Conference Office of Education and that of Coggin Memorial School is to withhold transcripts/report cards until student accounts are paid or until satisfactory financial arrangements are made.

Please list the names of all the children who are under this financial agreement (discounted pricing applies).

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____



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Consent to Treat

Student's Name: _____

Address: _____

Fathers/Guardian: _____ Daytime Phone: _____

Mother/Guardian: _____ Daytime Phone: _____

Please describe allergies to substances and medication.

Are your child's **immunizations current**? _____

Please give the name of your local family physician(s) to be called in case your child becomes ill or has an accident at school and you cannot be reached.

1. Family Physician: _____ Office Phone: _____
Address: _____

2. Family Physician: _____ Office Phone: _____
Address: _____

Hospital Preference: _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above name student as shall be necessary in the medical opinion of the doctor rendering such service.

Parent's Signature: _____ Date: _____



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General Permission Slip

Due to the type of outreach, recreation, and work-study activities, it has become necessary to have a general permission slip. This permission slip gives the teacher authorization to take the student off campus for these various activities. This general permission slip's use is for all local outreach, recreation, and work-study activities. Examples of activities include visiting community and church member's homes for singing, sharing, praying and working, performing and visiting in nursing homes or hospitals, hiking, or even shopping for materials and supplies.

All activities which are not local, or that are of an unusual nature, or are not during regular school hours will involve a "special" permission form.

Thank you so much for your cooperation, support, and earnest prayer.

I give my permission for _____ to participate in those outreach, recreation, and work-study activities that may require students to be off campus as described above.

Parent's signature: _____ Date: _____

**PARENT PERMISSION TO VIDEOTAPE, PHOTOGRAPH, RECORD A CHILD,
OR PUBLICIZE INFORMATION ON WEBSITE OR TELEVISION**

Coggin Memorial School

Student's Name (please print)

Grade

Signature of Parent/Guardian

Date

_____ I give permission

_____ I do not give permission

for Coggin Memorial to make or authorize the making of a videotape of my child, or to record or authorize the recording of my child's voice, or to photograph or authorize the photographing of said child for news media purposes; and/or to place my child's name, photograph, or classroom project or artwork in the school's and its affiliates' (conference, union, division) publications or web pages.

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2021-2022 Health Screening Notification Form

Coggin Memorial School

Student's Name (please print)

Grade

Signature of Parent/Guardian

Date

I understand that the state mandates required health screenings in certain grade levels. I give permission for my child to participate in the health screenings done at Coggin Memorial School.

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2021-2022 Handbook Compliance Form

Coggin Memorial School

Student's Signature

Grade

Signature of Parent/Guardian

Date

As a family, we will respect the content as outlined by Coggin Memorial's Handbook. We agree that students shall be held accountable for the behavior/consequences outlined in it.



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Coggin Memorial is diligently working towards developing its Facebook and website. Videos, pictures and work may at times be used. By signing below, you give permission for videos, images or work products featuring your child to be used.

_____ I give permission

_____ I do not give permission

Signature of Parent/Guardian

Date