

CEDAR VALLEY CHRISTIAN SCHOOL

3636 Cottage Grove Avenue SE, Cedar Rapids, IA 52403 (319) 366-7462 voice * (319) 247-0037 fax www.cedarvalleychristianschool.org * cvcs@cedarvalley.org

CVCS / Parent / Student Agreement 2015-2016

Parents and secondary students are required to sign this form. Only one form per family is necessary and you may use the back of the form if not all signatures will fit on the front.

CVCS

On behalf of the faculty and administration of Cedar Valley Christian School, I thank you for the privilege of assisting you in the education of your child. CVCS considers itself to be a part of your team to help raise your child. I will do my best to care for your child and uphold the mission of the school which is "to assist parents with their biblical responsibility to raise their children in the discipline and instruction of the Lord."

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100	Jeffrey Pospisil	7-10-15
Principal's signature	Printed Name	Date

Parent(s)

We have read the Family Handbook and agree to abide by the policies and procedures. We will support the administration and faculty of CVCS. If we become dissatisfied with the school in any respect, we will seek to resolve the matter quickly with the person(s) involved and follow the biblical pattern of conflict resolution. We will undertake volunteer duties and responsibilities for CVCS whenever possible. We will uplift CVCS in all areas: spiritually, emotionally, socially, and physically. We will attend meetings and parent functions. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise.

Parent(s) signature(s)	Printed Name(s)	Date

Student(s)

I have read and agree to abide by the policies and procedures as outlined in the CVCS Family Handbook. I will do my best to work to my ability as a student and will maintain a cheerful, cooperative attitude while a student at CVCS. The faculty and administration will receive my respect and obedience at all times.

Student(s) signature(s) Printed Name(s) Date