



# Kodiak Christian School

3300 E. Rezanof Dr. Kodiak, AK 99615

907.486.4905

kcsoffice@kodiakchristianschool.com

www.kodiakchristianschool.com

Family Last Name \_\_\_\_\_

**2025-2026 School Year**

Child(ren)'s Full Name(s)	Date of Birth	Age on 9/1/25	Grade 2025-2026	Allergies
1.				
2.				
3.				
4.				
5.				

Father's/Guardian's Name: \_\_\_\_\_ Mother's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Education: \_\_\_\_\_ Education: \_\_\_\_\_  
High School: \_\_\_\_ years College: \_\_\_\_ years High School: \_\_\_\_ years College: \_\_\_\_ years

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Married  Divorced  Widowed  Married  Divorced  Widowed  
 Separated  Remarried  Unmarried  Separated  Remarried  Unmarried

### Church Involvement:

Name of Church: \_\_\_\_\_ Are you a Member? \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Attendance: \_\_\_\_\_ Regular \_\_\_\_\_ Occasional \_\_\_\_\_ Seldom \_\_\_\_\_ Never

Church Activities: \_\_\_\_\_

### Christian References: (One should be a pastor)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_



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## Publicity Release Authorization:

Information regarding student participation in activities and sports, height and weight of athletes, most recent school or program attended, date and place of birth, dates of enrollment, diplomas and awards received, and major areas of study may not be released without consent, according to the **Family Educational Rights and Privacy Act of 1974**.

Kodiak Christian School has permission to release my child(ren)'s name(s) and pertinent information to area newspapers, sports teams and other appropriate media publicity regarding KCS events, awards, or athletic competitions for as long as the child(ren) are enrolled in KCS.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

## Internet Release Authorization:

Kodiak Christian School has permission to use school photos or the name(s) of my child(ren) in information related to KCS events, awards, or athletic competitions on the school's official website and social media pages.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

## Statements of Agreement:

Please initial the following statements.

\_\_\_\_\_ I have read and agree to foster the Kodiak Christian School Statement of Faith.

\_\_\_\_\_ I have read and agree to the policies and guidelines outlined in the Family Handbook.

\_\_\_\_\_ I have read and agree to the *financial policies* outlined in the Family Handbook and recognize that I am financially responsible for the prompt and complete payment of my bill.

\_\_\_\_\_ I have read and agree to adhere to Kodiak Christian School's *discipline policy*.

\_\_\_\_\_ I have read and agree to follow Kodiak Christian School's *computer use contract*.

\_\_\_\_\_ I have read and agree to fulfill Kodiak Christian School's *service hour commitment*.

\_\_\_\_\_ I understand Kodiak Christian School reserves the right to dismiss or refuse enrollment to any Student(s) that does not respect the standards and expectations of Kodiak Christian School.

*I attest to the truthfulness and completeness of my responses above.*

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian*

\_\_\_\_\_  
*Date*



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## 2025-2026 Tuition Contract

Family Last Name: \_\_\_\_\_

### Tuition Rates

Preschool 3 Year Old	M-F 8:30-12	\$4,050
Preschool 4 Year Old	M-F 8:30-12	\$4,050
Pre- 4 All Day - 8th Grade	MTThF 8:30-3 W 8:30-2	\$5,400

We choose the following option to pay our tuition for the 2025-2026 school year:

**One-Time Payment in Full:** Full Payment paid directly to Kodiak Christian School by September 1<sup>st</sup>.

**9 Month Payment Plan:** Nine monthly payments (September 1 - May 1)  
*Late fee of \$25 assessed for payments made after the 10th of each month*

**PFD Payment Plan:** Apply Permanent Funds Dividend in October  
A minimum family contribution of \$\_\_\_\_\_/month until yearly tuition is paid in full. *Approved by Administrator* \_\_\_\_\_

**Custom Pre-Approved Payment Plan:** Specific payment arrangements made with KCS office.  
\$\_\_\_\_\_/month over the course of \_\_\_\_\_months. *Approved by Administrator* \_\_\_\_\_

**Option to Pay the Actual Cost of Tuition:** The *actual cost* to educate each child at Kodiak Christian School is \$7,839.  
The published tuition rates are supplemented through various donations and fundraisers throughout the year.

*\*Payments can be made by cash, check, or credit card. \*There is a 3% processing fee associated with all credit card payments.*

### Service Hour Commitment

It is through the continued support of our school community that we are able to keep tuition costs as low as possible. As a school, we fundraise to supplement tuition cost. With every family contributing a minimum required amount of service hours, we can help assure an equal and fair distribution of our school's fundraising needs. Each family's service hour commitment is based on the oldest enrolled child. Please keep in mind that service hours do not carry over from semester to semester and may not be transferred to other families.

**A \$40 service hour fee will be applied to each uncompleted service hour.**

Grade Level	Semester Requirement	Total Service Hours
Preschool 3 & 4	5 Hours	10 Hours
Pre 4 All Day - 8 <sup>th</sup> Grade	10 Hours	20 Hours

I opt to waive the *Service Hour Commitment* by paying the non-refundable \$400 per semester fee as listed below:  
 \_\_\_\_\_ 1<sup>st</sup> Semester (\$400)      \_\_\_\_\_ 2<sup>nd</sup> Semester (\$400)      \_\_\_\_\_ All Year (\$800)

*Understanding the principles of Biblical stewardship, honesty and the necessity of funds being made available in a consistent manner in order to operate this ministry, I/we hereby pledge to honor the terms of this tuition agreement.*

_____	_____	_____
Parent/ Guardian Printed Name	Parent/Guardian Signature	Date Signed
_____	_____	_____
Parent/ Guardian Printed Name	Parent/Guardian Signature	Date Signed

<b>Non-Refundable Enrollment Fee</b>	Amount Received \$_____	Date Received:_____	Received by:_____	Check #_____
<b>\$200 Books &amp; Materials Fee</b>	Amount Received \$_____	Date Received:_____	Received by:_____	Check #_____