

Attached is the NCCS 2016-2017 Yearly Information Packet. Please complete the necessary forms and submit them to the school office as directed below.

Yearly Info Pack contents:

Several documents are for your information:

2016-2017 Calendar of Events
Fundraising Flyer
Parent Letter Regarding Health Forms
School Supply List Elem
School Supply List MS/HS

Please complete and submit to the school office promptly (one per student):

NCCS Emergency Procedure Form

New families only, please complete and submit to the school office promptly (one per new student):

Home Language Survey

Please complete and submit to the school office promptly (one per family):

KidZone 2016-2017 (if needed for students in K4 through 5th grade)
Photo Consent Form
P.M. Pick-Up Form
Technology Acceptable Use Acknowledgement Form
Volunteer Sign-Up

Please complete and submit to the school office as needed per student:

Over-the-Counter Medicine Consent
Physician's Prescription Authorization

Please call the office at (717) 274-2423 with questions or concerns.

Summer Office Hours: Monday through Thursday, 8am to 3pm. Closed Fridays.

October	M	10	<u>NO SCHOOL</u> – Columbus Day \\ Make-Up Day #1
	F	21	Elementary Friends & Family Day
	Tu	25	NCCS Association Meeting – 6:30pm
November	W	2	Picture Re-Take
	Th	3	End of 1st Marking Period
	F	4	11:15 DISMISSAL \\ PM Faculty In-Service // Class of 2017 Senior Picture Day
	Tu	22	<u>NO SCHOOL</u> - AM In-Service // Afternoon, Evening Parent-Teacher Conferences
	W	23	<u>NO SCHOOL</u> - Morning Parent-Teacher Conferences
Th,F,M	24,25,28	<u>NO SCHOOL</u> - Thanksgiving Vacation	
December	Th	15	MS/HS Christmas Concert
	M-F	26-30	<u>NO SCHOOL</u> - Christmas Vacation
January	M	2	<u>NO SCHOOL</u> – New Year’s Day Observed
	Tu	3	Classes Resume
	M	16	<u>MAKE-UP DAY – Classes will be held</u>
	F	20	End of 2nd Marking Period
February	F	3	Elementary Musical
	M	20	<u>NO SCHOOL</u> – Presidents’ Day
March	Th,F,Sa	16,17,18	School Musical
	F	17	<u>NO SCHOOL</u> \\ Make-Up Day #3
	M	27	11:15 DISMISSAL \\ PM Faculty In-Service
	Tu	28	End of 3rd Marking Period
April	W	12	<u>NO SCHOOL</u> – Parent-Teacher Conferences – 9-12pm, 1-4pm, 5-7pm
	Th,F,M	13,14,17	<u>NO SCHOOL</u> - Easter Break
	F	21	<i>Race for Education</i>
May	Tu,W	2,3	4-Sight Testing, Grades 3-8
	F	5	11:15 DISMISSAL \ PM Faculty In-Service
	F	12	HS/MS Spring Concert
	M-F	22-26	9 th -12 th Grade Class Mission Trip Week
	Tu	23	NCCS Association Meeting – 6:30pm
	Th	25	Golf Tournament
	M	29	<u>No School</u> – Memorial Day
June	Sa	3	<i>Class of 2017 Commencement @ 10:00am</i>
	M	5	Elementary Awards Ceremony, Morning
	Tu	6	LAST DAY OF SCHOOL w/ 11:15 DISMISSAL (FULL DAY if 6/7, 6/8 needed for Make-Up)
	W,Th	7,8	Make-Up Day #4, #5 =Alternate Last Day of School w/11:15 Dismissal / Fac.In-Serv Full Day
	Th,F	8,9	Alternate Faculty In-Service Full Day (if W\Th, June 7\8, used for Make-Up)

How Can I Reach . . . My Family Fundraising Obligation?

The following information is for fundraisers that will go toward your family fundraising obligation.

(Additional fundraising is done throughout the year. Funds raised through those events do not go to family credit but directly to the General Budget.)

1. SCRIP



New Covenant family and friends have access to the easiest fundraiser ever; you can earn money for the school simply by shopping! By spending what you normally spend on food, clothing, entertainment, gasoline, and dining, you can make a financial contribution to the school. Gift certificates/cards are purchased from national and local vendors by placing your order to New Covenant. Payment is made directly to the school by cash or check (payable to NCCS), and gift cards are delivered to the school. Order forms and payment must be submitted to the school by 9am Monday mornings, and certificates/cards are picked up in the office or sent home with students at the end of the week. On-line ordering is also available at www.shopwithscrip.com (contact the school office for more information). New Covenant profits as a result of the discount that retailers give to the school for each purchase. From the money that New Covenant receives, credit goes toward family fundraising obligations. Friends and relatives who do not have children attending New Covenant may participate and designate on the form the family account to which they want the credit applied. Please consider using your shopping/gift giving dollars to help New Covenant! This fundraising opportunity runs all year!

2. Pizza and Snack Sale



A Gianni's Pizza and Snack Sale is held each fall. Information for this sale is sent home with students within the first few weeks of school. Family accounts are credited for each item sold. Details are provided with the order forms.

3. Super Sub/Sandwich Sale



A Sub/Sandwich Sale is held each year in January/February. Information and order forms are sent home in the beginning of January. Family accounts are credited for each item sold.

4. 'Race for Education'



'Race for Education' is an annual fundraiser that involves all students, K4 through 12th grade, as they walk and/or jog for one hour around a designated area on campus. Students collect sponsors by submitting mailing labels and writing letters; family accounts are credited 50% of the money raised per family. Last year we raise approximately \$39,000 with this fundraiser.

5. Referral Program



This program is available to certain existing New Covenant families who refer new families for enrollment that lead to admission. The referring family receives a credit, the equivalent of one child's fundraising fee, after the new student(s) complete the probationary period (90 school days). Please keep in mind that the purpose of this incentive is to help the school grow, recruit new students, and keep tuition rates low. An additional benefit is to help existing families with their fundraising obligation. Enrollment Referral Certificates are available in the school office.

**If you have questions about the fundraising opportunities listed above,
please call the office at 717-274-2423. Thank you!**

HOME LANGUAGE SURVEY
Required for all newly enrolled students

New Covenant Christian School

Date: _____

Student's Name: _____ Grade level: _____
(Last / First)

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

Yes No

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Select one response:

The student HAS NOT attended schools in the United States, including Puerto Rico, in any 3 years during his/her lifetime.

The student HAS attended schools in the United States, including Puerto Rico, in any 3 years during his/her lifetime. If this answer selected, please provide the following information.

Name of School	State	Dates Attended

Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____

Please provide this additional information to assist school personnel if the Parent/Guardian who signed this form does not speak English as their first language.

Parent/Guardian understands conversational English (does not require a translator). Yes No

Parent/Guardian is able to speak English fluently. Yes No

**Please return this form to the school office
by Monday, August 15, 2016.**



New Covenant Christian School's After School Care Program

Available for Students in K4 through 5th Grade

(3:00 – 5:30 pm when school is in session for a full day)

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

The above students will be picked-up from KidZone by:

Parent(s)/Guardian(s) Grandparent(s) Other: _____

Please list any allergies: _____

Emergency Contact Information

(If an emergency arises during KidZone, where can the following be reached?)

First Parent/Guardian _____
Name

Work # _____ Cell # _____ Home # _____

Second Parent/Guardian _____
Name

Work # _____ Cell # _____ Home # _____

Schedule / Cost

I/We choose to have the above student(s) in KidZone _____ days/week.

M Tu W Th F As needed (Must call office daily or notify jevans@nccspa.org and drogers@nccspa.org)

Cost: \$45.00/week or \$12.00/day Note: There is a 10% discount for each additional child.

Parent/Guardian Signature

Date

***** Complete and Return this Form to the Office by Monday, August 8, 2016. *****

NEW COVENANT CHRISTIAN SCHOOL / P.M. PICK-UP FORM

	<u>Grade</u>
Child(ren) Name(s) _____	_____
_____	_____
_____	_____
_____	_____

***** In which SCHOOL DISTRICT do you live?** _____

Please mark the appropriate option:

- _____ My child(ren) will be riding the bus every day. Notify the office daily of changes.
- _____ My child(ren) will be picked up by their parents every day. Notify the office daily of changes.
- _____ My child(ren) will be car pooling every day with _____.
Notify the office daily of changes.
- _____ My child(ren) will be staying for after-school care in KidZone. (KidZone form required)
- _____ My child is a student driver. Please fill out information below about his/her vehicle:
Year/Make/Model/Color: _____ / _____ / _____ / _____
License number: _____

When situations arise that require different transportation than listed above, **please notify the office before 2pm** of changes in transportation arrangements.

Notification from a parent is required in the office. Use at least one of the following methods:

1. Send an email to jevans@nccspa.org **AND** drogers@nccspa.org. If you do not receive an email response, please resend or call the office. No response means that the message was not received.
2. Submit **to the office in the morning** a signed and dated, handwritten or typed note.
3. Call the office during the day before 2pm.
4. Talk to office staff in person before 2pm.

Please do not ask your child to tell or give a note to the teacher.
Communicate directly with Office Staff.

Return This Completed Form to the Office by Monday, August 8, 2016.

NEW COVENANT CHRISTIAN SCHOOL

2016-2017 PARENTAL/GUARDIAN PHOTO CONSENT FORM

***** Please sign and return this page to the School Office PROMPTLY. *****

Please circle either "YES" or "NO" for the following statement:

YES NO I/We GRANT permission for a photo/image that includes our student(s) to be published in New Covenant materials including, but not limited to, website, marketing publications, etc. This includes the roster page of Max Preps which is linked to the New Covenant website where sports teams are searchable but only players' name, position and picture are supplied.

Student's Name (please print): _____ Grade: _____

Student's Name (please print): _____ Grade: _____

Student's Name (please print): _____ Grade: _____

Student's Name (please print): _____ Grade: _____

Student's Name (please print): _____ Grade: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relation to Student(s): _____ Date: _____

New Covenant Christian School, K4 – Grade 5 Supply List for 2016-2017

PER FAMILY - 1 BOOK (20 STAMPS) OF SELF-ADHESIVE “FOREVER” STAMPS (1ST CLASS)

All items on the supply list are required, unless specified as “optional”.

Students, please bring these supplies on the first day of classes.

In addition ...

- Backpack/book bag large enough to hold lunchbox, papers, books, etc.
- Mark items, especially book bags, lunchboxes, and outerwear, with your child(ren)’s name(s).
- Sneakers are required for gym class in order to participate.

K4 – Items do NOT need to be labeled unless noted below

- 1 Box of 8-count JUMBO Crayola crayons
- 2 LARGE glue sticks (that show purple when wet)
- 2 Containers of Clorox/Lysol (disinfecting) wipes
- 1 Box of tissues
- 1 Package of thin, plain white 9” paper plates (100 count or more)
- 1 Package of napkins (Boys only)
- 1 Package of 3 oz. Dixie cups (Girls only)
- 1 Pack of Plastic Ware (Boys: forks; Girls: spoons)
- 1 Washable pillow, small blanket, and/or stuffed animal – labeled (Full day & 3 Day children only)
- 1 Change of clothes and undergarments (labeled in bag)

Kindergarten

Please write child’s name on items labeled as personal.

- 2 Boxes of tissues - shared
- 2 Containers of Clorox/Lysol (disinfecting) wipes - shared
- 1 Hard sturdy plastic pencil box - personal
- 2 Boxes of 24 count Crayola crayons - shared
- 1 Plastic soap box (used to hold crayons) - personal
- 4 LARGE Elmer’s glue sticks – shared
- 8 EXPO fine tip dry erase markers (assorted colors) - shared
- 1 Pair of scissors (Fiskers kids style) - personal
- 24 Pencils & cap (pencil topper) erasers – personal
- 1 Soft zippered pencil holder - personal
- 3 Block erasers (big pink style) - personal
- 2 Sturdy 2-pocket folders – personal
- 1 Sturdy plastic 2-pocket folder WITH PRONGS - personal
- 1 Change of clothes, undergarments and socks (write name on bag)
- 1 Bottle of hand sanitizer - shared
- 1 Set of headphones (over the head style) - shared
- 1 Box of Ziploc bags – shared (girls = sandwich/quart size; boys = freezer/gallon size)

Grade 1 – NAME on all desk items (not on folders)

- 1 Sturdy plastic pencil box (no more than 3 ½” x 10”)
- 2 Boxes of 24 count Crayola crayons
- 3 LARGE glue sticks
- 24 Pencils - #2
- 2 Block erasers (big pink)
- 1 Set of 8 broad-tip water base markers
- 4 Plastic folders with pockets (1 blue, 1 yellow, 1 green, 1 purple)
- 1 Container of Clorox/Lysol (disinfecting) wipes
- 2 Boxes of tissues
- 1 Pair of scissors, blunt
- 1 Bible (NIV preferred), student edition
- 2 Colored pencil sets
- 1 Large accordion file folder case
- 2 Assorted packs of fine point dry-erase markers
- 1 Box of Ziploc bags (girls-sandwich/quart; boys-freezer/gal)
- 1 Bottle of hand sanitizer
- 1 Sock (to erase whiteboards)
- 1 Plastic soap box

Grade 2 – Please OPEN packages & LABEL items as noted!

- 1 Bible for Children (NIV preferred) (LABEL)
- \$6 For “*Science Weekly*”
- 4 Fine point highlighters (yellow, orange, pink, green) (OPEN)
- 6 Plain PLASTIC 2-pocket folders (yellow, red, blue, purple, orange & green) (LABEL ALL FOLDERS)
- 8 Dry erase markers (4 fine point & 4 broad) (Black Only) (OPEN)
- 1 Clean **SOCK** for erasing white boards (No Erasers Please.)
- 2 Wide-lined composition books (LABEL)
- 2 Boxes of crayons (24 count) (**OPEN 1** & place in soap container)
- 1 Soap box container with ATTACHED lid (used for holding crayons) (LABEL)
- 1 Set of broad-tipped Crayola Washable Markers (LABEL package)
- 1 Container of disinfecting wipes
- 2 Boxes of tissues
- 1 Box of **Ticonderoga** #2 pencils (24 count) – Please purchase this brand; easier to sharpen.
- 4 Block erasers (OPEN)
- 1 Box of pencil top erasers
- 1 Scissors with sharp point
- 1 **Very Sturdy** rectangular pencil box (Suggestion only: boxes with metal latch work well and last. Found at Walmart) (LABEL)
- 1 Box of Ziploc/Hefty bags (quart size with zipper)
- 2 Glue sticks
- 1 Bottle of Glue

New Covenant Christian School, K4 – Grade 5 Supply List for 2016-2017

PER FAMILY - 1 BOOK (20 STAMPS) OF SELF-ADHESIVE “FOREVER” STAMPS (1ST CLASS)

**All items on the supply list are required, unless specified as “optional”.
Students, please bring these supplies on the first day of classes.**

In addition ...

- Each student should have a book bag large enough to hold their lunchbox, papers, etc.
- Mark items, especially book bags, lunchboxes, and outerwear, with your child(ren)’s name(s).
- Sneakers are required for gym class in order to participate.

Grade 3

- \$6 For School Planner (required)
- 1 Zipper pencil pouch
- 10 Pencils (#2)
- 2 LARGE erasers
- 2 Boxes of tissues
- 3 Glue sticks (marked with initials)
- 1 Bible (NIV preferred)
- 1 Set of flashcards for multiplication (for at-home practice)
- 1 Pack wide-ruled notebook paper
- 2 Highlighters
- 2 Wide-lined black/white composition notebooks
- 1 Pack of 8 regular primary color markers
- 2 Containers of Clorox/Lysol (disinfecting) wipes
- 1 Pack of crayons (small pack – 24 colors max)
- 4 Fine tip dry erase markers
- 4 Regular tip dry erase markers
- 1 Sock or dry erase eraser
- 5 2-pocket folders with brads (1 of each - green, yellow, red, blue, and purple)

Grade 4

- \$6 For School Planner (required)
- Extra #2 pencils & erasers
- 2 Red pens
- 1 Set of water color markers
- 1 Zipper pencil pouch
- 2 Boxes of tissues
- 2 Glue sticks
- 8 2-pocket folders with tabs (1 each of green, red, blue, purple, orange and yellow)
- 1 Pack of 3x5 ruled index cards
- 1 NIV Bible (NIV -- NOT New International Reader’s Version/ NIRV)
- 1 Set of 12 colored pencils
- 8 Page protectors
- 2 Highlighters, any color
- 3 Packs wide-lined, loose-leaf notebook paper
- 8 Black dry erase markers
- 1 Pack of sticky notes
- 1 Flash drive (4 gig is sufficient)
- 1 1-inch 3-ring ‘view binder’ with pockets in front & back

Grade 5

- \$6 For School Planner (required)
- 1 Red pen & black or blue (1 each)
- 1 Set of markers (any kind, any color)
- 2 Boxes of tissues
- 1 Container of Clorox/Lysol (disinfecting) wipes
- 1 Bible (NIV preferred)
- 1 3 ring binder (2in) OR accordion binder
- 2 Packs 3x5 ruled index cards
- 1 Lebanon County Library Card (optional)
- 3 Glue sticks
- 1 Box of 12 colored pencils
- 4 Highlighters (different colors)
- 1 Zipper pencil pouch and extra #2 pencils & erasers
- 3 Notebook paper packs (2 to homeroom; 1 to math class)
- 2 Packs of sticky notes
- 1 Flash drive (can be purchased through the school)

5th Grade Math Box

- 1 Pencil box, 13”L x 6 ¼”W x 2 ½” H (at Staples)

Contents:

- 3 Red pens
- 1 Highlighter
- 1 12 pack pencils
- 2 Block erasers

Other Math supplies:

- 1 White Board Eraser for Math
- 1 12” Ruler (with metric and customary units)
- 1 Calculator (recommend TI-30XS multi-view)
- 4 Dry erase markers – fine tip (low odor) for Math

New Covenant Christian School – MS/HS Student Supply List 2016-2017

Please bring these school supplies on the first day of classes. Additional items may be required for specific classes; students will be notified of these items later. Please mark student's name on all notebooks, binders, calculators, flash drives, etc.

REMINDER: BACKPACKS ARE NOT ALLOWED IN THE CLASSROOMS. LOCKERS ARE PROVIDED FOR STUDENTS' USE.

PER FAMILY - 1 BOOK (20 STAMPS) OF SELF-ADHESIVE "FOREVER" STAMPS (1ST CLASS)

REQUIRED ITEMS for all students in grades 6 through 12*:

**Please refer to grade level and class specific lists for additional items needed.*

To Homeroom Teacher

- \$6 For school issued student planner/agenda
- 2 Large boxes of tissues (180 sheets/box or more)
- 2 Containers disinfecting wipes

To be kept by Student

- 1 Pack of #2 pencils – replenish as needed
- 1 Pack of erasers
- 1 NIV or NLT Life Application or Study Bible. ESSENTIAL! Strongly recommend Bible to be kept at school.
- 1 Flash drive – Note: This is essential. Students will not be able to save to laptops or computers in the lab. An unprepared student will be required to purchase a flash drive at school at a cost of \$5.00, to be charged to family's account if student does not have the cash on hand.

Grade 6 - Language Arts (Demler) -

- 2 Packs lined notebook paper (1 pack for student's personal use & 1 pack to be given to Mrs. Demler)
- 1 Composition book

Grade 6 - Bible (Scheirer) -

- 1 NIV Bible (other translation is acceptable, but NIV will be used for assessment purposes)
- 1 Notebook (journal type or 3-ring is fine)
- 1 Folder (or something with pockets) in which to keep hand-outs and assignments
- Pencils/pens

Grade 6 - Science (Williams) -

- 1 3-subject spiral notebook (field journal)

Grades 6 through 8 – General Supplies:

- 2 Blue or black pens; red pens
- 1 Set of markers or colored pencils
- 1 Composition book, spiral bound recommended (Bible)
- 8 LOW ODOR fine-tip whiteboard markers
- 2 Highlighters, different colors

– Organizational Supplies

- 1 Pack lined notebook paper (replenish as needed)
- 1 3-hole punch, small lightweight (recommended)
- 1 3-hole punched pencil bag or other pencil pouch, depending on which organizational system option you choose

CHOOSE ONE of the following Organizational Systems:

Option 1: 1 2" or 3" D-ring binder (this is in addition to the binders required for Language Arts and Science); 5 Tab dividers; 5 3-hole punched folders with pockets (recommend plastic and a different color for each subject); 1 25-pack 3-hole punched, top loading, clear sheet protectors (to hold sheets that are 8½" X 11")

Option 2: 8 Pocket folders with fasteners (recommend a different color for each subject; the sturdier, the better); 1 25-pack 3-hole punched, top loading, clear sheet protectors (to hold sheets that are 8½" X 11")

Grades 9 – 12 – General Supplies:

- | | |
|--|---|
| 2 Blue or black pens | 2 Red pens |
| 1 Pencil case (suggest 3-hole punched for in binder) | 1 Composition book (Bible) |
| 1 3-hole punch, small, lightweight (recommended) | 1+ Notebooks |
| 1 Basic scientific calculator (or the specific calculator required for student's math class) | |
| 1 Set of markers or colored pencils | 1 Pack notebook paper (replenish as needed during year) |
| 1 Organizational system of your choice (see Grades 6 – 8, General Supplies, for suggestions) | |
-

Language Arts – Grades 7 – 12:

- | | |
|--|--------------------------------------|
| 1 2" D-ring binder | 1 Notebook (for taking notes) |
| 2 Composition notebooks, grades 7 - 9 (1 to Journal; 1 as interactive notebook) | |
| 1 Composition notebook, grades 10 - 12 (Journal) | 10 Tab dividers |
| 1 Pack 3" X 5" index cards | 1 Pack highlighters, assorted colors |
| 1 10-pack #2 pencils (to be given to teacher) | 2+ Colored pen variety |
-

Grades 6/8/9 Science (Williams) - 1 spiral-bound 3- or 5-subject notebook

To be given to teacher to share with class: 1 10-pack #2 pencils; 1 8-pack colored pencils; 2 glue sticks

Grade 7 Life Science AND Anatomy & Physiology Elective (Weaver) -

- 1 1"-2" Binder (or can be part of general binder system with section designated specifically for Science, but not LA binder)
- 1 1-subject college-ruled spiral notebook designated **ONLY** for Science – **MUST** have a durable plastic cover, be 3-hole punched, 8.5"X11" sized, and a minimum of 70 sheets

Suggested materials for use outside of Science class period (for use at home or study hall): Multi-colored pens, highlighters, glue (stick or liquid), tape, colored pencils and/or crayons

Agricultural Science Electives, MS and HS (Weaver) -

- 1 1"-2" Binder (or can be part of general binder system with section designated specifically for Science, but not LA binder)
-

Spanish I & II - 1 Spiral notebook; 1 ½-inch binder; 1 Paperback edition Univ. Chicago Spanish-English Dictionary

MATH CLASSES: Pencils! Needed in all math classes!

Grade 6 Math - 1 pencil box (13"x6.25"x2.5"); 12 inch ruler (metric and customary); 2 red pens; 2 packs 12-count pencils (one pack to be shared with math class); white board eraser; basic scientific calculator (suggest TI-30XS multi-view); 8 low-odor fine-tip whiteboard markers, erasers; ¼" graph paper to be shared with class

Middle School Math (Hennigh) - 1 pencil box (13"x6.25"x2.5"); 12 inch ruler (metric and customary); 2 red pens; 2 packs 12-count pencils (one pack to be shared with math class); white board eraser; basic scientific calculator (suggest TI-30XS multi-view); 4 low-odor fine-tip whiteboard markers, erasers

Pre-Algebra AND Algebra I, Core (Ruth) - ¼ inch square graph paper; calculator (suggest TI-30XS multi-view for both classes, or TI 30Xa – Pre-Algebra only); protractor, spiral bound notebook and folder

Grade 8 Algebra I, Advanced (Vangeli) – ¼" graph paper (to share with class); calculator (TI-30XS multi-view); protractor; 8 low-odor fine- tip whiteboard markers; 2 packs pencils (1 to share with class); 2 red pens

Grade 9 Algebra 2, Advanced (Vangeli) – ¼ inch graph paper (to be turned in to class); 2 packs 12-count pencils (1 to be shared with class); 2 red pens; 8 low odor fine tip dry erase markers; graphing calculator required (TI-84 Plus CE [color edition] suggested = more user friendly, easier to read, will be used through high school – watch for sales during summer months)

Grade 10 - 12 Algebra 2, Core (Vangeli) – ¼ inch graph paper; calculator required (suggest TI-30XS multi-view); 2 red pens; 8 low odor fine tip dry erase markers; 2 packs 12-count pencils (1 to be shared with class)

Geometry (Ruth)- ¼ inch square graph paper; calculator required (recommend TI-30XS multi-view calculator); protractor; compass; spiral bound notebook and folder

PreCalculus & Calculus – Graphing calculator required (recommend TI-84 Plus CE [color edition]); 3 white board markers

Business Math (Vangeli) - Calculator (TI-30XS multi-view); 2 packs pencils (1 to share with class); 8 low odor fine tip whiteboard markers

New Covenant Christian School (NCCS)
Technology Acceptable Use Acknowledgement Form

Please sign and return to the school office by Monday, August 8, 2016.

I understand and agree to abide by the NCCS Technology Acceptable Use Policy within the Parent/Student Handbook. I will strive to act in all situations with honesty, integrity and respect for the rights of others and to help others to behave in a similar fashion. I will make a conscious effort to be a good testimony to my fellow students, faculty members and others with whom I communicate on the Internet.

I will strive to apply Philippians 4:8 to my electronic communications: *"Finally brothers, whatever is pure, whatever is lovely, whatever is admirable - if anything is excellent or praiseworthy - think about such things."*

Print Student Name _____

Student Signature _____ Date _____

Print Student Name _____

Student Signature _____ Date _____

Print Student Name _____

Student Signature _____ Date _____

Print Student Name _____

Student Signature _____ Date _____

Print Student Name _____

Student Signature _____ Date _____

Parental signature indicates agreement to the policies of New Covenant's Technology Department. Signature also gives parental consent for all children to access online content necessary for their education. This form is to meet the requirements of COPPA (Children's Online Privacy Protection Act - www.ftc.gov/privacy)

Parent Signature _____ Date _____

Volunteer Sign-Up

Volunteers are a blessing at New Covenant as they assist with many functions of the school and help to keep the education of our children affordable. Please complete this form by checking the areas in which you would be willing to serve the Lord at New Covenant. Thank you in advance for your commitment and service!

Name(s) _____

Please provide contact information - home phone, cell phone, email, etc.:

I / We would be willing to serve in the following areas:

1. Classroom:

- Room Parent:** _____ (Indicate Grade/Faculty Name)
- Help in a classroom:** _____ (Indicate Grade Preference)

2. Office:

- Secretary/Clerical** - answer phone, office work, filing
- Bulk Mailing / Special Projects**

3. Committees:

- Fundraising** – assist with fundraising events during the year
 - Pizza Sale** – Help is needed to organize and fill orders in October.
 - Sub / Sandwich Sale** – Help is needed to organize at school in January/February.
 - SCRIP** – Help process orders on Monday mornings.
 - Capital Campaign** – Assist with various needs toward new Student Life Center.
 - Race for Education** – Help organize and monitor process in the spring.
 - Other** – Help coordinate other fundraising events.

- Property** – Work with Facilities Manager on building projects:

- Heating & A/C** **Plumbing** **Painting** **Yard Work**
- Snow Removal** **Other:** List skills: _____

- Athletics / Sports** – Work with Athletic Director with the athletic programs:

- Score/Record-keeping** **Food Stand** **Miscellaneous** **Fundraising**
- Homecoming** – Work with committee to plan in September

- PTA** – Parent Teacher Association

4. General:

- CDL School Bus Driver** – Field trips and sporting events
- Health Room** – LPN/RN/Nurse Practitioner to cover medical needs during school hours
- Lunch Posting** – Check off purchases made during lunch periods
- Kitchen Volunteer** – Assist with food prep prior to lunch
- Christmas Gift Shoppe** – Assist with set-up and student shopping.

** Please use the back to list additional areas in which you are willing to volunteer at New Covenant.



2016-2017

Dear Parent(s) / Guardian(s),

In an effort to provide safe medication administration and proper care for students, the following form must be completed and returned to the School Office as soon as possible:

-The NCCS Emergency Procedure Form (this form must be dated and signed)

Please note: Additional forms are necessary if your child requires **prescription medication** or an **over-the-counter-medicine** that is not listed on the Emergency Procedure Form. These required forms must be completed and brought with the medication(s) to the Office by a parent; medication cannot be transported to school by students.

Under the physician's orders and your consent, the Health Room attendant will provide the following treatments and care to your child during school hours, should the need arise:

- 1) Over-the-counter medicines, as listed on the Emergency Procedure Form, administered according to directions on the label.
- 2) First-Aid procedures as outlined by the American Red Cross.
- 3) Prescribed medications (upon completion of the **Physician's Prescription Authorization Form**) and/or parent-supplied over-the-counter-medicines not listed on Emergency Procedure form (upon completion of the **Over-the-Counter Medicine Consent Form**).

Your cooperation with these guidelines is appreciated. Please contact the Office with any questions or concerns.

Thank you.

452 Ebenezer Road, Lebanon, PA 17046
717.274.2423
717.274.9830 (fax)
www.nccspa.org

New Covenant Christian School Emergency Procedure Form 2016/2017

Student's Name _____ Grade _____ Birthdate _____ () Male () Female
Home Address _____ Home Phone # _____
Mother's Name _____ Address _____ Home # _____
Employer _____ Daytime# _____ Cell # _____
Father's Name _____ Address _____ Home# _____
Employer _____ Daytime # _____ Cell # _____
Child lives with _____ Phone # _____
Parent/Guardian email address _____

Alternative person to care for, transport, or authorize treatment for student if parent/guardian cannot be reached:

Name _____ Relationship _____ Phone# _____
Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

Student's Physician _____ Phone _____ Dentist _____ Phone _____

If emergency treatment is required, the school authorities are authorized to use their own judgment in sending the child to the hospital or doctor most easily accessible. However, my hospital preference is _____

List any immunizations since September 1, 2015 (name of immunization, date received, and doctor who gave it)

1. _____ 2. _____

My child has Insurance Coverage: Yes () No ()

CHECK AND EXPLAIN ANY AREA THAT APPLIES TO YOUR CHILD:

1. () Asthma 2. () ADD () ADHD 3. () Depression 4. () Diabetes 5. () Heart Problems () Murmur
6. () Seizure Disorder 7. () Bleeding Disorder 8. () Special Diet 9. () Hearing Problems () Ear Infections/tubes
10. () Operations () Serious Accident 11. () Glasses/Contacts 12. () Other _____
13. () Allergy to: _____ Reaction: _____

Explanation for 1-13 (Please include actions to be taken for allergic reaction, asthma attack, etc): _____

I authorize school personnel/volunteers to administer the following over-the-counter medicines and treatments, as deemed necessary and in the age-appropriate dosage, and I release personnel from any and all liability for damages as a result. Please check only the medications your child MAY BE GIVEN at school

- () Tylenol (Acetaminophen) () Advil/Motrin (Ibuprofen) () Tums (Antacid tablets)
() Benadryl (given for allergic reaction only) () Cough lozenges () Tears lubricant eye drops
() Triple antibiotic ointment () Hydrocortisone cream (1%) () Caladryl/Calamine lotion

**Parent/guardian must complete the separate school consent forms for ALL other medications to be given at school.*

If student is taking any prescription medication(s), please list (attach separate sheet, if needed)

Name of medication(s) _____ Dosage _____

Time taken _____ Taken for _____ Prescribing Doctor _____

() You MAY share the health information on this card with staff/faculty

() Please do NOT share this health information with staff/faculty

I authorize school personnel to share information (including immunizations, physicals, school notes, health information) regarding my child with his/her doctor and dentist. YES () NO ()

*****SIGNATURE of PARENT/GUARDIAN***** (Required)

DATE



452 Ebenezer Road, Lebanon, PA 17046
717.274.2423 \ 717.274.9830 (fax) \ www.nccspa.org

PHYSICIAN'S PRESCRIPTION AUTHORIZATION

Parents have the primary responsibility for the health of their child. Whenever possible, medications should be taken at home. However, if students must receive medication during the school day, the following will apply:

- 1) Parents and the child's physician will be required to complete this form.
- 2) The School Nurse or designated school personnel will dispense medication according to the physician's written orders.
- 3) All medication must be labeled correctly. The label must include name of student, drug, dosage, frequency and time of administration, pharmacy's name and address, the date and the prescription number. This is also required for inhalers. Labeled medication is stored in the Health Room in a secure place for the period indicated on the physician's order.
- 4) Parents are responsible to ensure that needed prescription refills are supplied to the School Nurse.
- 5) At the end of the school year the parent is expected to pick up unused medication. Medication not picked up by a parent will be destroyed.
- 6) The preferred method of delivery to the school is by the parent. If that is not possible, medication must be sent in a sealed envelope labeled with the child's name and the amount of medication sent. Medication must be brought to the School Office immediately upon arrival at school.

TO BE COMPLETED BY THE PARENT

Child's Name: _____ Birth Date: _____

I request that the medication for my child be stored or administered as indicated in the Physician's order below. I am aware that non-medical personnel may be administering this medication to my child. I hereby release New Covenant Christian School and all its employees from any and all liability in law for damages either we or our child may suffer as a result of this request.

Parent's Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

TO BE COMPLETED BY THE PHYSICIAN

It is necessary that the named child receive the following medication at the times as directed. Please store and administer the medication according to the following instructions:

Name and form of the medication: _____

Dosage: _____ Times to be given: _____ Duration: _____

Other specific directions: _____

Purpose of medication and/or diagnosis: _____

Other medications prescribed by the physician that the student is taking outside of school hours:

Common side effects and contraindications: _____

Curtailment of specific school activity (sports, etc.): _____

Print Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____