

MISSION STATEMENT

Word of Life Traditional School is dedicated to providing the highest possible academic, athletic and social environment for its students, which will prepare them to impact their world for God's eternal purpose.

CORE VALUES

Glorify God – We as Christians are here to glorify God in all we think, do and say.

Sufficiency of Scripture – The Bible is our guide for living to glorify God.

Christian Character – Integrity of character is who we are in all situations. Developing a Christ-like character is paramount.

Excellence in Everything – We are called to do everything to the best of our ability “as unto the Lord.”

Develop our God-given Gifts – God has a plan for each of us and gives us gifts to accomplish that plan. WOLTS seeks to nurture those unique gifts.

STATEMENT OF FAITH

1. We believe the Bible is the inspired, inerrant Word of God, that it alone is the singular and ultimate authority for faith and practice of the Christian life. (II Tim. 3:15; II Pet. 1:21)
2. We believe the one true God exists eternally in three persons, Father, Son, and Holy Spirit, and that these, being one God, are equal in deity, power, and glory. God not only created the world but also now upholds, sustains, governs, and providentially directs all that exists. (John 1:1-2; Genesis 1:26-27)
3. We believe in the preexistence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and second coming of our Lord Jesus Christ. (Matthew 1:23; I Cor. 15:3,4; Eph. 1:7)
4. We believe in the fall of man, the need for regeneration by the operation of the Holy Spirit on the basis of grace alone, and resurrection of all to life or damnation. (Romans 3:23)
5. We believe the Holy Spirit regenerates, forever indwells, and graciously equips the Christian for Godly living and service. Subsequent to conversion, the Spirit desires to fill, empower, and anoint believers for ministry and witness; that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the church to fulfill its calling and mission. (Matthew 28:19-20; Acts 4:29-30; Galatians 3:1-5)
6. We believe that Satan, originally a great and good angel, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness and evil on earth. Satan was judged and defeated at the cross of Christ and will, at the end of the age, be cast forever into the lake of fire which has been prepared for him and his angels. (Matthew 12:25-29; John 12:31; Revelation 12:7-9)
7. We believe God created man with the ability to procreate and that sex was intended between only one man and one woman within the context of marriage. (Genesis 2:24; Leviticus 18:18)
8. We believe life begins at conception; therefore, the killing of the unborn child is sin. (Ex. 20:13)
9. We believe in the spiritual unity of believers in our Lord Jesus Christ, therefore, believers must not seek litigation against one another. (Romans 8:9, I Corinthians 6:1-7)

I have read and understand the Statement of Faith of Word of Life Traditional School and
Subscribe to without reservation, and agree that I/We and my child(ren) will abide by
these doctrines in all aspects of our lives, both at and away from school functions.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____



Honor Code

Attendance at Word of Life Traditional School is a great privilege, and like all privileges, it comes with certain responsibilities. I, therefore, personally accept each of the following Christian responsibilities:

To God Almighty

- I will seek to honor the Lord in all I think, say, and do. (Deuteronomy 26:17)
- I will submit myself to the authority of His grace and His commands. (II Timothy 3:16,17)
- I recognize my appearance and behavior reflect on Him as much as on me. (I Corinthians 10:31)

To My Parents

- I will attempt to honor my parents in everything I think, say, and do. (Exodus 20:12)
- I will seek to learn all that I can from them. (Ephesians 6:1-3)
- I acknowledge that I cannot receive what I need in life or Godliness without them. (Psalm 78:1-8)

To My Church

- I will submit to all the ecclesiastical authorities God has placed over me. (Titus 2:1-15)
- I will make worship, discipleship, and spiritual growth a priority in my life. (Galatians 2:20)
- I will attempt to be an ambassador of Christ and His church wherever I am. (Matthew 28:19-20)

To My Teachers

- I will demonstrate respect, attentiveness, gratitude, and obedience to my teachers. (Hebrews 13:1)
- I will seek to do all the work assigned to me with diligence and integrity. (Ephesians 5:8-17)
- I will do my utmost to learn and achieve as much as I possibly can. (Philippians 4:8-9)

To My Classmates

- I will honor and respect the time, work, and feelings of my fellow students. (Romans 12:9-18)
- I will try to model honesty, integrity, kindness, and modesty in my relationships. (Philippians 2:3-7)
- I realize that disturbances affect everyone at school and will thus strive for peace. (Ephesians 4:1-6)

I, therefore, affirm my personal and covenant commitment to uphold these Christian responsibilities, realizing that I will be able to enjoy the privileges of Word of Life Traditional School only so long as I fully maintain this commitment, by the bounteous grace according to the merciful providence of God the Father, the Son, and the Holy Spirit.

Student Signature _____ Date _____

Parent of Guardian Signature _____ Date _____

Standards of Conduct

(The Student Handbook contains the standards of conduct of students.)

I have read and understand the Student Handbook of Word of Life Traditional School and agree that my child(ren) will abide by them both at and away from school functions. I agree to fully support the school in its enforcement of its rules. As Word of Life traditional School is a Christian ministry organization, I agree not to make demands, threaten to sue, make any kind of accusation or complaint, or actually litigate any matter whatsoever relating to or resulting from enforcement of the rules in the Student Handbook. To do otherwise, would be a clear violation of the Biblical teaching and practice.

Father's of Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

Field Trip Permission Slip

Word of Life Traditional School believes that out of school field trips enhance the learning process. We plan different field trips throughout the year and also take advantage of programs or presentations that present themselves throughout the school year. The following is a permission slip which allows WOLTS teachers to take your child on field trips that we deem are of educational value and will make the learning process enjoyable.

I give Word of Life Traditional School permission to take my child on field trips planned for my child's education. Transportation will be arranged by the school with my child's safety in mind.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

Submission to Binding Arbitration

Believing that lawsuits between believers are prohibited by Scripture, I agree to submit to binding arbitration any matters which cannot otherwise be resolved between myself and Word of Life Traditional School or Word of Life church; and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitration procedures to be used as developed by Word of Life Traditional School.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

Corporal Correction Release

Corporal Correction is used as a last resort in the correction process. It is designed to help motivate self discipline in students who have not responded to previous attempts at correction.

I give my permission for Word of Life Traditional School to administer corporal punishment to my child, _____, in accordance with the Discipline Policy of the school following these guidelines* (for an additional addendum to this policy read number 7 below. If you agree with this policy, sign in the appropriate place)

1. The offense will be clearly discussed with your child.
2. A reasonable number of strokes, not to exceed three (3), will be administered by staff member of the same sex as your child, using a simple, flat paddle.
3. A staff witness of the same sex as your child will be present.
4. Your child will not be physically restrained. If he/she refuses to submit, you will be asked to come immediately to discuss the matter, and if it is believed to be in the best interest of the school, the child will be withdrawn from the school.
5. After administering the strokes, the staff member will pray with your child reassuring him/her of their love.
6. A written report will be made of the date, offense, number of strokes, and names of correcting staff member and witness. A copy will be sent to you.

I, _____ have read the above and agree to support
Name of Father and Mother

the school and in its policy of corporal punishment without reservation and personally pledge my support to the scriptural approach to discipline.

Father's or Guardian's Signature _____ Date _____

Mother's or guardian's Signature _____ Date _____

7. I, _____ have read the above, and agree to support the school in its policy of corporal punishment. The school does not need to inform us first before administering swats.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

I do not give Word of Life Traditional School permission to administer corporal punishment to my child. I understand if the school is not able to administer corporal correction to my child according to above guidelines, consequences may move to a higher level on the progressive discipline schedule including expulsion.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

**Word of Life Traditional School
Consent and Release Form**

I, the undersigned parent/guardian, hereby give consent to my child _____ to participate in activities sponsored by Word of Life Traditional School for the 2008-2009 academic school year. Such activities can include, but not be limited to school sponsored field trips, sporting events, academic events, etc.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed all of them below. In the event of an emergency, I may be reached at the numbers listed below. If I cannot be reached, I hereby authorize _____ (adult sponsor) to make all emergency medical decisions for my child. If there are any activities in which I do not want my child to participate, I have listed them below under "Special Comments."

I understand and hereby agree to assume all of the risks which may be encountered on such activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Word of Life Traditional School and its agents and employees, harmless from any and all liability, actions, cause of actions, claims, expenses and damages of accounts to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

In case of emergency, I authorize the staff of Word of Life Traditional School to render whatever first aid is deemed necessary including notification of Emergency Medical Services. If I cannot be reached, my child will be sent to the nearest emergency room, if necessary. I understand and consent is given in advance of any specific diagnosis or treatment being required. Word of Life Traditional School does not assume responsibility for the payment of hospital, doctor or ambulance fees.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Insurance Co. _____ Policy Holder _____

Policy # _____ Child's Physician _____

Physician Contact # _____ Hosp. Pref. _____

Special Comments _____

Home Address _____

Mother's Phone # _____ Father's Phone # _____

Other Emergency Contacts:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Allergies (Food or Medications): _____

Current medications regularly taken (Prescribed and Over the counter): _____

******PLEASE UPDATE ANY CHANGES WITH THE SCHOOL OFFICE IMMEDIATELY.******

Medical History

Child's Name _____ Birth Date _____
 Home Address _____ Home Phone _____
 Father's Occupation _____ Mother's Occupation _____
 Father's health _____ If deceased, cause _____
 Mother's health _____ If deceased, cause _____

Past History – (if your child has had any of the following, state age when he/she had them)

Asthma _____	Frequent Ear Infections _____	Polio _____
Broken Bones _____	Frequent Sore Throats _____	Rheumatic Fever _____
Cardio-Vascular _____	Gonorrhea _____	Scarlet Fever _____
Chicken Pox _____	Hay Fever _____	Syphilis _____
Convulsions _____	Measles _____	Tuberculosis _____
Diabetes _____	Mumps _____	Whooping Cough _____
Diphtheria _____	Pneumonia _____	

Has your child had a tuberculosis skin test? _____ When? _____
 Has your child been diagnosed with HIV/AIDS? _____ When? _____

Recent History – (Please check any one of the following noted recently)

4 or more colds yearly _____	Fainting Spells _____	Hearing Loss _____
Sore throat _____	Abdominal Pains _____	Tires Easily _____
Poor Vision _____	Frequent Urination _____	Breath Shortness _____
Frequent Leg Pains _____	Allergy _____	Hernia (rupture) _____
Dizziness _____	Persistent Cough _____	Ring Worm _____
Frequent Sties _____	Speech Difficulty _____	Nose Bleeding _____
Dental Defects _____	Crippling Conditions _____	Growing Pains _____

Does your child have a disability due to disease or accident? _____

Immunization Record

Please give us a copy of your child's immunization records for our records or fill out the immunization record below.

Vaccine	Date	Date	Date	Date
DTP	_____	_____	_____	_____
TD or Tetanus	_____	_____	_____	_____
Polio, oral	_____	_____	_____	_____
Rubeola (measles)	_____			
Mumps	_____			
Rubella (German measles)	_____			

Allergies to Food _____ Allergies to Medicine _____
 Current Dailey Medication _____ Other Comments _____

Parent's or Guardian's Signature _____ Date _____

Word of Life Traditional School

I, _____, give permission for the following people to pick up my child/ren

from school.

1.

Name	Relationship	Phone#	Address
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2.

Name	Relationship	Phone#	Address
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This person/these may NOT pick up my child:
