ST. KOSMAS ACADEMY

FAMILY ENROLLMENT & RE-ENROLLMENT PACKET

Academic Year 2026-2027

Use one family packet for new, returning, or mixed families. Complete one Student Profile for each student.

1. START HERE

□ New family □ Returning family □ Mixed family - new and returning students

Family name: _____ Date submitted: _____

2. WHAT TO COMPLETE

Family Type	Family Pages	Student Pages
New	Complete pages 1-5.	Complete the full Student Profile for each student and a Records Release for each prior school.
Returning	Complete pages 1-5. Use “no changes” where appropriate.	Complete one Student Profile per student. Mark “no changes” or provide updates. Records Release only if requested.
Mixed	Complete pages 1-5 once for the family.	Complete the full profile for new students and the annual-update portions for returning students.

3. SUPPORTING DOCUMENTS

New students: submit applicable documents. Returning students: submit only new, updated or not previously submitted documents.

□ Birth certificate or age verification	□ Report card, transcript, or homeschool record
□ Assessment or standardized test results	□ Immunization and required health records
□ IEP, 504 Plan, evaluation, or service plan	□ Custody or guardianship documents, if applicable
□ Homeschool intent documentation, if applicable	□ Photo ID copies for authorized pickup persons

4. FAMILY FEES

New or mixed family with at least one new student	$250 once per family
Returning family	$100 once per family
Enrichment Students	No enrollment fee; Enrichment is $30 per semester per student

5. IMPORTANT NOTICE

Submitting this packet begins enrollment or re-enrollment but does not guarantee placement. Final enrollment depends on available space, appropriate placement, required records and fees, the signed tuition agreement, account standing when applicable, and administrative approval. Families must provide complete information and report changes promptly.

224 E. Burke Avenue, Arlington, WA 98223 | 360-436-2519 | office@stkosmasacademy.org | StKosmas.org

ST. KOSMAS ACADEMY

FAMILY ENROLLMENT APPLICATION

Academic Year 2026-2027

Complete this family portion once, even when more than one student is applying.

1. FAMILY ENROLLMENT REQUEST

□ New family - no students currently enrolled □ Mixed family - new and returning students

Family name: _____ **Requested start date:** _____

List up to six students. Program requests are reviewed for grade eligibility, scheduling, staffing, and available space.

Student's Full Legal Name	Preferred Name	Date of Birth	Current Grade	Grade Applying	Program*	New / Returning
					□ F □ X □ E	□ New □ Returning
					□ F □ X □ E	□ New □ Returning
					□ F □ X □ E	□ New □ Returning
					□ F □ X □ E	□ New □ Returning
					□ F □ X □ E	□ New □ Returning
					□ F □ X □ E	□ New □ Returning

** F = Full Program (K-12) | X = Extension Program (part time) | E = Enrichment Program (Friday pull-out).*
Final program and schedule are confirmed by the Academy.

2. HOW YOU LEARNED ABOUT ST. KOSMAS ACADEMY

□ Parish or clergy □ Current family □ Friend or relative □ Website □ Social media □ Community event □ Other

Referral name or additional details:

4. PARENT / GUARDIAN CONTACT INFORMATION

Parent / Guardian 1
Full legal name:
_____
Relationship to student(s): _____
Home address:
_____
City/State/ZIP:
_____
Primary phone: _____
Alternate/work phone: _____
Email:
_____
Employer, if desired: _____

Parent / Guardian 2
Full legal name:
_____
Relationship to student(s): _____
Home address:
_____
City/State/ZIP:
_____
Primary phone: _____
Alternate/work phone: _____
Email:
_____
Employer, if desired: _____

□ Parent/Guardian 1 receives routine school communications □ Parent/Guardian 1 receives financial communications
□ Parent/Guardian 2 receives routine school communications □ Parent/Guardian 2 receives financial communications

5. COMMUNICATION PREFERENCES

□ Email □ Phone call □ Text message □ Printed notice

Primary email for school notices: _____
Primary phone for urgent notices: _____

Families are responsible for keeping contact, emergency, custody, and authorized pickup information current throughout enrollment.

7. CUSTODY, GUARDIANSHIP, AND RECORD ACCESS

The Academy must receive current written documentation of any order or agreement affecting educational decision-making, records access, school communication, campus access, transportation, or pickup. The school cannot enforce restrictions it has not received in writing.

□ No custody, guardianship, parenting-plan, or legal restrictions apply
□ Legal documents or restrictions apply and current copies are attached

Student(s) affected:	Primary residence is with:
Person(s) with educational decision-making authority:	Person(s) authorized to receive school records:
Pickup or campus-access restrictions:	School communication restrictions:
Document attached and effective date:	Additional information / school follow-up needed:

8. EMERGENCY CONTACTS

Full Name	Relationship	Primary Phone	Alternate Phone	Email	May Pick Up?
					□ Yes □ No
					□ Yes □ No
					□ Yes □ No

9. OTHER AUTHORIZED PICKUP PERSONS

Attach a clear copy of a current photo ID for each person listed below. The Academy may require identification before releasing a student.

Full Name	Relationship	Phone Number	Student(s), if Limited	Photo ID Attached?
				□ Yes □ Pending
				□ Yes □ Pending
				□ Yes □ Pending
				□ Yes □ Pending

10. FAMILY, PARISH, AND RELIGIOUS INFORMATION

Students are not required to be Orthodox Christians to apply. This information helps the Academy understand the family's background and support reverent participation in school prayer, worship, and religious instruction.

Family religious affiliation, if any: _____
Parish or congregation: _____
Jurisdiction or denomination: _____
Priest, pastor, or clergy contact: _____
Clergy phone/email: _____

□ The Academy may contact the clergy person listed above as part of the admissions process
□ Please speak with us before contacting clergy

11. FAMILY GOALS AND SCHOOL FIT

Why are you seeking enrollment at St. Kosmas Academy?

_____
_____
_____

What are your principal academic, spiritual, social, or character goals for your child(ren)?

_____
_____
_____

What strengths, concerns, circumstances, or family expectations would be helpful for the Academy to understand?

_____
_____
_____

12. ORTHODOX CHRISTIAN MISSION AND CLASSICAL EDUCATION

St. Kosmas Academy is an Orthodox Christian school. Prayer, Scripture, icons, feast days, the lives of the saints, church services, and Orthodox Christian moral teaching are integrated into the educational program. These are not treated as optional activities.

The Academy follows a classical approach to education that forms students to love what is true, good, and beautiful; read deeply; speak and write clearly; reason carefully; remember what is worthy; and grow in wisdom, virtue, reverence, diligence, and love of God and neighbor.

Initials: _____ I understand and support the Orthodox Christian identity and mission of St. Kosmas Academy.
Initials: _____ I understand that students are expected to participate reverently in school prayer, religious instruction, and designated church services.
Initials: _____ I understand and support the Academy's classical educational approach and standards of academic effort, conduct, and classroom order.
Initials: _____ I agree to communicate respectfully, support school policies, and work in partnership with teachers and school leadership.

13. TUITION, FEES, AND FINANCIAL PROCESS

For 2026-2027, the new-student enrollment fee is $250 once per family when at least one new student enrolls. It is due before school begins and is non-refundable unless the Academy approves otherwise in writing. A separate application fee is currently $0.

Tuition, program charges, discounts, tuition assistance, payment dates, and withdrawal obligations are governed by the family's final tuition agreement and current school policy.

□ 12 monthly payments □ 10 monthly payments □ Two semester payments □ Undecided / request guidance
□ We intend to apply for need-based tuition assistance □ We do not intend to apply at this time

Initials: _____ I understand that application review is separate from final enrollment and that tuition is not established until the tuition agreement is prepared and signed.
Initials: _____ I understand that enrollment is not complete until required forms, records, fees, and the signed tuition agreement are received and the student is approved for placement.
Initials: _____ I understand that discounts and tuition assistance are not final until approved and documented in the tuition agreement.
Initials: _____ I understand that withdrawal may not eliminate financial responsibility under the tuition agreement and school policy.

14. ANNUAL PERMISSIONS

Routine local activities and field trips: □ Permission granted □ Separate approval requested for each activity
Activities involving unusual risk, overnight travel, or special transportation may require a separate permission form.

Photographs, video, and student work - check all permissions granted:

□ Internal school use, classroom displays, and yearbook
□ Official Academy website, social media, promotional materials

Emergency medical care: In an emergency, I authorize Academy personnel to obtain appropriate medical care for my child when a parent or guardian cannot be reached. I understand that I am responsible for expenses resulting from emergency transportation or treatment.
Parent/Guardian initials: _____

15. VOLUNTEER AND SCHOOL SUPPORT

Areas in which our family may be willing to assist:

□ Classroom assistance	□ Field trips	□ School events
□ Fundraising	□ Hospitality	□ Library
□ Facilities/campus projects	□ Fine arts or music	□ Athletics/physical education
□ Gardening/outdoor activities	□ Administrative assistance	□ Professional expertise

□ Other

Skills, interests, services, or resources our family may be able to share:

_____
_____

Volunteer service involving students may require school approval, a background check, safe-environment training, references, or other screening. A copy of a driver's license and current vehicle insurance may be required before transporting students for a school activity.

16. FAMILY CERTIFICATION AND AUTHORIZATION

□ I certify that the information provided in this packet is complete and accurate to the best of my knowledge.
□ I authorize St. Kosmas Academy to verify enrollment information and to contact prior schools, educational providers, and the clergy contact listed in this packet as authorized above.
□ I agree to provide complete and current health, educational, custody, emergency, and contact information and to notify the Academy promptly of changes.
□ I understand that withholding or materially misrepresenting information may delay or affect admission, placement, continued enrollment, or the Academy's ability to serve the student safely and appropriately.
□ I acknowledge that I have reviewed the Academy's Orthodox Christian mission and agree that my family will support the school's policies, expectations, and educational program.
□ I acknowledge that I have received and reviewed the St. Kosmas Academy Student and Family Handbook.
□ I understand and have initialed the forms in the appendix of the St. Kosmas Academy Student and Family Handbook.

Parent/Guardian 1 Printed Name	Parent/Guardian 2 Printed Name
Parent/Guardian 1 Signature	Parent/Guardian 2 Signature
Date	Date

17. NON-DISCRIMINATION AND RELIGIOUS IDENTITY

St. Kosmas Academy admits students of any race, color, sex, and national or ethnic origin to the rights, privileges, programs, and activities generally made available to students at the school. The Academy does not discriminate on the basis of race, color, sex, or national or ethnic origin in the administration of its educational policies, admissions policies, tuition assistance programs, or school-administered activities. As an Orthodox Christian school, St. Kosmas Academy retains its religious identity and the right to teach, practice, and order school life according to Orthodox Christian doctrine, worship, moral teaching, and educational philosophy.

ST. KOSMAS ACADEMY

STUDENT ENROLLMENT PROFILE

Academic Year 2026-2027

Complete one two-page profile for each student. Duplicate these pages for additional students.

1. STUDENT INFORMATION ☐ New student ☐ Returning student

Student's full legal name: _____

Preferred name: _____ Date of birth: _____ Sex: ☐ Male ☐ Female

Student lives with: _____

Primary language(s): _____

Current grade: _____ Grade applying: _____ Requested start date: _____

2. PROGRAM REQUEST

☐ Full Time	K-12, five-day's a week
☐ Extension Program - K-6 (Lower School)	Requested attendance: ☐ 1 day ☐ 2 days ☐ 3 days 1 day = Mon. 2 days = Mon. & Tues. 3 days = Mon., Tue. & Wed.
☐ Extension Program - - 7-12 (Upper School)	Requested time slot: ☐ A.M. ☐ P.M. Requested courses, if known: _____
☐ Enrichment Program - (Friday's only)	Friday pull-out: ☐ Fall ☐ Spring ☐ Full year

☐ Student is currently homeschooled ☐ Intent to homeschool attached ☐ Not applicable

3. PREVIOUS SCHOOL OR HOMESCHOOL HISTORY

☐ Returning student with no changes

Current/most recent school or homeschool program: _____

School address: _____

Dates attended: _____ Last grade completed: _____

Reason for leaving or changing programs: _____

☐ Records release attached ☐ Records already provided ☐ No prior school records

Has the student ever been suspended, expelled, asked to withdraw, or subject to serious disciplinary action? ☐ No ☐ Yes - explain below

Explanation, if applicable:

_____

_____

4. ACADEMIC BACKGROUND AND EDUCATIONAL SUPPORT

☐ Returning student with no changes

Check any services, plans, or supports the student has received:

☐ Academic tutoring	☐ Speech/language services	☐ Occupational therapy
☐ Physical therapy	☐ Counseling services	☐ Gifted education
☐ Special education services	☐ Educational testing/evaluation	☐ IEP
☐ Section 504 Plan	☐ Behavior or support plan	☐ Other

Describe learning strengths, areas of difficulty, accommodations, evaluations, or recommendations that may help the Academy support this student:

_____

_____

_____

☐ Current plan/evaluation attached ☐ Previously provided to the Academy

5. HEALTH AND SAFETY INFORMATION

☐ Returning student with no changes

Complete this section carefully. A separate medication authorization or emergency action plan may be required before the student attends school.

Primary physician: _____ Phone: _____

Preferred hospital: _____ Insurance provider: _____

Policy/member number: _____

Check all that apply:

☐ Allergies	☐ Asthma	☐ Diabetes
☐ Seizure disorder	☐ Heart condition	☐ Orthopedic/physical limitation
☐ Vision or hearing concern	☐ Dietary restriction	☐ Medication during school
☐ Emergency epinephrine	☐ Other medical condition	☐ No known conditions

Describe conditions, allergens, symptoms, restrictions, medications, emergency procedures, or accommodations:

_____

_____

_____

If medications are to be distributed during school hours please request a medication administration form.

☐ Immunization/health record attached ☐ Exemption documentation attached, if applicable ☐ Medication form attached ☐ Emergency action plan attached

6. RELIGIOUS AND PARISH BACKGROUND

☐ Returning student with no changes

This information is used to understand the student's formation and appropriate participation. Orthodox baptism or parish membership is not required for admission.

Student religious affiliation, if any: _____

Parish or congregation: _____

Orthodox sacramental background, if applicable: ☐ Baptized ☐ Chrismated ☐ Receives Holy Communion ☐ Not applicable

Additional information about participation in prayer or services: _____

7. STUDENT STRENGTHS, INTERESTS, AND NEEDS

Strengths, interests, talents, hobbies, and activities:

_____

_____

Social, emotional, behavioral, developmental, or spiritual considerations that may help the Academy support the student:

_____

_____

Family goals for this student during the 2026-2027 academic year:

_____

_____

8. PARENT / GUARDIAN CERTIFICATION AND MEDICAL CONSENT

I certify that the information in this Student Enrollment Profile is complete and accurate. I authorize the Academy to use this information for admissions review, placement, educational support, and health and safety planning. In an emergency, I authorize Academy personnel to obtain appropriate medical care when a parent or guardian cannot be reached, and I accept financial responsibility for resulting emergency transportation or treatment.

Parent/Guardian Printed Name	Relationship to Student
Parent/Guardian Signature	Date
Best Phone	Best Email

ST. KOSMAS ACADEMY

NEW STUDENT RECORDS RELEASE AUTHORIZATION

Academic Year 2026-2027

Complete one authorization for each student's prior school, district, homeschool program, or educational provider from which records are requested. Duplicate these pages for additional students.

1. STUDENT AND FAMILY INFORMATION

Student's full legal name: _____

Date of birth: _____ Grade applying: _____

Parent/Guardian name: _____

Parent/Guardian phone/email: _____

2. SCHOOL OR PROVIDER RELEASING RECORDS

School / district / provider name: _____

Address: _____

Phone: _____ Email / records contact: _____

Dates attended: _____ Last grade completed: _____

3. AUTHORIZATION

I authorize the school, district, homeschool program, or provider named above to release records concerning the student to St. Kosmas Academy. I also authorize St. Kosmas Academy to contact the releasing school or provider to verify information and discuss matters reasonably related to admissions review, placement, enrollment, and educational planning.

Records authorized for release - check all that apply:

☐ Cumulative academic record and transcript	☐ Report cards and grades
☐ Attendance records	☐ Standardized and placement assessments
☐ Discipline records	☐ IEP, 504 Plan, service plan, evaluations, or accommodations
☐ Teacher or administrator recommendations	
☐ Other: _____	

Please send records to: St. Kosmas Academy, 224 E. Burke Avenue, Arlington, WA 98223 | office@stkosmasacademy.org | 360-436-2519

This authorization remains valid for one year from the date signed unless revoked in writing. Revocation does not affect records already released or actions already taken in reliance on this authorization.

Parent/Guardian Printed Name	Relationship to Student
Parent/Guardian Signature	Date
School Office Witness / Received By	Date Sent / Follow-Up

ST. KOSMAS ACADEMY

OFFICE USE ONLY - ADMISSIONS REVIEW AND ENROLLMENT COMPLETION

Academic Year 2026-2027

This page is for school administration and should not be completed by the family.

1. APPLICATION INTAKE

Date received	Received by	Family/application no.	New / Mixed family
Family form complete?	Student profiles received	Records releases received	Photo IDs received
Birth/age documentation	Health/immunization records	Custody documents	Homeschool documents
Prior records requested	Prior records received	Tuition assistance inquiry	Enrollment fee status
Other missing items	Family contacted by	Date of follow-up	Deadline given

2. FAMILY CONFERENCE, STUDENT REVIEW, AND ADMISSION DECISION

Family conference date / participants:	Mission and policy questions discussed:
Student assessment / visit date:	Assessment or observation summary:
Records reviewed:	Educational, health, or support follow-up needed:
Upper School leadership / board review:	Graduation pathway or course-plan notes:
Recommended grade and program:	Recommended schedule / conditions:

☐ Accepted ☐ Accepted conditionally ☐ Waitlist ☐ Additional information required ☐ Not accepted

Conditions, if any: _____

Decision rationale / notes:

_____

Administrator / Principal Signature and Required Leadership Review	Decision Date

3. ENROLLMENT COMPLETION

☐ Acceptance letter sent ☐ Tuition agreement prepared ☐ Tuition agreement signed ☐ $250 family enrollment fee received ☐ All required documents complete ☐ Student entered in school records ☐ Class/schedule assigned ☐ Family orientation completed

Final approved grade and program:	Approved attendance schedule or classes:
Tuition agreement date:	Enrollment fee payment date / method:
Final enrollment completion date:	Completed by:
Conditions remaining, if any:	Deadline / responsible person:

4. STUDENT SETUP, FAMILY ORIENTATION, AND FINAL CONFIRMATION

☐ Student record and emergency contacts entered Notes: _____	☐ Health alerts and accommodations communicated Notes: _____
☐ Teacher / homeroom notified Notes: _____	☐ Class list or Upper School schedule issued Notes: _____
☐ Supply, dress, and calendar information sent Notes: _____	☐ Technology account or device setup completed Notes: _____
☐ Authorized pickup IDs verified Notes: _____	☐ Media and field-trip permissions entered Notes: _____
☐ Family orientation / handbook review completed Notes: _____	☐ Parish, liturgy, and arrival/dismissal procedures reviewed Notes: _____

Final notes, conditions, or follow-up items:

Administrator / Principal Final Approval	Date
School Office Completion Signature	Date