

Thank you for choosing Harrison Christian School. We praise God for the opportunity to serve you and your children with an environment embracing Christian ethics and high academic standards.

HCS is an inter-denominational place of learning, providing academic excellence on a foundation of faith.

ENRICHMENT APPLICATION FORMS

HCS has an enrichment plan for home school children. The State of Ohio requires core academic instruction with grade-level testing, and “enrichment specials”. HCS offers home school children the opportunity to participate in specials (SAT’s, Art, Library, Music, Computer and PE).

Registration Fee	\$50.00
One special	\$35.00 per month
Two specials	\$45.00 per month
Three specials	\$55.00 per month

One time fee for standardized testing:	Ohio	\$30.00
	SAT	\$25.00

Test fees for non-registered students:	Ohio	\$60.00
	SAT	\$50.00

***Privacy Policy:** Harrison Christian School holds in trust the information provided for student enrollment. We will not provide information to vendors, organizations, suppliers, or individuals for solicitation purposes.

***Admission Statement:** Harrison Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the hiring of all personnel and in the administration of its educational policies, admission policies, athletic, and other school administered programs.

APPLICATION FOR HOME SCHOOL ENRICHMENT PROGRAM

Office Use Only
Date & Time _____
Payment Plan _____
Registration fee _____
Transportation _____
Other _____

Please Print

Grade _____ School Year _____

How did you hear about our School? _____

Applying for _____ SAT's _____ Art _____ Library _____ Computer _____
_____ Music _____ PE _____

STUDENT INFORMATION:

STUDENT'S LEGAL NAME IN FULL _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER AND STREET CITY STATE

Birth Date ____/____/____ Male _____ Female _____

Zip PHONE

If child is part of a joint custody, what days does student live with: Father _____ Mother _____
Other (Specify) _____ Stepmother _____ Stepfather _____

Home School Educator (parent) _____

FAMILY INFORMATION:

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

HOME PHONE _____ HOME PHONE _____

EMPLOYER _____ EMPLOYER _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

If applicable, please tell us:

Stepfather's name _____ Stepmother's name _____

E-mail _____

OTHER EMERGENCY CONTACTS:

1. Name _____ Relationship _____
Address _____ City _____ Phone _____

2. Name _____ Relationship _____
Address _____ City _____ Phone _____

Church you attend _____ Are you members? Yes No

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GENERAL STUDENT INFORMATION:

Has the Student:	YES	NO
1. Had scholastic difficulties in school?	_____	_____
2. Been retained?	_____	_____
3. Received tutoring, participated in LD or special ed. classes undergone special academic and/or psychological testing?	_____	_____
4. Taken medication for academic purposes?	_____	_____
5. Been identified as gifted and/or talented ?	_____	_____
6. Been diagnosed as having a physical handicap?	_____	_____
7. Been diagnosed as having emotional difficulties?	_____	_____
8. Been dismissed from school for financial reasons?	_____	_____
9. Had disciplinary difficulty in school?	_____	_____
10. Been dismissed from school for disciplinary reasons?	_____	_____
11. Been in any difficulty with Civil authorities?	_____	_____

REMARKS: (please explain any questions answered with "Yes".) _____

CHILD/FAMILY HISTORY RECORD

<u>BROTHERS AND SISTERS IN FAMILY</u>	<u>AGE</u>	<u>GRADE</u>	<u>ATTENDING</u>
Name _____			
Name _____			
Name _____			

Has your child ever been in a special school or class because of physical condition or health reason?
Yes or No Explain _____

Do you feel there are any characteristics relating to the health and personality of your child which would help the teacher and office to understand your child? _____

Indicate if any members of the immediate family have or have had the following illnesses:
Tuberculosis ___ Diabetes ___ Rheumatic Fever ___ Epilepsy ___ Cancer ___ Mental Illness ___

Other significant diseases _____

Speech, hearing, or visual handicaps (*indicate members affected*): _____

1. List all allergies and any special precautions and treatment for these allergies: (e.g., foods, medications, or environmental allergies) _____

2. Please list any other medical condition that needs to be disclosed for the safety/well being of your child or other children/ adults at this school: _____

3. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: _____

4. List any chronic physical problems and any history of hospitalization: _____

5. List any diseases the child has had: _____

If you have a need for Prescription or Non-prescription medicine to be administered during school (including but not limited to Rx meds., Tylenol, cough drops, etc.) please fill out an additional form attached to application or located in the school office.

Notification of Home Education

This form establishes that student(s) have un-enrolled from their school of choice and now will be schooled at home. This notification will be sent to the district Home Education Director.

Date _____
Student's Name _____
Student's SS# _____
Student's School District _____
Student's Address _____

Phone Number _____
Mother's Name _____
Father's Name _____
Guardian _____

Student has been attending Harrison Christian School for:

Beginning Date _____
Withdrawal Date _____

Reason for Home Education Plan:

What is the Home Education Plan:

Contacts to be made by parent:

In Southwest District, contact Carter Cordes, SW Home Education Director
(513)353-1416.

In Hamilton County, contact Tom Pflaumer, HC Home Education Supervisor
(513)742-0220 ext. 208.

In Sunman-Dearborn, contact (812)623-2291

In Franklin County, contact (765)647-4128