

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.

## STUDENT APPLICATION FORMS

This packet contains:

1. Teacher Information Card (Blue Card) - one per student.
2. Application for Admission - one per student.
3. Child/Family History - one per student.
4. Immunization Record - required by law to be in every child's file.
5. Authorization for Activities/Medical Agreement - one per student.
6. Parental Agreement—Tuition Payment - one per family.
7. Parental Agreement—Family Service Hours - one per family.

**Please pick up a Bus Card if you live in the Southwest Local School District.**

Reminder of Dates:

**July 1** All student fees are due and all forms signed and returned to school office.

**August 1** First tuition payment due.

**August 1** Final due date for all required forms and Birth Certificate. We need all forms in by this date to assure a timely response to the State of Ohio.

**August 24** First day of school for Pre 3, K-6.

# APPLICATION FOR ADMISSION

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

Please Print

Grade \_\_\_\_\_ School Year \_\_\_\_\_

## 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 \_\_\_\_\_

School district in which you live \_\_\_\_\_ County in which you live \_\_\_\_\_

Name of Public School your child would attend \_\_\_\_\_

**If student lives in Southwest Local District and will be using the bus, please pick up a bus form.**

## 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 \_\_\_\_\_

Who has permission to pick up your child this school year:

Church you attend \_\_\_\_\_ Are you members? Yes No

**\*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.

**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**

<b><u>BROTHERS AND SISTERS IN FAMILY</u></b>	<b><u>AGE</u></b>	<b><u>GRADE</u></b>	<b><u>ATTENDING</u></b>
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 or treatment for 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.

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## Immunization Record

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_

DTP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1	2			
HIB	1	2	3	4	
HEPATITIS B	1	2	3		
Varicella	1				

\*\*If measles, mumps, rubella not given as MMR, give dates for each immunization:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

### Authorization for Activities/Medical Agreement

I hereby give consent to have my child participate in field trips away from the school grounds to nearby points of interest. These trips will be supervised by HCS teaching staff.

I hereby authorize the Harrison Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in the event that I, as parent or guardian, am not immediately available. Any qualified physician, called by Harrison Christian School, may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort must be made to notify me (parents or guardians) before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

We release Harrison Christian School, Harrison Avenue Assembly of God, the Administrator, the teachers, the staff, the Pastor and the Board from any claim we may have resulting from illness or injuries sustained by our child while under school supervision, whether at school or away from school premises. We further agree to hold harmless Harrison Christian School, Harrison Avenue Assembly of God, the Administrator, the teachers, the staff, the Pastor and the Board from any injury or damage, which may be caused by our child.

### PLEASE PRINT AND FILL OUT COMPLETELY.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_  
 Mother or guardian \_\_\_\_\_ Day time phone \_\_\_\_\_  
 Father or guardian \_\_\_\_\_ Day time phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Day time phone \_\_\_\_\_  
 Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE:** This form must have two signatures. IF your child is in the custody of one parent, please indicate and include any court documents indicating this.

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2010-2011  
Parental Agreement  
To  
Tuition Payment

In order to help us keep accurate financial records, we request that you indicate the payment schedule you would like to use.

Student name(s) \_\_\_\_\_ Grade entering \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If we have any billing concerns or questions please indicate person(s) paying for tuition.

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_



**TUITION PAYMENT**

\_\_\_\_\_ 10 Month plan (August 1—May 1). Tuition due each month is 1/10 of the total amount of tuition.

\_\_\_\_\_ 12 Month plan (August 1—July 1). Kindergarten through Sixth grade only. Tuition due each month is 1/12 of the total tuition.

According to the Student Handbook, on page 4, paragraph 5, “Students with accounts 60 days past due will be recommended to the Official School Board for removal from school enrollment.” The School Board reserves the right to take any action necessary for collection of any amount due HCS for educational services provided.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

# 2010-2011 Parental Agreement To Family Service Hours

The importance of volunteer service to Harrison Christian School can not be over emphasized. For that reason the Harrison Christian School Board requests that all HCS families volunteer a minimum of 1.5 hours per month (15 hours per year). We believe that the increased parental involvement will dramatically improve the success of our fundraisers, enhance the condition of our building, and contribute to the success of our students.

Please indicate your interest in the following areas by writing (F) father, (M) mother, and/or (O) other.

- |   |  |
|---|--|
| <input type="checkbox"/> Carpentry<br><input type="checkbox"/> Electrical Work<br><input type="checkbox"/> Right to Read Week<br><input type="checkbox"/> Market Day<br><input type="checkbox"/> School year cleaning<br><input type="checkbox"/> Summer cleaning<br><input type="checkbox"/> Box Tops for Education<br><input type="checkbox"/> Field Day<br><input type="checkbox"/> After-School Athletic Events<br><input type="checkbox"/> Art Fair<br><input type="checkbox"/> Campbell Soup Labels<br><input type="checkbox"/> Career Day<br><input type="checkbox"/> Teacher Appreciation Luncheon<br><input type="checkbox"/> End of the Year Picnic | <input type="checkbox"/> Painting<br><input type="checkbox"/> Christmas Parade<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Book Fairs<br><input type="checkbox"/> Website<br><input type="checkbox"/> Lunchroom Helper<br><input type="checkbox"/> Special School Work Days<br><input type="checkbox"/> School pictures<br><input type="checkbox"/> Yearbook<br><input type="checkbox"/> Grandparent's Day<br><input type="checkbox"/> Publicity<br><input type="checkbox"/> Christmas Luncheon<br><input type="checkbox"/> Lunchroom coordinator<br><input type="checkbox"/> Other Interests |
|---|--|

We understand that we have a choice of performing at least 15 hours of service or using the cash-out option and paying \$250.00.

Father's Name \_\_\_\_\_ Day phone \_\_\_\_\_ Eve phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day phone \_\_\_\_\_ Eve phone \_\_\_\_\_

Father's signature \_\_\_\_\_ Mother's signature \_\_\_\_\_

Student's First and Last Name (s) \_\_\_\_\_

If you have any questions about any of the activities please call the office.

**PERMISSION TO ADMINISTER MEDICATION & PRESCRIPTION DRUGS**

School personnel are not authorized to administer medicine to a student unless prescribed by a medical doctor or as recommended by the parents or guardian. In both instances, a permission form must be on file in the building principal's office.

It is requested that when medication is to be given 3 times per day, it should be scheduled in such a way that the

Name	
Address	
Phone	
School	
Grade Level	
a. Diagnosis	
b. Name of medication	
c. Dosage	
d. Time to be given	
e. Duration of time to be given	
f. Date medication started	
g. Possible severe adverse reactions	
h. Phone numbers where physician can be reached	1. 2.

medication can be taken at home.

Physician's Signature \_\_\_\_\_

All drugs must be received by the person authorized to administer the medication in the container in which it was dispensed by the prescribing physician or a licensed pharmacist.

School personnel are absolved of any liability in case of reaction to the prescribed medication.

As the parent or guardian of the above student, your signature on this form constitutes a written request for the listed drug to be administered to the student and an agreement to submit a revised statement signed by the physician if the previously provided information changes.

Parent's Signature \_\_\_\_\_