

Please use Blue or Black Ink Only

FAITH CHRISTIAN SCHOOL

RE-ENROLLMENT AGREEMENT

OFFICE USE ONLY

Date _____

Application _____

App. Fee _____

Reg. Fee _____

Tested _____

Interview _____

Date _____

School Year _____

Method of Payment: Payment in Full ☐ 10 Monthly Payments ☐

STUDENT INFORMATION

List children enrolling in Faith Christian School next year:

Name preferred (nickname, abbreviation, etc.) _____ Grade: _____

Name _____ Birthdate: _____ Grade: _____

Name _____ Birthdate: _____ Grade: _____

Name _____ Birthdate: _____ Grade: _____

INFORMATION UPDATE

Father/Guardian _____

Address _____ Home Phone _____

Employer _____ Business Phone _____ Cell # _____

Mother/Guardian _____

Address _____

Email address _____ Business/Cell Phone _____

Employer _____

Marital Status: Married _____ Divorced _____ Remarried _____ Separated _____

If divorced who has legal custody? Father _____ Mother _____ Joint _____ Other _____

HEALTH INFORMATION OR ADDITIONAL CONCERNS

Please note any important health information that might be important for school personnel to note in an emergency or that might affect a student's participation in activities.

Emergency Contact _____

Notes: _____

2290 E. Ellendale Ave. Dallas, OR 97338 (503) 623-6632
www.fceagles.org fcschool@fceagles.org



Complete both sides of card.
Information and Emergency Health Card

Student Name (Last, First, Middle Initial) Preferred Name Grade M/F Birth Date

Student Address Phone

Parent's E-mail Address

Father/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Mother/Guardian Home Phone

Address Cell Phone

Employer Position Business Phone

Marital Status: ☐ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widow/Widower ☐ Single

If divorced, who has legal custody? ☐ Father ☐ Mother ☐ Joint ☐ Other

Give **3 LOCAL PEOPLE** whom we could call in case of emergency when you or the caregiver cannot be reached.

Name	Address	Phone	Relationship
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1.

2.

3.

Caregiver Phone

Church Attending Phone

Church Address Pastor

Family Physician Phone

Hospital Preferred

Permission to use: Tylenol Advil Neosporin

Allergies, Medications, or Other Concerns:

Insurance Company Policy Number

Insured's Name In Case of Emergency Contact

Parent Permission and Medical Release

I hereby give permission to Faith Christian School staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Faith Christian School staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Signature of Parent or Guardian

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STUDENT(S) _____
SCHOOL/GRADE _____
FAITH CHRISTIAN SCHOOL
DALLAS, OREGON

**CONSENT FOR RELEASE
OF PERSONALLY IDENTIFIABLE INFORMATION**

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, ____ **do** ____ **do not** give permission to Faith Christian School staff to release personally identifiable information from the above named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

Signature of Parent/Guardian

Date

PARENT'S CODE

1. I will pray earnestly for Faith Christian School.
2. I will cooperate fully in the educational functions of FCS doing my best to make Christian education effective in the life of each of my children that he or she may love and serve the Lord Jesus Christ all of his or her life. I will not take up the offense of my child.
3. I will pay all of my financial obligations to FCS on or before the date due. If I am ever unable to pay on time, I will notify the Bookkeeper in advance, a) Giving a reasonable explanation for the delay, and b) stating when payment can be made.
4. I will support the school by gifts in addition to my tuition payments and fees, as the Lord enables. As God has prospered us, may we be faithful to Him.
5. I will undertake volunteer duties and responsibilities for FCS as opportunities arise and as God provides time and strength.
6. I will recommend FCS to other Christian families as opportunities arise.
7. I will attend meetings and parent functions of the school regularly, and will make every effort to have my child present at all school programs.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons most directly involved rather than to spread criticism or hold a negative attitude in my heart. I will go to the teacher first, Principal second, School Board last. (Not Church Leadership).
9. I will seek the advancement of FCS in all areas. I will speak positively about the school in the community and support all school efforts to accommodate my child.

Signature

Date



Diligence • Excellence • Accountability

PICK UP LIST

In an on-going effort to safeguard your child, we are implementing a pick up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list, to pick up your child, the child or driver must have a written note with your signature or they will not be released to them.

Students Name _____ Home Phone _____

NAME	PHONE	RELATIONSHIP TO STUDENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Parent Signature _____ Date _____

STATEMENT OF COOPERATION

Student's Full Name _____

In making this application, we affirm our commitment to the policies, procedures, and Statement of Faith as listed below:

- A. Although children of many Christian denominations make up the Faith Christian School student body, each student and parent enter with the awareness that all teaching will be based upon the school's Statement of Faith.
- B. Faith Christian School accepts the doctrine of "in loco parentis" (or in the place of the parents). We emphatically view the school, home, and local church as a partnership and the school's primary function to assist parents in fulfilling their responsibility to "train up a child in the way they are to go." (Prov. 22:6)

Furthermore, I/we agree:

- 1. To authorize Faith Christian School to exercise its prerogatives as explained above in its role "in loco parentis" on behalf of my child. I/We understand that this includes permission: (a) to discipline as deemed wise and expedient for my child; (b) to counsel my child Biblically; (c) to be counseled Biblically when matters of my child's welfare arise. (Proverbs 13:24; 19:18; 29:15; Ephesians 6:1-2; Hebrews 12:6)
- 2. That, if our son/daughter is involved in any disciplinary action, or should become involved in any trouble with other students, or should a misunderstanding arise between my student and the teacher, we will endeavor to settle any grievances quickly and according to scriptural principles (Matthew 18 and Galatians 6).
- 3. That assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
- 4. That the school may at any time dismiss a student who, in the opinion of the administration, has a scholastic or conduct record that does not fit into the spirit of the school, regardless of whether or not the student conforms to the specific rules and regulations of the school. I understand that attendance at Faith Christian School is a privilege and not a right.
- 5. To pay tuition according to the schedule or to other arrangements that shall be made. I/We understand that report cards may be withheld if required payments are not made or arranged for. I/We also understand that if my account is past due, and no arrangements have been made, my child will no longer be able to attend Faith Christian School.
- 6. To give permission for my child to take part in all school activities, including school sponsored field trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.
- 7. To help my child with homework when necessary and cooperate with the academic goals of the school.
- 8. To give the school permission (in case of emergency) to provide or obtain appropriate medical help for my child.

I have read or will read the above Statement of Cooperation and the Parent/Student Handbook and fully understand and agree to support the conditions and terms as stated. (Signature required by both parents)

Signature of father or guardian /date

Signature of mother or guardian/date

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Volunteer Hours –
Parent Teacher Fellowship

I understand that Faith Christian School is dependent upon each family's participation and assistance. As such, each family is expected to give of their time by volunteering in the classrooms, on the playground, working on fund-raisers, doing repairs, cleaning, or any other involvement that helps the school and its students.

I understand that I am responsible to keep track of the hours I work and turn them into the office. On June 15th my account will be charged \$10.00 for every hour short of what is required for my family. I understand that I will pay for all charges to my account as a result of insufficient hours worked.

Preschool.....\$100.00 or 10 hours per family (5 hours towards auction)

Kindergarten \$200.00 or 20 hours per family (5 hours towards auction)

1st – 8th \$300.00 or 30 hours per family (5 hours towards auction)

Parent hours may be recorded on the bottom of your payment slip or you may pick up vouchers from the school office. Each family will keep track of their own hours on the honor system. The vouchers should be mailed or turned into the school office at the beginning of each month in order to receive appropriate credit. Reminder invoices with current status will be sent out in January with a final billing for any balance due being sent out in June.

Print Name_____ Date _____

Signature _____

Here is a list of possible areas in which to volunteer. You are not limited to these, however this will give you an idea of areas that would be helpful. Remember, even baking cookies for your child's class, or driving for a field trip is a good way to get hours. If you have any trouble thinking of ways to volunteer just talk to your child's teacher. Please check the following areas in which you would enjoy serving at FCS.

____Hot lunch volunteer	____Playground supervision
____Christmas Program helper	____Open House helper
____Correcting for teachers	____Kindergarten Graduation helper
____Campbell Soup labels/Box Tops	____Auction Volunteer
____Refreshments for Special Events	____Office assistant

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