# FAR NORTH CHRISTIAN SCHOOL

1110 20th Avenue, Fairbanks, AK 99701 907-452-7979

# Application for Enrollment

| Legal Name:         | Last  | F                            | irst                      | Middle                      |
|---------------------|---|------------------------------|---------------------------|-----------------------------|
| Address             |   | С                            | ity                       | Zip                         |
| Home Phone          | Date of Birth   | n Place of Birtl             | 1                         | Grade Entering              |
| Ethnic Origin (opt  | tional): White / Black / Hispa                                      | nic / Native American / Othe | er                        | Gender (circle one) M / F   |
| Student lives with  | ı (circle): Father & Mother / F                                     | ather / Mother / Stepfather  | / Stepmother / Guardian   | / Other                     |
| Legal Custodian (   | (circle): Both Parents / Fathe                                      | er / Mother / Other          |                           |                             |
| Natural Father Liv  | ving? Yes / No Natural Mo   | ther Living? Yes / No Par    | ents separated? Yes / N   | ١o                          |
| Father's name       |   | M                            | lother's name             |                             |
| Father's employer   |   | M                            | lother's employer         |                             |
| E-mail address      |   | E                            | -mail address             |                             |
| Work phone          | Cell Phone  | N                            | /ork Phone                | Cell Phone                  |
| Name of Church At   | tended  | Т                            | imes attended per Month ( | circle one): 0-3 / 4-6 / 8+ |
| Siblings Names:     |   |                              |                           |                             |
| Last                | First   | Middle                       | Birth date:               | Grade entering              |
| Last                | First   | Middle                       | Birth date:               | Grade entering              |
| Last                | First   | Middle                       | Birth date:               | Grade entering              |
| Name of Last School | Attended  |                              |                           | Last Grade Attended         |
|                     | eviously Attended (circle): Rea<br>(circle): Resource / Self-Contai |                              |                           |                             |

I agree to authorize this school to employ such discipline as outlined in the FNCS Student Handbook and as it deems wise and expedient for my child. I also have read, understood, and agreed to all accompanying attachments to this FNCS student application for enrollment.

Signature

Signature

# Far North Christian School

## Admissions Standards:

Far North Christian School is open to anyone interested in securing a Christian education. It must be understood, however, that attendance at Far North Christian School is a privilege and not a right. This privilege must be forfeited by any student who does not conform to our standard of conduct or is unwilling to adjust to our environment.

Each student must agree to honestly and wholeheartedly apply himself and seek the approval of God. He must also agree to be courteous and respectful to his peers, staff, faculty, and other associates.

- 1. It is important that parents of perspective students understand our basic objectives and actively support our educational program and Christian philosophy.
- 2. The student must have a sincere desire for a Christian education, and he must be willing to submit to the regulations and standards of our school.
- 3. The student must show by past school grades, intelligence testing, achievement testing, etc., the ability to meet the academic requirements. Unfortunately, we are not equipped for students with special needs.
- 4. The student must be in good health both emotionally and physically. The academic standards of Far North Christian School require that students submit to the discipline of demanding study habits. Students who cannot adjust to children of their age group or who have problems accepting discipline will not meet these requirements.
- 5. The student must present an acceptable citizenship record. The applicant's record of behavior in his home, community, school, and church must indicate that we can be reasonably sure that his citizenship in our school will be acceptable.
- 6. We are not designed to reform a child. Those students applying for admission who have been expelled or dismissed from other educational institutions, arrested, or used drugs, tobacco, or alcohol for any period of time, will be prayerfully evaluated on an individual basis.
- 7. The student must be suitable age for the grade assigned.
- 8. We reserve the right to limit enrollment to maintain educational quality. Preferences will be given to families who are currently enrolled and/or those with the Far North Missionary Fellowship.

### Admission Procedures:

- 1. Contact the principal for an appointment and initial interview (452-7979).
- 2. Carefully read packet papers and complete forms. Return the completed forms with a registration deposit of \$180.00 per child.
- 3. Schedule final interview to go over admissions forms and discuss and sign Parental Support Form and Student Conduct Contract (Grades 7-12<sup>th</sup>).
- 4. After the paperwork has been received and the admission has been approved, the parents will be notified of admissions status within one week.

### Declaration of Faith:

We believe:

- 1. In the verbal inspiration of the Bible and the Bible is the only inspired, infallible, authoritative Word of God.
- 2. In one God eternally existing in three persons: namely, Father, Son, and the Holy Ghost.
- 3. That Jesus Christ is the only begotten Son of the Father, conceived of the Holy Ghost, and born of the Virgin Mary.
- 4. That Jesus was crucified, buried and raised from the dead. That He ascended to heaven and is today at the right hand of the Father as the Intercessor.
- 5. That all have sinned and come short of the glory of God, and that repentance is commanded by God and is necessary for forgiveness of sins.
- 6. That justification, regeneration, and the new birth come through faith in the blood of Jesus Christ.
- 7. In sanctification, subsequent to the new birth, through faith in the blood of Christ and wrought by the Holy Spirit.
- 8. Holiness to be God's standard of living for His people.
- 9. In the pre-millennial second coming of Jesus: First, to resurrect the righteous dead and to catch away the living saints to Him in the air; Second, to reign on earth a thousand years.
- 10. In the bodily resurrection-eternal life for the righteous, and eternal punishment of the wicked.

## Philosophy:

God has commanded parents to raise their children in the instruction and training of the Lord. Therefore, we believe that the education of children is the responsibility of parents. At Far North Christian School, we value the insights of parents into their children. We want parents to feel comfortable in approaching us about anything that would help us team together to accomplish the grand task of educating children. We also believe that you should be sure that what we teach as a school, especially in matters of eternal importance, support and enhance what you hold sacred.

We believe that all truth is centered in Christ; hence, there is no truth in education that rejects or excludes Christ in its philosophy.

An education that teaches the truth about God, man, this world, and the world to come is a necessity if parents are to fulfill their obligation to God and their children.

Far North Christian School exists for the primary purpose of education youth in Christian philosophy. In support of this main objective, we pursue the following:

- 1. Lifting up Christ until He can draw every student to Himself.
- 2. Maintaining academic standards that enable the student to face the challenges of the material and spiritual worlds.
- 3. Making the ultimate aim of our training conformity to Christ, not adjustment to the age.
- 4. Maintaining a disciplined environment that will lead the student into voluntary self-discipline.
- 5. Providing an environment protected from the hostile and harmful elements of the world until the student can mature and develop sufficient strength to triumph over these evils.
- 6. Preparing the young person for that final test when each shall stand before his Maker to give an account of himself.

Far North Christian School admits students of any race, color, and national or ethnic origin.

# **Far North Christian School**

**Dress Code Acknowledgement Form** 

Our handbook of school rules is available in the office and all are encouraged to read it and discuss any questions or concerns with the principal. A few issues of uniform, grooming, and behavior seem to come up quite often. While we are not tossing out the handbook, there are places that we have made some adjustments and want to make highlight these areas.

**Hair: Boys-**Keep hair reasonably short and trimmed up around the ears and above the collar. Please keep the front hairline well above the eyebrows. No hair coloring or designs cut into the hair. Please shave all facial hair and keep sideburns no lower than the ear.

**Girls-** Keep hair pulled back and away from the face. No coloring or designs cut into the hair other than normal styling. Please do not wear large or bright accessories in the hair. It is the tradition of the school to ask our young ladies to keep hair long.

**Nails:** Please do not paint your nails. If a student comes with painted nails, we will ask them to either remove it or paint over it with flesh-toned polish.

**Jewelry/Accessories:** Please do not wear jewelry of any kind, to include rings, earrings, or bracelets on ankle or wrist. If you have piercings that you value, please use the flesh-toned pins that available. **DO NOT** schedule piercings during the school year.

**Boys Pants:** Please wear khaki, navy blue or black pants properly. We do not want to see "sagging" pants. **Young men will wear a belt with uniform pants**. Absolute cooperation is expected in this issue. Pants are not to be worn that appear to be form fitting, tight, or too small.

Boys Shirts: Red, navy, blue, black or white polo shirts without logos. 4th-12th grades must have shirts tucked.

Skirts, Jumpers. Please size skirts and jumpers to reach the knee when standing or sitting.

**Blouses:** Please ensure that shirts are adequate size to be comfortable and modest, and sleeves are at least midway between the shoulder and elbow. Shirts may be untucked, but should not be tied up at or above the waist.

**Socks:** Please wear matching, solid color, white or black socks or black or white leggings. A combination of color is not acceptable. The school will keep a selection of these items and students will be asked to change if necessary.

Sweaters, vest etc. for indoor wear: Items must be navy blue, without hoods, logos, or brand names except for the FNCS logo.

**Shoes:** Please wear dark shoes for class time. Tennis shoes that are completely black or dark brown are permissible. Dress or casual shoes are preferred. Bright stripes or logos on shoes or bright lacings are not acceptable. Do not wear boots in the classroom.

Teachers and/or principal will reserve the right to ask for any adjustment deemed necessary regarding the dress code. There may be a concern not listed here, or in the handbook that may need addressed in keeping with the aforementioned principles of our dress code. Every effort will be made to include parents in any discussion beyond the norm, and not embarrass a student at any time.

**Phones:** Cell phones must be turned into the office upon arrival to the school and will be returned when the student leaves the school premises.

**Games:** Please do not bring electronic games, toys, or music devices to school except with advance permission from a teacher or the principal.

**Music/Movies/Games/Books:** We ask that students do not bring any related materials from home. We also ask that students do not sing or discuss songs that are not Christian while at school. Please do not discuss non-Christian movies, books, or games that you may see, read, or play outside of school. Students may join a teacher led discussion of said materials.

**Parties:** Teachers will organize a monthly birthday party for any and all who have had birthdays in the given month. Parents are encouraged to bring in items for the students to enjoy as they celebrate. Please do not initiate drop-ins or unscheduled parties. Students please do not plan or hand out invites to parties or sleepovers etc. while at school. This creates a lot of conflict and disappointment when students are not included as well as a great distraction for all. Keep this planning and discussion to after school hours and off school grounds.

**Pick-Ups:** Please wait outside for your student. If you are coming at an unscheduled time, please call prior to arriving at the school. If you come at a scheduled time and your student does not come out in a reasonable manner you may come in for your student. Thank you for your patience at this time is very busy for students and staff as they prepare to leave.

**Traffic:** All traffic should flow one way, coming in at the front of the chapel and departing to the area beyond the school sign. Please drive slowly and very carefully while in the parking area. Put vehicle in park when loading or unloading.

**Parent acknowledgment:** My student(s) and I have read this notice and have agreed to support the teachers and principal in these and other areas, as felt necessary for the sake of school uniformity and the well-being of all students. I will notify any other responsible parties (transporters/guardians) of the information in this memo.

| Parent Signature                           | Dated |
|--|-------|
| Student Signature (4th – 12th Grades Only) |       |

# Far North Christian School Parental Support Form

Far North Christian School recognizes that it cannot meet the educational needs of all children. It is designed to offer a high quality of Christian training, but is not designed to be a correctional institution for problems arising beyond those usually encountered in average school children. While we love delinquent and emotionally unstable children, the school is not equipped to meet their needs.

## **FNCS** Cooperation Pledge

Dear Parent:

Far North Christian School is honored that you have asked us to assist you in training your child for Christian leadership. Our total program is designed to develop the spiritual and academic qualities that your child will need to be an effective witness to his or her generation. We appreciate your confidence in our program.

Here at Far North Christian School we encourage you as parents to build a strong parent teacher relationship. It is one of the greatest ways that you can help us in the training of your child. It is certainly hoped that you will take time to pray for the teacher and cooperate with him.

To carry out your wishes for total character development, we believe it is necessary to follow scriptural admonition to correct a child when his behavior is in violation of proper or reasonable rules or procedures. When warranted, discipline will be exercised. It is against Far North Christian School policy to hit or physically abuse a child in any way. Corporal punishment is not used.

Included in this understanding is the following:

- 1. Anything brought to school by students and/or is in possession of students could be subject to search including their book bags, lockers, desks, etc.
- 2. Any outside of school behavior which would reflect poorly upon the school's testimony, such as immoral conduct, alcohol consumption, smoking, or illegal drug usage, could be grounds for suspension and/or expulsion.

We personally pledge to support the school in its policy of discipline without reservation. We are in agreement with the rules and regulations of Far North Christian School and hereby pledge our full cooperation.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

# Far North Christian School

**Student Standard of Conduct Contract** 

| Student's name | Age           |
|----------------|---------------|
| Address        | Grade         |
| Mother's name  | Father's name |

The student's attitudes, conversations, and behavior reflect the character of the home and school from which he derives his training. This contract reflects the school's attempt to enroll students who will best adjust to our school environment. Please answer the following questions carefully and honestly.

| Do you attend church regularly? Yes   | No |
|---|----|
| Where?  |    |
| Do you accept the Bible as God's Word and submit yourself to its principles as a final authority? Yes | No |
| Do you use tobacco in any form? Yes   | No |
| Do you drink alcoholic beverages? Yes   | No |
| Do you use illegal drugs in any form? Yes   | No |
| Have you ever used illegal drugs in the past? Yes   | No |
| Will you honestly in good spirit and without complaint maintain the school dress code? Yes            | No |
| Will you honestly agree to keep all the school's rules and respect authority without being            |    |
| critical and finding fault? Yes   | No |

#### Please be thorough in answering the following:

Please describe in paragraph form your relationship with God:

If you are not a Christian at this time, do you desire to become one? Why not now?\_\_\_\_\_

Please describe what type of television programs or videos you watch (please include ratings and genre).

Do your parents supervise your television/video viewing? Explain.\_\_\_\_\_

Why do you want to attend Far North Christian School?\_\_\_\_\_

Students are expected to abide by the following standards of conduct throughout their enrollment at FNCS. Students found to be out of harmony with this school's ideas of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of FNCS, I pledge to uphold the school's Biblical standards of morality, modesty, honesty, decency, and upright behavior. I recognize these standards are against such things as, but not limited to, cheating, swearing, gambling, use of tobacco, drinking alcoholic beverages, using illegal narcotics, indecent language, viewing indecent TV / videos / movies / websites / magazines, listening to music of indecent or immoral content, immodest dress, or anything else which does not meet God's approval.

I will act in an orderly and respectful manner. I will maintain a Christian standard of courtesy, kindness, morality, and honesty. I will strive to live in such a way that no reproach will be brought on Christ or on Far North Christian School.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in FNCS. I will not give the impression to students, parents, or faculty that I am not in harmony with the goals and standards of this school. I have read the student handbook, understand it, and am willing to abide by those guidelines.

I know that I am to attend at least one church service during the week.

I understand that I may be required to report any misconduct to my parents or legal guardian either by letter or telephone.

I understand that willfully breaking this contract is reason for disciplinary action which can include expulsion.

| Student signature | Date |  |
|-------------------|------|--|
| Parent signature  | Date |  |

I have gone over the above Standard of Conduct with the above named student and parents. I approve/disapprove the enrollment of the above student to FNCS.

Principal's signature

Date

IMMUNIZATION RECORDS\* are required for all students. Please include copies of your child's (children's) current records with enrollment paperwork. Included with these should be the most recent TB SCREENING report. Thank you.

\*Exemptions may be granted for medical or religious reasons. The number of doses and type of vaccine required varies depending upon child's age, grade, and prior vaccination history.

Check with your health care provider for details.



# State of Alaska School/Child Care/Head Start and Preschool Immunization Requirements\*

| Vaccine-Preventable Diseases                        | Infancy through<br>Preschool | Kindergarten through 12th<br>grade |
|---|------------------------------|------------------------------------|
| Diphtheria, Tetanus, Pertussis<br>(DTaP/DT/Td/Tdap) | •                            | <b>♦</b>                           |
| Polio   | •                            | ◆                                  |
| Measles, Mumps, Rubella (MMR)                       | •                            | •                                  |
| Hepatitis A   | •                            | •                                  |
| Hepatitis B   | •                            | <b>♦</b>                           |
| Varicella (Chickenpox)                              | •                            | 2 doses grades K through 6th       |
| Hib (Haemophilus influenzae type b)                 | Under age 5 yrs              | Under age 5 yrs only               |

\* The number of doses and type of vaccine required varies depending upon child's age, grade, and prior vaccination history. Check with your health care provider for details.

### WHY ARE THESE IMMUNIZATIONS IMPORTANT?

For many years the backbone of Alaska's disease prevention efforts has been the appropriate immunization of children attending our schools and childcare facilities. Compliance with these requirements has nearly eliminated vaccine-preventable diseases that in the past caused significant illness and death (see details on the back of this sheet). This success is the direct result of the tremendous partnerships that have developed among parents, school and child care facility personnel, and health care providers. This support and commitment will ensure that Alaska's children and adults do not suffer from diseases that can be prevented safely and effectively.

### WHERE TO GET IMMUNIZATIONS AND INFORMATION:

Childhood vaccines are available at physician offices, clinics and public health centers throughout the state. For additional information talk to your doctor or nurse, or call

Alaska Immunization Program:

In Anchorage: 269-8088

Toll free Helpline: 1-888-430-4321

Or visit our website at <a href="http://epi.alaska.gov/immunize">http://epi.alaska.gov/immunize</a>





## Diseases prevented by these vaccines:

| Diphtheria                       | <ul> <li>Caused by bacteria that can infect the nose, throat and lungs.</li> <li>Breathing becomes difficult and can lead to suffocation.</li> <li>Death results in one out of 10 cases.</li> </ul>  |
|----------------------------------|--|
| Tetanus<br>(Lockjaw)             | <ul> <li>Caused by bacteria that enter the body through a cut or wound.</li> <li>This disease causes extremely painful tightening of the muscles, usually all over the body.</li> <li>One in 10 people who get tetanus die.</li> </ul>   |
| Pertussis<br>(Whooping<br>Cough) | <ul> <li>Causes coughing spells so severe that it is hard to eat, drink or breathe.</li> <li>This can last for weeks.</li> <li>Pertussis also can result in brain damage or death, especially in infants.</li> </ul>   |
| Polio                            | <ul> <li>Once a common cause of paralysis in the United States.</li> <li>It is important to be protected against polio because this virus still exists in the world.</li> </ul>  |
| Measles                          | <ul> <li>A serious childhood disease that causes rash, cough, runny nose, eye irritation, and fever.</li> <li>It spreads very easily and can lead to hearing loss, pneumonia, brain damage, and even death.</li> </ul>   |
| Mumps                            | <ul> <li>Causes headache, fever, and swelling of the cheeks and jaw.</li> <li>It can lead to hearing loss, meningitis (inflammation of the brain), and brain damage.</li> </ul>  |
| Rubella<br>(German<br>Measles)   | <ul> <li>Usually causes a slight fever and rash.</li> <li>However, if it occurs during pregnancy, rubella can cause severe birth defects or be fatal to newborn infants.</li> </ul>  |
| Haemophilu<br>(Hib)              | <ul> <li>Influenza type b</li> <li>A dangerous childhood disease that can cause meningitis (inflammation of the brain), loss of hearing, seizures, mental retardation, and death.</li> <li>It is most serious in infants under one year of age.</li> </ul>   |
| Hepatitis A                      | <ul> <li>A serious viral infection of the liver that causes fever, yellow eyes and skin (jaundice), loss of appetite, and nausea.</li> <li>It is spread from person-to-person or through contaminated food or water.</li> </ul>  |
| Hepatitis B                      | <ul> <li>A serious disease of the liver caused by a different virus than hepatitis A.</li> <li>People who have the infection may suffer from liver failure or liver cancer, which is often fatal.</li> <li>The earlier in life a person is infected, the more likely he or she is to become a lifelong carrier of the disease and pass it on to others.</li> </ul> |
| Varicella<br>(Chickenpox)        | <ul> <li>A childhood disease that can be extremely serious, especially in infants and adults.</li> <li>It can lead to severe skin infection, scars, pneumonia, brain damage and death.</li> </ul>  |

# Far North Christian School Medical History

#### Name of Child

Signature:

Date of Birth

According to Alaska State Law, each child must have the proper immunizations BEFORE entering school. **Please include a copy of your child's immunization record** that you have at home or make sure the school has a copy of his/her immunizations and the dates of each.

| ۱. | Past Diseases (If your child has had any of the following,  |   |  |   |   |
|----|---|---|--|---|---|
|    | Mumps   | Scarlet Fever   | _ VVhoop   | bing Cough  | Rheumatic Fever   |
|    | Measles   | Convulsions   |  | en Pox  | Heart Disease   |
|    | Polio   | Pneumonia   | Iubes  | in ears   | Discharging ears  |
|    | Asthma  | Diphtheria  | _ Diabet   | es  |   |
|    |   | check any one of the following  |  |   |   |
|    | Frequent earaches   | Fainting Spells   |  | Hearing difficulty  |   |
|    | Frequent sore throat  | Abdominal pains   |  | Tires easily  | Hernia  |
|    | Frequent urination  | Crippling condition   | ons  | Breath shortness  | Dizziness   |
|    | Frequent leg pains  | Persistent cough  | ۱  | Nose bleeding   | Ringworm_   |
|    | Frequent sties  | Speech difficulty   |  | Dental defects  | Hay Fever_  |
|    | Frequent headaches  | Skin problems   |  | 4 or more colds yearly  | y Poor vision_  |
|    | Are there other health prob   | elems and/or handicaps prese  | ent? YES   | NO  |   |
|    | At what age was the diagn   | osis made? Di   | iagnosis:  | By Dr   |   |
|    | Is your child currently unde  | er a physician's care? YES  | NO   | Dr  |   |
|    | For what condition?   |   |  |   |   |
|    | List any operations, injurio  |   |  |   |   |
|    |   |   |  |   |   |
| ). | Physical Education Activity   | s, or hospitalization and date:<br>r: Does your child have a cond   | dition that currently  |   |   |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evaluation   | •   | dition that currently  | or periodically restricts hi  | s/her activity?   |
| -  | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:  | r: Does your child have a cone<br>Diagnosis<br>ated by a physician for this co<br>by Dr   | dition that currently  | or periodically restricts hi<br>NO  | s/her activity?<br>—  |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:  | r: Does your child have a cone<br>Diagnosis<br>ated by a physician for this co<br>by Dr   | dition that currently  | or periodically restricts hi<br>NO  | s/her activity?<br>—  |
| -  | Physical Education Activity<br>YESNO_<br>Has your child been evalue<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough   | r: Does your child have a cone<br>Diagnosis<br>ated by a physician for this co<br>by Dr   | dition that currently<br>ondition/ YES<br>/ESNO  | or periodically restricts hiNO What condition Name of medicati  | s/her activity?<br><br>?<br>on:   |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f  | r: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals   | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants  | or periodically restricts hi<br>NO<br>What condition<br>Name of medicati<br>tion must be in a properly<br>Ecods   | s/her activity?<br><br>?<br>on:<br>/ labeled bottle with name of            |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f  | r: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals   | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants  | or periodically restricts hi<br>NO<br>What condition<br>Name of medicati<br>tion must be in a properly<br>Ecods   | s/her activity?<br><br>?<br>on:<br>/ labeled bottle with name of            |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f<br>Allergies: Drugs<br>Insects bites<br>Is medication needed for th  | to school must be brought to school must be brought to school? YES      At school? YES t to school must be brought to requency, and Dr.s name.     Animals     Please on allergy? At home? YES  | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants_<br>describe the allergic<br>NO  | or periodically restricts hi<br>NO<br>What condition<br>Name of medicati<br>tion must be in a properly<br>Ecods   | s/her activity?<br><br>?<br>on:<br>/ labeled bottle with name of            |
|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f<br>Allergies: Drugs<br>Insects bites<br>Is medication needed for th<br>Name of medication:   | r: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals<br>Please on<br>the allergy? At home? YES   | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants_<br>describe the allergic<br>NO  | or periodically restricts hi<br>NO<br>What condition<br>Name of medicati<br>tion must be in a properly<br>Ecods   | s/her activity?<br><br>?<br>on:<br>/ labeled bottle with name of            |
| -  | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f<br>Allergies: Drugs<br>Insects bites<br>Is medication needed for th<br>Name of medication:<br>Personal Record: Please a  | r: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals<br>Please of<br>the allergy? At home? YES<br>answer all of the following.                                     | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants_<br>describe the allergic<br>NO  | or periodically restricts hi NO What condition Name of medicati tion must be in a properlyFoods reaction:FoodsAt school? YES  | s/her activity? ? on: y labeled bottle with name ofNO                       |
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| -  | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f<br>Allergies: Drugs<br>Insects bites<br>Is medication needed for th<br>Name of medication:<br>Personal Record: Please a<br>Is he/she shy?  | r: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals<br>Please of<br>the allergy? At home? YES<br>answer all of the following.<br>Over active? Bite                | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants_<br>describe the allergic<br>NO<br>e fingernails?  | or periodically restricts hiNOWhat conditionName of medicati tion must be in a properlyFoods reaction:Foods Teaction:Foods Teaction: | s/her activity? ? on: / labeled bottle with name ofNO                       |
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|    | Physical Education Activity<br>YESNO_<br>Has your child been evalua<br>Date last seen:<br>Medications: is medication<br>At home? YESNO<br>• All medication brough<br>medication, dosage, f<br>Allergies: Drugs<br>Insects bites<br>Is medication needed for th<br>Name of medication:<br>Personal Record: Please a<br>Is he/she shy?<br>Have temper tantrums?<br>The following information v<br>like?<br>Do you have any concerns | tr: Does your child have a cond<br>Diagnosis<br>ated by a physician for this co<br>by Dr<br>needed for any condition? Y<br>At school? YES<br>t to school must be brought to<br>requency, and Dr.s name.<br>Animals<br>Please of<br>he allergy? At home? YES<br>answer all of the following.<br>Over active?Bite<br>Like school? | dition that currently<br>ondition/ YES<br>/ESNO<br>o the office. Medica<br>Plants_<br>describe the allergic<br>NO<br>e fingernails?<br>e fingernails?<br>Play well<br>rstand your child be | or periodically restricts hi<br>NO<br>What condition<br>Name of medicati<br>tion must be in a properly<br>Foods<br>reaction:Foods<br>reaction:Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>Foods<br>   | s/her activity?<br>   |

Date:\_

# FAR NORTH CHRISTIAN SCHOOL

Pupil Emergency and Medical Release Form

| Name of Child                               |   | Date of Birth  |                       |                |
|---|---|--|-----------------------|----------------|
| Home Address                                |   | Home Phone   |                       |                |
| Father's name                               |   | Mother's name  |                       | _              |
| Father's employer                           |   | Mother's employer  |                       | _              |
| Work phone                                  | Cell Phone  | Work phone   | Cell Phone            |                |
| intended for continu<br>dispense to your ch | ted supply of over-the-counter med<br>ued use but are kept for times of un<br>hild. | lications available for headache, cold, a<br>nexpected need. Please indicate below | and upset stomach. Th |                |
| My child may / ma                           | ay not be given over-the-counter  | medication.  |                       |                |
| My child may have                           | e (circle): Tylenol / Ibuprofen / Pe  | epto-Bismol / Vitamin C / Cough Drop   | os / Other            |                |
|   |   | case you are unable to reach me<br>release my child to any of the foll             |                       | jency, you     |
| and/or Clinic                               |   |  |                       | Name of Doctor |
| Address                                     |   | Phone  |                       |                |
| Name of Relative/Friend                     | 1   |  |                       |                |
| Address                                     |   |  | Phone                 |                |
|   | at FNCS does not assume re<br>y FNCS may choose a physic                            | sponsibility for payment of a physician. Yes No                                    | sician in any case.   | However,       |
| We understand                               | that our child may take part i  | n school activities, both away fro   | m and at the educa    | ational        |

facility, and we absolve the school from liability to us or our child because of any injury to our child at during school activities, before, during and/or after-school.

Signature Date

Signature

Date

(All legal guardians must sign.)

## Far North Christian School FINANCIAL INFORMATION

#### **RE-ADMISSION:**

Every family planning to apply for re-admission must return a re-admission packet by the given date each school year to reserve a space. You may mail or personally return the application to the office.

Far North Christian School admits students of any race, color, and national or ethnic origin.

#### **ENROLLMENT FEES:**

\$180.00 for all students.

Annual enrollment fees are due each year before enrollment is considered final. These fees are non-refundable.

#### **TUITION FEES:**

Pre-K and Kindergarten\$3,850.001st through 12th Grades\$2,800.00

Special Discounts: 2<sup>nd</sup> Child - 5% Off Tuition Total 3<sup>rd</sup> Child - 10% Off Tuition Total 4<sup>th</sup> Child - 20% Off Tuition Total Military - 10% Off Tuition Total Paid in Full - 10% Off Tuition Total

#### Tuition can be paid in one of four ways:

- Payment in Full This payment is made directly to the school and must be paid by the first day of school. A 10% discount will be applied.
- PFD payments Parents may choose to pay with their PFD. A signed contract is required at time of
  registration and payment must be received no later than November 1<sup>st</sup>.
- Monthly payments through FACTS Management Company or Bill Pay through your financial institution
   – set up over a ten-month period, August through May. Information and necessary forms for FACTS
   are available in the school office.
- Monthly payments made in office by the 5th of each month. Cash or checks accepted.

#### **CLASS FEES:**

- \$ 55.00 Senior Class cap and gown fee
- \$ 30.00 Kindergarten Class cap and gown fee

Tuition and fees usually account for 70 to 80% of annual budget. The rest of the FNCS budget is met through gifts and donations from people who believe in Christian Education. Any gifts beyond enrollment and tuition fees are greatly appreciated. Items covered by gifts include: building/campus maintenance, office/janitorial supplies, utilities, and public relations.

# Far North Christian School Monthly Payment Plan Agreement

Tuition payments are expected to be paid on a monthly basis, with the exception of using a PFD. Registration/graduation fees must be paid along with 1<sup>st</sup> month's tuition payment, FACTS submission, or PFD agreement before student can attend class. By signing this form, you are agreeing to pay tuition by the 5<sup>th</sup> of the month. If payment has not been received by the 15<sup>th</sup>, you will receive a phone call or letter reminding you of payment. If by the 1<sup>st</sup> of the following month, payment has not been received, your account is considered delinquent and the child(ren) will not be able to attend class until account is current.

| FACTS                    | Chr                                  | 104.                            |
|--------------------------|--------------------------------------|---------------------------------|
| BILL PAY                 | orth Cill                            | istian S                        |
| PFD<br>(due by Nov. 1st) |                                      | R                               |
| CASH/CHECK               |                                      |                                 |
| I,                       | Print Name                           | e payment plan marked above. It |
| is my respons            | sibility to pay tuition each month ( | (with exception PFD plan).      |
| Parent/Guardia           | n Signature                          | Date                            |
| Principal/Office         | Staff Signature                      | Date                            |
| Student(s) Enro          | olled:                               | or                              |
| Last                     | First                                | МІ                              |
| Last                     | First                                | MI                              |
| Last                     | First                                | MI                              |
| Last                     | First                                | MI                              |

## **Tuition Refund Policy**

We do not plan or arrange per semester, but for the entire year. We must hire teachers, aides, and project expenses for our entire school year. We do not issue a refund or credit tuition paid for the year except in case of military transfer, medical concern or a family move out of the area. Because churches in the organization pick up approximately  $\frac{1}{2}$  of the operating expenses incurred for the school year, Far North Christian School is able to charge minimal tuition; therefore, the reality is that we charge each student approximately  $\frac{1}{2}$  of our cost to him/her for one year.

If a parent chooses to transition, a child during the school year the parent is responsible to pay tuition costs for the entire year. Charges left unpaid will be treated as such.

No student records, to include report cards, will be released until payment has been made.

# Far North Christian School

## Authorization for Off Campus Activities

| Name of Child | Date of Birth |
|---------------|---------------|
| Home Address  | Phone         |

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

I hereby authorize the Far North Christian School to call and emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician called by the Far North 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 will be made to notify me before such action will be taken.

I also agree to accept responsibility for the cost of above medical services.

| Signature: | Date: |
|------------|-------|
| Signature: | Date: |

## **FNCS** Parent/Student Agreement for School-Readiness

For the coming 2017-2018 school year the following agreement will be initialed and signed by parent and student. Research has consistently shown that students cannot fully enjoy or properly focus on reading and/or effectively engage in learning, without reasonable limits on screen time.

"As a Far North Family we will promise to restrict screen time (video games, phone texting and games, and/or movies and TV) to a minimum (no more than 30 min gaming per evening) during the week and allow only a reasonable amount on weekends. (school nights Sunday-Thursday)." Parent initials \_\_\_\_\_ Student initials \_\_\_\_\_

"We pledge to stop screen gaming of any sort and/or movies no later than 9 PM on school nights and commit to 8 or more hours of sleep time except in rare and urgent situations." Parent initials \_\_\_\_\_ Student initials \_\_\_\_\_

Parents will strictly supervise all online networking or social sites and restrict texting and online communication after 9 pm and during study-hours at home. Parent initials \_\_\_\_\_ Student initials \_\_\_\_\_

"We will not listen to songs/videos that openly promote violence, immoral behavior, or vulgar language. We agree that students will not sing or share songs at school other than Christian or teacher-approved songs". Parent initials \_\_\_\_\_ Student initials \_\_\_\_\_

Parent: I commit to following these recommendations as a minimum for my student's emotional health, internet safety, and school-day readiness.

Parent Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature\_\_\_\_\_

Student (4<sup>th</sup> through 12<sup>th</sup> Only): I will do my best to follow the agreement of Far North and my parent(s). I will let my parent(s) know immediately when I do not comply with this agreement and will make any change necessary to correct my behavior.

| Student Name (prin  | ted) | Date |
|---------------------|------|------|
| Student Signature _ |      |      |

| Principal Signature Date |
|--------------------------|
|--------------------------|

## Far North Christian School Internet Permission

Student Name:\_\_\_\_\_\_ has / does not have (circle one) my permission to use school computers for internet research. I understand that, despite current internet filters, inappropriate content may appear in search results, and this is not the fault of the school, instructor, or administrators.

| Parent's Signature    | Date |
|-----------------------|------|
| i aloni o olgnatalo _ |      |

## Far North Christian School Media/Photo Permission

I allow / do not allow (circle one) my child, \_\_\_\_\_\_, to be photographed or videoed during school or related activities. Pictures/videos may be used for: school website/blog, newspaper, school promotion, and/or yearbook. (put an X on any that are **not** allowed)

| Parent's Signature | Date |
|--------------------|------|
|--------------------|------|

## **Student Transportation Form**

| Student(s) name   |                          |  |  |
|---|--------------------------|--|--|
| My student(s) is/are allowed to be picked up and transported by the following persons in addition to those listed as parents on registration forms: |                          |  |  |
| Driver Name<br>Vehicle description  | _Relationship to student |  |  |
| Driver Name<br>Vehicle description  |                          |  |  |
| Driver Name<br>Vehicle description  |                          |  |  |
| My student (s) is/are allowed to walk from the school to our home or other location.  |                          |  |  |
| Please circle YES or NO. Initial  |                          |  |  |
| Person(s) who are <b>not</b> allowed to transport my child/children   |                          |  |  |
| Any parent is allowed contact and/or transportation rights unless we have a legal order regarding that issue on file.                               |                          |  |  |

*I, as parent or guardian, give FNCS designated drivers permission to transport my child in school vehicles or designated vehicles to and from school events or in case of emergency. Initial\_\_\_\_\_* 

Parent Name/Signature:

Mother\_\_\_\_\_ Date\_\_\_\_

Father \_\_\_\_\_Date\_\_\_\_

#### **Cold Weather Recess**

During cold weather, please use the following guidelines for outdoor play: (temperatures indicated include wind chill).

Cold weather gear to include, hat, gloves, winter coat, boots, and snow pants.

Temperatures below 20° F all gear should be in place for 3<sup>rd</sup> grade and below. Upper grades must wear coat, hat and gloves for outside play. Snow pants and boots for snow play and temps below 0°

Preschool and Kindergarten may have outdoor recess down to 0° F (From +20° to 0° limit outdoor recess to 20 minutes).

(Option for recess from 0° to -10° for Preschool and Kindergarten limited to 10 minutes). A student can go indoors at any time when they are too cold. (Teacher must be suited in cold weather gear and in close proximity to students).

Grades 1-3 may have up to 20 minutes for temperatures to -10°

At -10° and below a staff member will be in the chapel for indoor recess option, when available. Games and play must be considerate of other programs in the chapel during that time. No excessive romping or activities that get out of control and damage items and areas of the chapel. Do not allow the students to touch or handle instruments or go on the platform or in closets.

If supervision is not available for both areas, students will be required to either participate in outdoor recess or wait in the office.

All students may have outdoor recess with complete winter gear, down to -20°. Beyond -20°, high school students may go out for a reasonable time with complete gear and supervision.

# FAR NORTH CHRISTIAN SCHOOL Self-Harm Form

Safety of our students is one of our highest priorities at Far North Christian School. Please notify the school of any issues with depression or self-harm, past or present.

Please circle the applicable option below:

My child has / has not had self-harm issues.

My child is currently under the care of a Doctor for his / her self-harm issues. Yes / No.