



**North Coast Christian School**  
**NEW STUDENT**  
**Registration Packet**  
**2018-2019**

*Please read carefully*

*The following forms need to be completed in full and returned to the NCCS office at the time of enrollment*

- Student information card**
- Personal Appearance Agreement/Statement of Parent/Guardian**
- Background Information form**
- Student Health form**
- Immunization forms**
- Fair Share Plus forms**
- Billing Information/Financial Contract (1 per family)**
- Interview & Testing form (1<sup>st</sup>-12<sup>th</sup> grade students only)**
- Request for Student Records form** (On lines after "TO," please fill in student's previous school name/address; please fill out the rest of form as indicated. Please fill out a separate form for each student.)



**Personal Appearance Agreement**

As a Christian institution, the necessity of a dress standard is important and vital due to the fact, whether we like it or not, we are judged and evaluated by appearance. Our attire should reflect a wholesomeness that is reflective of our Christian testimony. While styles vary from year to year, making it difficult to state absolutes in dress code, our goals remain the same: **Clean, neat, and modest.** We urge parents to be certain that their student is appropriately and neatly dressed when leaving for school. It is ultimately the parents' responsibility to make sure the student follows the NCCS Personal Appearance Guidelines in the student handbook. We urge students to be cooperative and maintain good attitudes as they follow the NCCS Personal Appearance Guidelines.

**Parent, please read & sign below:**

*I have read and will help my child abide by the NCCS Personal Appearance Guidelines.  
I understand the consequences of violations.*

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student, please read & sign below:**

*I have read and will abide by the NCCS Personal Appearance Guidelines.  
I understand the consequences of violations. I will dress appropriately and neatly.*

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of Parent/Guardian**

In signing this application, I (we) agree to the following:

- I have read the student handbook, and am willing to have my children educated in accordance with it.
- The school has full discretion in the grade placement of my child.
- The school reserves the right to dismiss any student who does not cooperate with the educational process.
- I understand that tuition rates do not cover the cost of operating the school, and thus my participation is needed in lending practical help and prayer support in a mutual effort to train our children through Fair Share and other volunteer opportunities.
- I have read the Financial Policy and agree to pay all tuition fees and other financial obligations to North Coast Christian School on or before the due date, without a reminder, and in accordance with these policies.

\_\_\_\_\_ **Date** \_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_ **Date** \_\_\_\_\_  
Mother/Guardian Signature

**Background Information**

Student's Full Name: \_\_\_\_\_

Indicate any other last name used: \_\_\_\_\_

School last attended/address: Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has the student ever been dismissed, suspended, or disciplined for disruptive behavior?  No  Yes

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any diagnosed or suspected learning disabilities or special educational requirements?  No  Yes Please specify \_\_\_\_\_

Has the student ever skipped or repeated a grade?  No  Yes Please specify: \_\_\_\_\_  
\_\_\_\_\_

Is there any court order in effect limiting the presence of or removal of this student by any persons or person during school hours?  No  Yes\*

*\* Please provide a copy of the order for our records.*

Has the student attended a Christian school in the past?  No  Yes Name & Dates: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about North Coast Christian School? \_\_\_\_\_  
\_\_\_\_\_

Were you referred? Who? \_\_\_\_\_

Does your family attend church regularly?  No  Yes Name of church: \_\_\_\_\_  
\_\_\_\_\_

## Student Health Information

Has your child been diagnosed with any learning disabilities such as dyslexia, ADHD, etc., that require special treatment and/or programs?  No  Yes Please specify:

Does your child have any health problems (including any concerns or physical limitation that would affect P.E. or recess)?  No  Yes Please specify:

Is your child regularly taking any medications?  No  Yes Please specify:

Does your child have a Bee Sting Allergy?  Unknown  No  Yes  Mild  Severe

Does your child have a Food Allergy?  Unknown  No  Yes  Mild  Severe

If Yes to either of the above, please specify:

Does your child have any other allergies?  Unknown  No  Yes  Mild  Severe

If Yes, please specify:

## Doctor/Physician Information

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Release Information

I hereby give my consent for \_\_\_\_\_ (child's full name) to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician(s) or paramedic(s) during the school year.

Signature of *both* parents required: (please circle the title that applies)

\_\_\_\_\_  
Father    Steppather    Legal Guardian    Date

\_\_\_\_\_  
Mother    Stepmother    Legal Guardian    Date

Throughout the year, student photos and names are collected for the yearbook, used in school advertising and released to the media for honor roll, awards, special event, etc. Please indicate below if your child may or may not be pictured/named:

My child may not be photographed/named

My child may be photographed/named

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non-medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



**Oregon Certificate of Immunization Status, Page 2**  
**Oregon Health Authority, Immunization Program**

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	---	---

	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
<b>Recommended Vaccines</b>	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**For medical exemptions:**  
Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**  
I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner  
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Optional:**  
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief     Philosophical belief     Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_





**Fair Share Plus**  
Helping make NCCS a great place to learn!

Welcome to our volunteer program—Fair Share Plus! One reason North Coast Christian School is a great school is because of all the volunteer help parents provide. Our basic commitment is for four hours per student, per month. Many parents give more than their basic commitment and those extra hours are an added blessing that keeps us successful & growing.

Fair Share Plus hours need to be recorded by parents, in the office, before the 25<sup>th</sup> of each month, so the billing statements can be completed by the end of each month. If volunteer hours are not recorded, there will be a charge of \$40.00 per student for that month. You may decide in advance to pay \$40.00 per student, and that money will be used to pay someone to work at the school in a needed area. Please record your volunteer time in the Fair Share notebook kept on the office counter. It is alphabetically arranged by student last name. Blank forms are in the front of the book for new students and families needing a second page.

Volunteer hours for the school year may start in the summer proceeding school and go until May of that year. Any family member or friend can do fair Share Plus. We do not carry hour's form year to year, but truly appreciate the extra hours! If you exceed your hours one month, you may carry them over into a future month.

The back of this page has volunteer ideas for you to check, or feel free to add your own ideas! You are not limited to your child's classroom; you may volunteer in any needed area.

Please fill out both the front and back of this page. If you have more than one child in the school, please fill out one page per student. Thank you!

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ I (we) have checked areas where we can help. (see back of page)

\_\_\_\_\_ I (we) will pay \$40.00 per month, per student, a total of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

## Fair Share (Volunteer) Opportunities

Helping make NCCS a great place to learn!

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

### Daily:

- Morning recess monitor (can be combined with classroom help)
- Lunch/noon recess monitor & cleanup
- Bible class teacher or helper (preferred grades: \_\_\_\_\_)
- Classroom aide (preferred grades: \_\_\_\_\_)
- Listen to students recite memory verses
- P.E. teacher (preferred grades: \_\_\_\_\_)
- Technology teacher or helper

### Weekly:

- Custodial Supervisor (monitor supplies and organize cleaning help)
- Custodial help (before or after school, evenings, or weekend times available)
- Hot lunch coordinator
- Hot lunch helper
- Art teacher (preferred grades: \_\_\_\_\_)
- Husky Herald Newsletter

### Sports:

- Athletic Director
- Coaching or assisting with coaching (soccer, volleyball, basketball, track)
- Transportation to games

### Other:

- Room Mom Coordinator
- Room Mom (preferred grade: \_\_\_\_\_)
- Website director (keep school website updated and running)
- Student Council Advisor (supervise/advise high school student council)
- Yearbook Chairperson
- Yearbook Committee
- Booster Club
- Fundraiser Chairperson
- Public Relations/Community Service/Advertising Director
- Field trip driver
- Substitute teacher (preferred grades: \_\_\_\_\_)
- Maintenance and building projects. Skills or equipment \_\_\_\_\_
- Any skills or training not mentioned that may be of use to the school:

\_\_\_\_\_  
 Director of an extracurricular activity of your choosing (i.e. drama, choir, music, etc.):  
\_\_\_\_\_

**BILLING INFORMATION (1 per family)**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Party responsible for bill:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Receive invoice by mail? \_\_\_\_\_ By Email? \_\_\_\_\_

Email: \_\_\_\_\_ (electronic statement)

Tuition: \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_

Registration paid: \_\_\_\_\_

Tuition paid: \_\_\_\_\_

-----

Copy to Accounting \_\_\_\_\_

\*Payment by check:

# \_\_\_\_\_

**\*Auto Bill paying, please send to the school @ PO Box 188 Hammond, OR 97121\***

Billing Plan (choose one):      9 month              10 month              11 month              12 month  
    (Sept.-May)      (Aug.-May)      (July-May)      (June-May)

**TUITION INFORMATION**

**Admission Process**

To enroll your child into NCCS, you must complete and turn in the application form and application fee: 2018-2019. The registration fee is due at the time of the application.

**Fee Schedule:**

Application Fee	\$75	\$150 max family cap	*NON-REFUNDABLE
Financial Aid Fee	\$35		*Payable to FACTS directly
Sports	\$40		*Per sport
Before/After school Care	\$3.50/hour		*Charged monthly according to use

**2018-2019 Yearly Tuition including fair share  
 (\$360 of fair share can be worked off at \$10 per hour)**

Pre-3 – K5 (5 Full days)	\$6067.00	(Includes Fairshare hours)
Pre 3 – K5 (5 1/2 days)	\$3781.00	(Includes Fairshare hours)
Pre 3 – K5 (3 Full days)	\$3639.00	(Includes Fairshare hours)
Pre 3 – K5 (3 1/2 days)	\$1982.00	(NO Fairshare)
1 <sup>st</sup> – 8 <sup>th</sup> Grade:	\$6103.00	(Includes Fairshare hours)
9 <sup>th</sup> – 12 <sup>th</sup> Grade:	\$7120.00	(Includes Fairshare hours) (Video Master Fee)

**Multiple Child Discount:**

The child with highest tuition in the family pays full tuition, the second highest tuition is discounted 10%, the third highest tuition is discounted 20%, and so on.

**Referral discount:**

A crisp \$100 bill will be given to you for each family that you refer to the school after their child has attended for over 30 days. The new family must name you as the referral.

.(Continued on next page)

**Scholarship Recipients:**

If you receive a scholarship you will automatically be signed up for the 12 month program beginning in June. The last payment is due in May. **The minimum tuition available per student for K3-8<sup>th</sup> is (\$2500.00) and 9<sup>th</sup>-12<sup>th</sup> is (\$3000.00).**

**Payments for tuition are due on the fifth business day of each month.** Any payments not received by the 10th of the month will be considered past due. If it is not possible that payments be made on time, it is the responsibility of the parents to notify the school in writing or person to work out an agreeable payment plan.

I, the undersigned, for good and valuable consideration, the receipt of which is hereby acknowledged, agree, promise, and covenant as follows:

- That I owe North Coast Christian School the sum of \$\_\_\_\_\_ for the above named student(s) for the above named school year which will be paid as follows:

\_\_9 month    \_\_10 month    \_\_11 month    \_\_12 month.

That all payments shall be made to North Coast Christian School at its business office or tuition drop box located at **796 Pacific Drive, P.O. Box 188, Hammond, OR 97121.**

I acknowledge and agree:

- That because North Coast Christian School must hire teachers on a full year basis, this is a one year contract, registration fees are non-refundable, and after 30 days I am responsible for the full amount of the yearly contract whether or not my child(ren) complete the year at North Coast Christian School.

To pay North Coast Christian School a service charge in the sum of **1.5% interest on the amount not paid within five (5) days of its due date as well as a \$25 late fee.** Time is of the essence in all matters pertaining to this agreement.

- That North Coast Christian School has the right to accelerate the payment of all tuition and may demand payment in full at any time that the aforesaid payments are not made in a timely manner. Further, North Coast Christian School upon five (5) days written notice to me, has the right to cease to provide services to any student whose tuition is not paid in a timely manner as agreed to herein. Accounts 20 days past due can be sent to collections.
- That North Coast Christian School may withhold the above-named student's report card and diploma until all financial obligations owing to NCCS resulting directly or indirectly from enrollment of the above-named student(s) have been paid in full.
- That for the purpose of any suit, action and arbitration brought to collect any sum due hereunder, the losing party agrees to pay the prevailing party's costs and disbursements and attorney fees related to said proceedings. Further, in the same manner, if an appeal is taken from any decision of an arbitrator and trial court, the losing party agrees to pay to the prevailing party the prevailing party's costs, disbursements, and attorney fees on all appeals.
- All returned checks are subject to a \$40.00 service charge.
- To pay \$40.00 per child per month in the event Fair Share Plus hours are not served. (Please Initial\_\_\_\_\_)

***I, THE UNDERSIGNED, HAVE READ AND AGREE, BY MY SIGNATURE BELOW, TO THE TERMS OF THIS PAYMENT PLAN.***

*Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.*

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

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

\_\_\_\_\_  
NCCS Rep Signature

**Interview & Testing Form**

Thank you for enrolling your child in North Coast Christian School. Each new student is interviewed and/or tested as part of the enrollment process. This is done in order to make an appropriate grade level placement for each child, as well as to determine whether or not our behavioral expectations are consistent with the student and the student's family.

The academic testing includes reading (fluency and comprehension), language skills, and arithmetic.

Please read over the Student Handbook, completely fill out the attached forms, and bring your child in for an interview.

Student Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Test Location \_\_\_\_\_

Test Date \_\_\_\_\_

Tested By \_\_\_\_\_

Our policy is that new students are admitted to class at least one full day after interviewing. This allows the teachers to make necessary preparations for the new student

**North Coast Christian School**  
**P.O. Box 188**  
**Hammond, OR 97121**  
**Phone: 503.861.3333**  
**Fax: 503.861.3334**

**Request for Student Records**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear School Office Personnel:

The student named below is now registered at North Coast Christian School. Please send us this student's cumulative records and health cards. Thank you.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sincerely,

Records Dept.

Authorization for Release and Exchange of Information

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

I authorize the release and exchange of any and all information in the school records regarding the student listed above. I understand that all information so exchanged will be treated as confidential and will be used only to plan educational programs for my child.

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_