



**2012-2013 Re-Enrollment Application
PreK-12th Grade**

Horizon Christian Schools • PO Box 4190 • Tualatin, OR 97062

www.horizonchristianschools.org



HOW TO RE-ENROLL YOUR STUDENT AT HORIZON CHRISTIAN SCHOOLS

- 1** Complete this application and pay the registration fee. Submit a completed application and pay the registration fee. Please note that a completed application will include parent signatures on pages 1, 2, 3 & 4 and a student signature on page 1, highlighted in yellow (7-12 grade students only).
- 2** Complete both of the enclosed yellow Employment & Volunteer Background & Driver RENEWAL Forms. This form is required each year from both parents/legal guardians of each student to ensure the safety of all our students. Please note if you have not previously filled out the full, 4 -page blue form, you'll need to request copies from our front office.
- 3** Confirm that your FACTS Tuition Management Account is up to date. You can follow the link to FACTS from www.horizonchristianschools.org.

If you have any questions, or if we can be of further assistance to you,

SHERRI BROWN
Elementary & Middle School
Admissions Coordinator
admissions.esms@horizonlife.org
503 692-9312

SAMARA HAND
High School
Admissions Coordinator
admissions.hs@horizonlife.org
503 612-6521

Please note that your child's application materials are not considered eligible for enrollment until this **ENTIRE PACKET** has been completed and turned in **WITH PAYMENT**.

Submitting any portion of this packet, *including payment*, without a required piece will result in your application not being considered complete and the enrollment process will be delayed until everything has been received.

REGISTRATION TIMELINE 2012-2013

December 30:	Re-enrollment materials mailed to all HCS families
January 3:	Registration opens for all HCS families only
January 16:	Registration opens to the public
February 29:	Early bird registration deadline \$250 registration fee if postmarked on or prior to this date. <i>Please note all registration materials must be received/postmarked prior to or with payment in order to be eligible for this price.</i>
March 30:	Registration deadline #2 \$300 registration fee if postmarked on or prior to this date <i>Please note all registration materials must be received/postmarked prior to or with payment in order to be eligible for this price.</i>
May 31:	Registration deadline #3 \$400 registration fee if postmarked on or prior to this date <i>Please note all registration materials must be received/postmarked prior to or with payment in order to be eligible for this price.</i>
July 1:	Payments begin for 12 month plans One time tuition payments are due

FAMILY INFORMATION*In our school directory we publish the following information: parent and student names, addresses and the primary phone number. We do not publish email addresses.***Father (or Guardian) Title:** Mr. / Dr.

Last Name: First: M.I.:

Address: City/State/Zip:

Primary #: Cell#: Work #:

Employer: SS#: Drivers License #:

Email: Is a Legal Custodian of Student? Yes No
 DO NOT publish my primary phone number in directory Lives with student? Yes No
Receives school mailings/academic reports? Yes No**Mother (or Guardian) Title:** Mrs. / Ms. / Miss / Dr.

Last Name: First: M.I.:

Address: City/State/Zip:

Primary #: Cell#: Work #:

Employer: SS#: Drivers License #:

Email: Is a Legal Custodian of Student? Yes No
 DO NOT publish my primary phone number in directory Lives with student? Yes No
Receives school mailings/academic reports? Yes No**Step-Father Title:** Mr. / Dr.

Last Name: First: M.I.:

Address: City/State/Zip:

Primary #: Cell#: Work #:

Employer: SS#: Drivers License #:

Email: Is a Legal Custodian of Student? Yes No
 DO NOT publish my primary phone number in directory Lives with student? Yes No
Receives school mailings/academic reports? Yes No**Step-Mother Title:** Mrs. / Ms. / Miss / Dr.

Last Name: First: M.I.:

Address: City/State/Zip:

Primary #: Cell#: Work #:

Employer: SS#: Drivers License #:

Email: Is a Legal Custodian of Student? Yes No
 DO NOT publish my primary phone number in directory Lives with student? Yes No
Receives school mailings/academic reports? Yes No**FINANCIAL & BILLING INFORMATION:** Parent(s)/Guardian(s) will be responsible for tuition and fees
 A third party will be responsible for tuition and fees **Tuition Payment Plan:** One payment Monthly**Responsible Party's Last Name:** First: Middle Initial:

Address: City/State/Zip:

Home #: Cell #:

Employer: Occupation:

Work Number: E-mail:

 I choose the Parent Partnership Agreement Option #1 and agree to work 30 hours per school year (per family). I choose the Parent Partnership Agreement Option #2 and agree to pay \$250.00 by October 1, 2012.

Signature of party responsible for billing: Date:

Signature of 2nd party responsible for billing: Date:

PLEASE FILL OUT COMPLETELY WITH PRINT & USE A PEN

Student's First Name:

M.I.:

Last:

Date of Birth:

Grade:

Gender: M F

EMERGENCY INFORMATION

Name of Physician to be called in emergency:

Phone #:

Hospital preferred, if a choice:

Phone #:

Health Insurance Company:

Group #:

Name two people to be contacted in case of emergency and we are unable to contact a parent. Include relationship to student.

Name:

Relationship:

Phone #:

Name:

Relationship:

Phone #:

If needed, I authorize the Horizon Christian Schools office to administer the following medication as requested by my student, not to exceed the recommended dosage.

Yes No Acetaminophen (Generic Tylenol) Dosage: _____

Recommended dose for 12 & up is two 500mg tablets in a 4-hr period

Yes No Ibuprofen (Generic Advil) Dosage: _____

Recommended dose for 12 & up is two 200mg tablets in a 4-hr period

I wish to be contacted each time my child requests medication before it is administered

Contact Name:

Phone #:

By signing this section you are authorizing the distribution of these over the counter medications for minor pain.

Parent/Legal Guardian Signature

Date



**2012-2013
MEDICAL
INFORMATION
FORM**

*This form is
required annually
for all students
(pre-12)*

Continued on next page >>

MEDICAL INFORMATION

Has your child ever received treatment for or been diagnosed with any medical condition? (Heart trouble, seizures, asthma, etc.) No Yes If yes, please list and explain:

Does your child have any skin sensitivity to injected or oral medication?

No Yes If yes, please list and explain:

Does your child have any allergies to foods, common chemicals, environmental allergens, etc.?

No Yes If yes, please list and explain:

Does your child have diabetes?

No Yes
 Type 1 Type 2 Unknown (if unsure of which type)

Does your child have any other medical conditions that we need to be aware of?

No Yes If yes, please list and explain:

Does your child take daily medications at home?

No Yes If yes, please list and describe:

Does your child need to have immediate access to any medication? (Inhaler, epi-pens, etc.)

No Yes If yes, please specify:

Do you wish for your child to self medicate?

No Yes*

**If yes, you must complete a Written Authorization and Permission for Self-Administered Medication or Treatment Form. This form can be obtained from your school's front office. If this form is not on file, your child may not carry any medication, inhalers or other medical devices on campus or at any school related activity as per state and school regulations.*

Does your child need to take prescribed medications at school?

No Yes**

***If yes, you must register this medication at the school office and complete a Written Authorization and Permission for School Administered Medication or Treatment Form. This form can be obtained from your school's front office. Please note that all medication must come in its original packaging. Please also include documentation from the child's physician.*

Parent or Legal Guardian Signature

Date

2012-2013 VOLUNTEER'S AREAS OF INTEREST

ONLY COMPLETE IF SELECTING OPTION #1 OF THE PARENT PARTNERSHIP AGREEMENT

Families are required to choose one of two options. Option #1, volunteer 30 hours per year by April 1, 2013. Any remaining hours will be billed to you on your May 2013 billing. Option #2, pay a \$250 work fee, per family, to help cover the costs of school expenses. If you choose Option #2, you will be billed on your October 2012 bill. Refer to pages 3-4 of this application to select Option #1 or #2 for your family.

Mother's Name:	Home #:	Cell #:
Father's Name:	Home #:	Cell #:
Children's Names & Grades:		

Please mark the areas in which you would like to give your time. We will do our best to utilize you. However, please realize that you are responsible for finding ways to complete your required 30 hours per school year.

ELEMENTARY & MIDDLE SCHOOL

School Support

- Special events
- School library
- Car line
- Recess monitor

Hot Lunch Program

- Sell tickets
- Serve lunches

Administrative

- General typing
- Office help
- Duplicate and collate documents
- Filing
- Telephone calling for office and school activities
- Make posters/flyers
- Bulletin boards
- Student store help

Classroom

- Classroom helper
- Computer assistance
- Phone committee
- Field trip driver
- Art program helper

Maintenance

- Carpentry
- Electrical work
- Facilities remodeling

Schools Functions/ Committees

- School programs
- Props
- Family nights
- Art assistances special activities
- Coaching school sports
- Scorekeeping
- Approved team driver

Parent Committee

- Chairperson
- Marketing/publicity
- Hospitality
- Auction
- Communication

HIGH SCHOOL

Activities & Events

- Set up/tear down
- Approved chaperones
- Approved drivers
- Decorations
- Choir events
- Art events
- Drama events
- Harvest Party
- Serve Days
- Formal

Administrative

- Library help
- Office help
- Collating/mailings
- Chapel help
- Student store help
- Approved driver
- Approved chaperone

Field Trips

Sports/Boosters

- Athletic auction
- Football
- Soccer
- Cross country
- Volleyball
- Boys basketball
- Girls basketball
- Track
- Baseball
- Softball
- Scorekeeping
- Approved team driver
- Concessions
- Game set up
- Game tear down
- Apparel sales
- Ticket gate
- Game security

MISSION

Horizon Christian Schools is an educational community gathered around the person of Jesus Christ and grounded by Biblical truth. We seek to provide a comprehensive education, in harmony with the purposes of God for each student and in partnership with parents, producing students who are fully alive.



**HORIZON CHRISTIAN
ELEMENTARY & MIDDLE SCHOOL**

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Tualatin, OR 97062
(503) 692-9312
Fax: (503) 691-9677

**HORIZON CHRISTIAN
HIGH SCHOOL**

23370 SW Boones Ferry Road
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