



Evangel Classical School

Enrollment Application Checklist 2017-2018

Items needed to complete enrollment process:

Please use this checklist to make sure you have included all necessary items in your enrollment packet. Attach the checklist to your enrollment papers and turn in to Mr. Sarr.

New Students:

- _____ Admission Application (*one per family*)
- _____ Financial Commitment Form (*one per family*)
- _____ Copy of Birth Certificate (*one per child*)
- _____ Copy of Immunization Records (*one per child*)
- _____ Field Trip Permission Form (*one per family*)
- _____ Student Medical Information (*one per child*)
- _____ Copy of Custody Arrangement (*if applicable*)
- _____ Copies of Report Cards for past 1-2 years (*depending on student's grade level*)
- _____ Copies of Standardized Testing for past years (*if applicable*)
- _____ Copies of Report Cards for past 1-2 years (*depending on student's grade level*)
- _____ Curriculum Deposit (*\$200 per child*)

Returning Students:

- _____ Admission Application (*one per family*)
- _____ Financial Commitment Form (*one per family*)
- _____ Field Trip Permission Form (*one per family*)
- _____ Student Medical Information (*one per child*)
- _____ Curriculum Deposit (*\$200 per child*)



Evangel Classical School

2017-2018 Admission Application

Student Information

(Complete for each student enrolling. Begin with oldest student, please.)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Student Name _____ Birth Date _____ Grade _____ M/F _____
(Last, First)

Address _____

Zip Code _____ Home Phone _____ E-mail _____



Family Information

Parent/Guardian (Contact Order - 1st / 2nd):

Name _____ Relationship _____

(Last, First)

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Custody* (yes/no) _____ Marital Status _____

Occupation _____ Employer _____ Work Phone _____

Name _____ Relationship _____

(Last, First)

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Custody* (yes/no) _____ Marital Status _____

Occupation _____ Employer _____ Work Phone _____

***Custody Arrangements:** Attach a **current** copy of any joint/exclusive custody agreement pertaining to this child if remarried, separated, or divorced. Please note any special custody issues:

Church Affiliation: Does your family attend church regularly? Yes _____ No _____

If yes, name of church _____

Pastor/Contact name _____ Pastor/Contact phone _____

Pastor/Contact email address _____



Financial Commitment Form 2017-2018

Tuition rates for 2017-2018 are as follows:

- \$5,000 (first student)
- \$4,500 (second student)
- \$4,000 (third student)
- \$3,500 (fourth student)

** Families with a kindergartner qualify for a \$1000 discount, as kindergarten attends "school at school" only three days per week.*

1. Our total financial responsibility for the 2016-2017 school year is: \$_____.
2. I/we agree to pay the tuition according to the following arrangements. My/our payment preference is (initial one of the following):
 - _____ One payment of \$_____ due by July 1, 2017.
 - _____ Two payments of \$_____ by July 1, 2017 and a second payment by January 1, 2018.
 - _____ Ten monthly payments of \$_____, with payments due on September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, May 1 and June 1.
 - _____ Twelve monthly payments of \$_____, with payments due on July 1, August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, May 1 and June 1.
3. I/we understand that a charge of \$30 will be assessed on accounts not paid by the 10th of the month.
4. I/we understand that if my/our account is 30 days delinquent that the result may be the withdrawal of our student(s) from ECS until the account is current or acceptable arrangements have been made with the Headmaster.
5. I/we understand that there will be a \$30 charge for any check returned to the school by the bank.
6. I/we agree to pay the balance of our account before requesting student records to be released.
7. I/we understand that report cards cannot be released if my/our account is delinquent.
8. I/we understand that the enclosed \$200 Curriculum Deposit is nonrefundable should I choose to withdraw my child, and that the \$200 Curriculum Deposit will be applied toward tuition for 2017-2018.

Father/Guardian Name: _____

Signature: _____ Date _____

Mother/Guardian Name: _____

Signature: _____ Date _____

Student(s) Name(s): _____ 2017-2018 Grade Level: _____

_____ 2017-2018 Grade Level: _____

_____ 2017-2018 Grade Level: _____

_____ 2017-2018 Grade Level: _____

_____ 2017-2018 Grade Level: _____

Headmaster Signature: _____ Date _____



Field Trip Permission Form

Student(s) Name(s): _____ 2017-2018 Grade Level: _____
_____ 2017-2018 Grade Level: _____
_____ 2017-2018 Grade Level: _____
_____ 2017-2018 Grade Level: _____
_____ 2017-2018 Grade Level: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Student's birth date: _____

Work Phone: _____

I _____ grant permission for my children (listed above) to participate in school-sponsored events.

As required by Washington state law, effective **July 1, 2007**, any child less than 8 years of age or 4' 9" tall (whichever comes first) traveling in a private vehicle must be restrained in **an approved** booster seat with a **lap and shoulder belt**. It is the responsibility of the driver to assure that all children under the age of sixteen are traveling in the proper restraint system.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Evangel Classical School, its officers, directors and agents, and the corporation of Trinity Evangel Church, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the corporation of Trinity Evangel Church, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Parent Signature

Date



Student Medical Information

Student Name: _____ Birthdate: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you (the school) are unable to reach me (the parent) at the above numbers, contact:

Name: _____ Phone : _____

Relationship: _____

Family Doctor: _____ Phone : _____

Family Health Plan Carrier: _____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations—date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? if so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Parent Signature

Date