



APPLICATION FOR ADMISSION

New Family Current Family

Today's Date _____

FOR OFFICE USE ONLY

Date received _____	_____
____ Interview	____ Health Card
____ Parental Agreement	____ Testing
____ Tuition Payment Form	____ Transcript Request
____ Acceptance Letter	Start date _____

Family Information

Student's Last Name	First Name	Grade	Birthdate	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Parent/Guardian Information

Father's Name: _____			Mother's Name: _____		
_____	_____	_____	_____	_____	_____
Phone: _____			Phone: _____		
Cell Phone: _____			Cell Phone: _____		
Address: _____			Address: _____		
_____			_____		
Email: _____			Email: _____		
Occupation _____			Occupation _____		
Employer _____			Employer _____		
Work Phone _____			Work Phone _____		
Work Email: _____			Work Email: _____		
Supervisor Name: _____			Supervisor Name: _____		
Supervisor Email: _____			Supervisor Email: _____		

If Military:

Command: _____	Command: _____
EAOS _____ /PRD _____	EAOS _____ /PRD _____

Church home: _____

Child resides primarily with: Both Parents Father Mother Grandparent(s) _____

Are there specific custody regulations regarding any child listed above? Yes No If Yes, please attach appropriate instructions. In addition, list any family background information (adoption, divorce, etc.) It is beneficial to us to understand as much as we can about the student's family situation that would help us support your child:



SPIRITUAL LIFE

The following information is required for all new families as part of the interview process.

Oak Harbor Christian School assists Christian parents in preparing and equipping children for lives of service in God's kingdom. Your home, your church and this school work as a team seeking to glorify Jesus Christ in all things. Therefore, please answer the following questions.

Parent/Guardian
Name(s): _____

1. Please explain your personal relationship with Jesus Christ.
Father (or guardian):

Mother (or guardian):

CHURCH

2. Please describe your family's commitment to Christ and His church.

3. Which church do you attend? _____

Pastor's name: _____ Phone: _____ Email: _____

Do you attend weekly? Yes No

Are you a member? Yes No

HOME

4. The Christian home is critical to the Home-Church-School environment. How do you strive to be a Christian home?

SCHOOL

5. Please explain why you want your child(ren) to attend Oak Harbor Christian School.



STUDENT APPLICATION FOR ADMISSION

New Family

Current Family

Today's Date _____

GRADE : K 1 2 3 4 5 6 7

8

Student Information

Name: _____
Last First Middle

Date of Birth: _____

Address: _____

Gender: M F

Grade applied for: _____

Contact Email: _____

Home Phone: _____

Please list any medications or special needs:

It is beneficial to us to understand as much as we can about the student's family situation. Please list any family background information (adoption, divorce, etc.) that would help us support your child:

Previous School and Academic Experience

Previous School: _____ Address: _____

Contact Name: _____

Phone: _____

Students applying for admission to OHCS may be required to take an entrance assessment. The purpose of this assessment is to determine whether the student is academically prepared for the intended grade level.

Please complete the following:

- Has your child ever had an I.E.P. (Individual Education Plan)? Yes No If Yes, please attach a copy with application.
- Has your child ever been retained a grade? Yes No If Yes, which grade?
- Has your child ever been suspended, expelled or denied admission from another school? Yes No

If Yes, please attach explanation.

Please assess your child in the following areas:

	Exceeds Expectations	Meets Expectations	Needs Improvement	Intervention Needed
Academic skills:				
Able to stay on task:				
Able to follow directions:				
Ability to work independently:				
Attitudes/behavior towards adults:				
Attitudes/behavior towards peers:				
Overall anticipated success of this student in the next grade:				

OHCS Statement of Faith/Society Membership Agreement

The basis of this Society is the infallible Word of God. The Society is committed to the following fundamental beliefs.

THE APOSTLES' CREED

I believe in God, the Father almighty,
maker of heaven and earth;

And in Jesus Christ, his only Son, our Lord;
who was conceived by the Holy Ghost,
born of the virgin Mary,
suffered under Pontius Pilate,
was crucified, died, and was buried.
He descended into hell.
The third day he rose again from the dead.
He ascended into heaven,
and is seated on the right hand of God the Father almighty.
From there he will come to judge the living and the dead.

I believe in the Holy Spirit,
the holy catholic* church,
the communion of saints,
the forgiveness of sins,
the resurrection of the body,
and the life everlasting. Amen.

**meaning the universal Christian church--
all believers in Jesus Christ*

Furthermore,

- I believe, although human beings were originally created in the image of God (Genesis 1:27), we rebelled against God (Genesis 3) and are now slaves to sin (Romans 7), incapable of saving ourselves.
- I believe "all have sinned and fall short of the glory of God," (Rom. 3:23) and "the wages of sin is death." (Rom. 6:23) but this is how God showed love: "God gave his only Son, so that everyone who believes in him may not perish but may have eternal life." (John 3:16) Those who do accept this gospel and embrace Jesus the Savior with a true and living faith are delivered through him from God's wrath and from destruction, and receive the gift of eternal life (Romans 10).
- I believe God in boundless mercy has given us as a guarantee the only begotten Son, who was made to be sin and a curse for us, in our place, on the cross, in order that he might give satisfaction for us (Hebrews 4). This death of God's Son is the only and entirely complete sacrifice and satisfaction for sins; it is of infinite value and worth, more than sufficient to atone for the sins of the whole world. However, though many who have been called through the gospel do not repent or believe in Christ but perish in unbelief, this is not because the sacrifice of Christ offered on the cross is deficient or insufficient (1 Corinthians 1).
- I believe God's act of salvation through Jesus Christ is a gift, as Paul wrote, "It is by grace you have been saved through faith and this is not your own doing but a gift from God" (Ephesians 2:8-9).
- I believe God is faithful, mercifully strengthening believers in the grace conferred on them and powerfully preserving them in it to the end (Matthew 28:20; John 14).
- I believe the Holy Scripture (consisting of the Old and New Testaments) contains the will of God completely and that everything one must believe to be saved is sufficiently taught in it (2 Timothy 3:16)

As a member of the OHCS Society, I unconditionally accept and hold the beliefs set forth in this Statement of Faith, and agree to uphold Articles III and IV of OHCS' Articles of Amendment and Articles 2 and 3 of OHCS' Constitution, as now exist or as hereafter amended.

Print name(s): _____

Signature(s): _____ Date: _____

_____ Date: _____

KINDERGARTEN READINESS CHECKLIST

Student Name _____

Name of Teacher (Please print) _____

Name of Preschool _____ Date _____

Dear Parent,

Your child is applying for admission to the Oak Harbor Christian School Kindergarten program. As the school considers your child for admission, it would be helpful to know more about his or her emotional, social, physical and intellectual growth. This information is helpful to us to determine if there is an appropriate match between the program we offer and the needs of the students we serve.

Please return the form to:

Oak Harbor Christian School, c/o Admissions, 675 E. Whidbey Avenue, Oak Harbor, WA 98277

EMOTIONAL MATURITY	Most of the time	Some of the time	Not at this time	Comments
Does the child:				
1. Show interest/attention in classroom activities	3	2	1	
2. Make eye contact with adults	3	2	1	
3. Separate from parents without difficulty	3	2	1	
4. Make activity choices without teacher's help	3	2	1	
5. Display enthusiasm about doing things for self	3	2	1	
6. Express anger/frustration in words rather than actions	3	2	1	
7. Allow aggressive behavior to be redirected	3	2	1	
8. Attend at adult-directed activity for 15 minutes	3	2	1	

SOCIAL MATURITY	Most of the time	Some of the time	Not at this time	Comments
Does the Child:				
1. Play by him/herself with or without objects	3	2	1	
2. Play parallel to others with or without objects	3	2	1	
3. Play with a group constructing or creating something	3	2	1	
4. Show concern for someone in distress	3	2	1	
5. Help another do a task	3	2	1	
6. Take turns with toys or activities	3	2	1	

PHYSICAL MATURITY (Large Motor)	Most of the time	Some of the time	Not at this time	Comments
Does the child:				

1. Walk down steps alternating feet	3	2	1	
2. Run with control over speed and direction	3	2	1	
3. Hop forward on one foot	3	2	1	
4. Climb up and down equipment with ease	3	2	1	
5. Clap hands in rhythm to a beat	3	2	1	

PHYSICAL MATURITY (Small Motor)	Most of the time	Some of the time	Not at this time	Comments
Does the child:				
1. Show hand preference	3	2	1	
2. Pick up and insert objects with ease	3	2	1	
3. Use drawing/writing tools with control	3	2	1	
4. Use scissors with control	3	2	1	

INTELLECTUAL MATURITY	Most of the time	Some of the time	Not at this time	Comments
Does the child:				
1. Recognize basic shapes and colors	3	2	1	
2. Sort objects by appearance	3	2	1	
3. Recall past events or words to songs and rhymes	3	2	1	
4. Show interest in books	3	2	1	
5. Recognize differences in size	3	2	1	
6. Follow two or more directions	3	2	1	
7. Describe how simple objects are used	3	2	1	
8. Identify and remember common objects (animals, etc.)	3	2	1	

Are you aware of any special educational services your child has had or may need? (e.g. speech or language, physical therapy, specific learning disabilities, etc.)

Parent Signature

Date

Thank you for taking the time to complete this form. May we contact you if we need additional clarification?

Items on this check list have been developed from: Observing Development of the Young Child, J.J. Beaty, Merrill Publishing Co., 1990 and Kindergarten Readiness Checklist for Parents, Anthony Coletta, Modern Learning Press, 1991

**Oak Harbor Christian School
KINDERGARTEN PARENT QUESTIONNAIRE**

Child's Name _____
First name you wish to have used in school _____
Age _____ Birthdate _____
Parents' names _____
Address _____ Phone _____
Father's Occupation _____ Mother's Occupation _____

Describe how your child relates to other children.

Are there other children in the family? Please list their names and their ages.

What special interests of the father are shared by your child?

What special interests of the mother are shared by your child?

Has your child had previous group experience? (pre-school, day care)
Please be specific.

Describe your child's temperament.

How does your child react to new things or changes in routine?

What discipline works best with him or her?

What do you consider to be your child's chief strength as a person?

In what areas would you like to see your child stronger?

Is your child right or left handed?

Does your child have any physical problems about which I should know?
Please be specific.

Does your child have any other special problems of which I should be aware?
(allergies, fears, etc.)

Are there any areas of your child's development that have caused you concern?
(hearing, vision, speech, etc.)

Is there anything else about your child that I should know?

Do you have any time to volunteer at school? I will need help with projects, field trips, special programs, etc. Can I call you?

Do you have any ideas, talents, special items or abilities that you are willing to use as a special project or presentation for the class?

Income Survey

This information is required for some programs funded by the U.S. government. To protect the confidentiality of your financial information, we will report total numbers of students and families, not names, to government agencies when completing applications for federal grants.

Please respond to the following question by checking one box: Is your family household income at or below the amount in the table of "Free and Reduced Lunch" Income Guidelines?

Yes, our household income is at or below the guidelines.

No, our household income is higher than the guidelines.

Guidelines

FREE

REDUCED PRICE

Household Size	<u>FREE</u>					<u>REDUCED PRICE</u>				
	*	**	***	****	*****	*	**	***	****	*****
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$16,588	\$1,383	\$ 692	\$ 638	\$ 313	\$23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
2	22,412	1,868	934	862	431	31,894	2,658	1,329	1,227	614
3	28,236	2,353	1,177	1,086	543	40,182	3,349	1,675	1,546	773
4	34,060	2,839	1,420	1,310	655	48,470	4,040	2,020	1,865	933
5	39,884	3,324	1,662	1,534	767	56,758	4,730	2,365	2,183	1,092
6	45,708	3,809	1,905	1,758	879	65,046	5,421	2,711	2,502	1,251
7	51,532	4,295	2,148	1,982	991	73,334	6,112	3,056	2,821	1,411
8	57,356	4,780	2,390	2,206	1,103	81,622	6,802	3,401	3,140	1,570
Each additional Household Member add	+ 5,824	+ 486	+ 243	+ 224	+ 112	+ 8,288	+ 691	+ 346	+ 319	+ 160

* Annualize only for those with multiple income frequencies.

** Monthly income is multiplied by 12.

*** Twice monthly income is multiplied by 24.

**** Income received every two weeks is multiplied by 26.

***** Weekly income is multiplied by 52.

All numbers are rounded upward to the next whole dollar.

Household size = The number of persons, including grandparents, parents, children, and all people related or unrelated who live in your home and share living expenses.

Household income = The total income of all household members, before taxes, including wages, social security, pension, unemployment, welfare, child support, alimony, and any other income.

Print Name _____

Parent Signature _____

Today's Date _____



Tuition Payment Plan

2021 - 2022

Parents' Names _____ Date _____
 E-mail address _____
 Address _____ Home Phone _____
 _____ Work Phone _____

Student(s) Name & Grade Entering		Tuition	Bldg. Use Fees
1. _____	Grade _____	\$ _____	\$ _____
2. _____	Grade _____	\$ _____	\$ _____
3. _____	Grade _____	\$ _____	\$ _____
	Subtotals	\$ _____	\$ _____
	Registration Fee	\$ _____	
	Total	\$ _____	
	Discount	\$ _____	
	Amount Paid	\$ _____	
	Balance Due	\$ _____	

The Registration Fee is \$50 per student to be credited towards tuition if enrolled by March 15. If enrolled between March 15-June 14, the Fee is \$100 nonrefundable; the Fee is \$200 nonrefundable after June 14. Registration fees must be paid at enrollment.

The Building Use Fee is \$150 for half-day kindergarten students and \$300 for each student in all-day kindergarten and grades 1-8. For monthly payment plans, the first tuition and BUF (building use fee) payment is due on August 1 and the last on May 1. Any other payment arrangement must receive special written approval including payments over 12 months. Because the school operates on a very tight budget, we request your full cooperation in payment of tuition on time.

PLEASE CIRCLE which payment plan you would like and SIGN BELOW.

- A. I request to make 10 monthly payments of \$_____ beginning on August 1.
- B. I request to make 12 monthly payments of \$_____ beginning on August 1.
- C. I will pay tuition and building use fees in full by the first day of the school year to receive a 5% discount. I understand that the 5% will be null and void if the student(s) withdraw during the school year. Pro-rated full tuition will be applied.
- D. I am interested in possible "Tuition/Work Assistance" and have attached a completed Financial Statement. I understand that my registration will not be final until the Board acts upon my Tuition Assistance Request.

I will meet my financial obligation as indicated above. I understand that failure to meet this commitment could result in termination of my child's enrollment unless previous arrangements have been made.

Signature _____
 Father Mother

APPROVED: _____
 School Finance Committee or Representative

Revised 1/30/19

Christ-Centered Education Since 1938

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2020-2021



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

	Hepatitis B	DTaP/Tdap (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	Polio Vaccine doses required may be fewer than listed	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
Kindergarten through 6th Grade	3 doses <i>within the correct timeframes</i>	5 doses <i>within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease
7th Grade through 12th Grade	3 doses <i>within the correct timeframes</i>	5 doses DTaP AND 1 dose Tdap, <i>all within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease <i>(Exceptions are allowed for certain students)</i>

- **Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.**
- Find information on other recommended vaccines not required for school: www.immunize.org/cdc/schedules/



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
---------------------------	--------------------	------------------------	--------------------------------

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
---	--

X _____ Parent/Guardian Signature Date	X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date
--	---

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
▲ Required for School ● Required Child Care/Preschool						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider’s office enters immunizations into the WA Immunization Information System (Washington’s statewide registry). If they do, ask them to print the CIS from the IIS and your child’s immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myrir.net>. If your provider doesn’t use the IIS, email or call the Department of Health to get a copy of your child’s CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child’s name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state’s IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider’s electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/ter ms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		



FAMILY / SCHOOL AGREEMENT

Families may expect of OHCS that:

1. Students will be treated with respect, love, and firmness.
 - An effective learning environment.
 - Avoidance of actions which humiliate, embarrass, or expose the student to ridicule.
 - Provision of opportunity to grow and to make choices suitable to the student's maturity level.
 - Demonstration of personal interest in and concern for the individual child.
2. Students will be nurtured in terms of their particular gifts as well as their general callings.
 - We will try to challenge each student with his calling to love God, his neighbor, and himself, and to work this out in his entire life.
 - Although we can't foresee or guarantee academic outcomes, we will try to recognize and develop individually differing gifts and capacities.
3. Students will be introduced to the studies in an integral Christian manner.
 - Presentation of the wholeness of creation and the fact that God is revealed in all the world.
 - Presentation of the rich diversity of the various subjects and of the beauty and intricacy of God's creative, sustaining, and redemptive activity in them.
 - Provision of challenging learning materials and assignments with responsible follow-up and evaluation.
4. Students will be challenged to excel.

In intellectual, artistic, physical, and other aspects of the curriculum, students will be encouraged to work "at it with all your heart, as working for the Lord." Colossians 3:23
5. Students will be encouraged to be disciples of Christ.
 - A continuing presentation of the redemptive work of Christ.
 - An effort to develop a God-oriented, positive self-concept.
 - Encouragement, at the student's maturity level, to set goals, develop plans, and evaluate progress toward reaching the goals.

Continued on back side of page

Oak Harbor Christian School is oriented to working with families. In order to do so in a close and Christian way, we will expect of families who send their children here that:

1. They will cooperate with the teachers' efforts to serve the students.
 - Honor the child's need to contribute to and receive from the classroom situation by making sure that he/she is present each day except when ill. Special absences should be planned only under very exceptional circumstances, and then only after consultation with the teacher and the principal.
 - Adhere to the general guidelines and dress code stated in the Parent/Student Handbook.
 - Respond to communications from teachers.
 - Tell the teachers directly of pleasing or distressing developments and use the channels provided for resolving differences.
 - Follow through on recommendations for special help, testing, etc.
2. They will participate in the OHCS parent-education program, the Christian Parent-Teacher Association (CPTA).
3. They will maintain a healthy level of activity in a local church.

Demonstrate a heart commitment to the Biblical mandate for membership in the Body of Christ as that Body is visible in the local church.

4. They will understand that the fees only partially cover the cost of operations and will, consequently, render volunteer contributions or service over and above the fees.
 - Each family has the opportunity to contribute 30 Family Involvement Plan (FIP) hours during the year to reduce tuition by a maximum of \$600. More detailed information is available in the office. All volunteer services are recognized as valuable to the school, including service in the office, library, classroom, fund raising projects, etc.
 - Over the course of the year we ask for additional funds from OHCS supporters and parents through fundraising efforts such as the fall drive. All contributions are welcome and greatly needed.

Signature(s): _____ Date: _____
_____ Date: _____