

**FAIRHILL CHRISTIAN SCHOOL**

**Student Admission checklist**

Application for Admission includes: \_\_\_  
Daily Transportation/Authorized adults to pick up  
Release of student information  
Financial Agreement  
Emergency medical release  
Student health history and release of information  
Volunteer Form  
School uniform info  
Student Handbook acknowledgement

Enrollment reporting form \_\_\_

Copy of shot records \_\_\_

Copy of birth certificate \_\_\_

After School program registration \_\_\_ (if applicable)

Placement testing \_\_\_ ( if applicable)

Records from previous school \_\_\_ (if applicable)

Interview with Principal \_\_\_

Registration paid \_\_\_

Book & Supply fee paid \_\_\_

**Student admission packet is completed and student is considered enrolled when all items on list are checked.**

~~~~~For office use~~~~~

- Class list
- School list
- Email
- Lunch card
- Gradelink
- Volunteer record
- Quickbooks
- FACTS
- T-Shirt
- Planner



FAIRHILL CHRISTIAN SCHOOL  
 101 City Lights Blvd.  
 Fairbanks, AK 99712

Phone: 907-457-2167 Fax: 907-457-4382  
[fairhilloffice@gmail.com](mailto:fairhilloffice@gmail.com)  
[www.fairhillchristianschool.com](http://www.fairhillchristianschool.com)

**APPLICATION FOR ADMISSION**

1. Student Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M or F Grade \_\_\_\_\_  
 Shirt size: Youth Adult  
 XS S M L XL

2. Student Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M or F Grade \_\_\_\_\_  
 Shirt size: Youth Adult  
 XS S M L XL

3. Student Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M or F Grade \_\_\_\_\_  
 Shirt size: Youth Adult  
 XS S M L XL

Last School attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Home Email Address \_\_\_\_\_

Work Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

Child/ren living with: \_\_\_\_\_ (if not living with both parents, or other specific arrangement)

Home Church : \_\_\_\_\_ Pastors Name: \_\_\_\_\_

**Father**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL/GUARDIAN FINANCIAL AGREEMENT

**I understand** that Fairhill Christian School uses an outside billing source called FACTS and that all FCS families will use FACTS for tuition payments.

**I understand** that registration, supply fees, lunches, aftercare and other miscellaneous charges can be paid at the school office.

**I understand** I can pay cash, check or credit card. I understand that if I pay with **credit card a 5% service fee will be added** to the total owed. Donations to the school are exempt from the service fee.

**I agree** to pay the total amount of tuition for my enrolled child or children for the 2018-2019 school's year.

**I understand** that tuition will be paid in installments due on the scheduled date which I have arranged through my FACTS account.

**I understand** that if a payment through FACTS is returned because my account has insufficient funds to cover the payment, **I will automatically be charged a \$30.00 NSF penalty** which will be assessed by the FACTS payment system, not FCS.

In addition, **I understand** that if I do not make the payment by the end of the calendar month in which the payment is due, I will be assessed a 1,5% interest fee by FCS.

**I further understand** that a delinquent account may result in my children being restricted, and eventually withdrawn, from the school, and that unpaid accounts may be turned over to collections with the accountable party being responsible for all collection agency fees.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT DAILY TRANSPORTATION**

STUDENT NAME: \_\_\_\_\_

Adults authorized to pick up your child:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please let the office and teacher know if you are having someone else pick up your child. Also let the people you authorize to pick up your child know that we need their ID for verification.

If your child will be riding the bus to the school please provide the bus number and route number. Bus service is provided by **First Student 907-456-6921**.

|                  |                 |                  |                 |
|------------------|-----------------|------------------|-----------------|
| <b>TO:</b>       |                 | <b>HOME:</b>     |                 |
| Bus number _____ | Bus route _____ | Bus number _____ | Bus route _____ |
| Bus number _____ | Bus route _____ | Bus number _____ | Bus route _____ |



**STUDENT PARENT/GUARDIAN RELEASE OF STUDENT INFORMATION**

Fairhill Christian School may from time to time utilize images of students and or student work for various school purposes. Student images or work may be utilized on the Fairhill School website, informational publications or other media forms beneficial for promotion of Fairhill Christian School. No image or schoolwork will be used in any manner that does not conform to the highest Christian ethic.

Please mark the appropriate response concerning use of images or work for the following purposes.

- |                                                           |     |    |
|-----------------------------------------------------------|-----|----|
| Yearbook, informational publication or other print media  | YES | NO |
| Website, slide show or other electronic media             | YES | NO |
| News release, fundraiser material or promotional material | YES | NO |

Notice! Be advised that if you are not a student's legal parent we must have proof of guardianship. Likewise, in those cases where a divorce or separation exists, the school must have a copy of any court order or decree that limits one parent access to the child or child's records. Without court documents stating otherwise we are required by law to afford both parents access to the child and the child's school records. This notice is in compliance with the *Family Educational Rights and Privacy Act*. The privacy of the student education records is federally protected under FERPA.

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

**EMERGENCY MEDICAL RELEASE**

Student name \_\_\_\_\_

**General Terms of Parental Consent:**

Confidential medical information collected by this form is maintained and used solely for the purposes set forth within this document. Only authorized members of Fairhill Christian School have access to and are authorized to access confidential medical information. Information collected herein is only for the purpose set forth by this medical release. This medical release may be revoked by the parent or guardian at any time. Revocation must be submitted in writing to Fairhill Christian School administration. If the medical release is revoked Fairhill Christian School does reserve the right to suspend or to terminate a student's attendance if their medical release is terminated.

**Emergency Treatment:**

I hereby authorize Fairhill Christian School personnel or authorized party's acting on behalf of the school to administer emergency medical treatment (first aid) to my child if it is deemed necessary and appropriate to preserve or aid the health and well being of my child. I further authorize Fairhill Christian School personnel or authorized representative's thereof, that should it be deemed necessary and appropriate to secure emergency medical treatment beyond that which can be reasonably administered at the school or a school function, to contact and engage medical personnel qualified to administer necessary and appropriate emergency medical treatment to my child to a facility that can administer appropriate medical treatment. In such cases I consent to the treatment of my child by emergency physicians or other professionally licensed health care as determined necessary to provide emergency medical care to my child. I understand and agree that I will be financially responsible for any and all expenses incurred in the treatment of my child. Any time emergency medical care becomes necessary or transportation to a medical care facility is necessary, Fairhill Christian School will make every effort to contact the student's parent or guardian as appropriate and without jeopardizing the care or treatment of the child.

**Medicines:**

Fairhill Christian School is neither legally bound nor obligated to store or administer medication to students. We are happy to accommodate storage and administration of medication if written arrangements have been made with the administration and teacher. Unless otherwise authorized, Fairhill Christian School will not administer any student unless administering the medicine is in conjunction with providing emergency medical treatment. **Students of Fairhill Christian School are not allowed** to keep on their person any medicine, either prescribed or over the counter, without the written permission of their parent or guardian and the consent of Fairhill Christian School administration.

**Liability Release:**

I, \_\_\_\_\_, as the parent or guardian of, \_\_\_\_\_,

Student of Fairhill Christian School, hereby release FCS, staff, administration or other representative thereof of any and all current or future claims, costs, charges or otherwise or cause for action as a result of loss of property, personal injury, illness, accident, or death during the time the aforementioned student is enrolled and participating at FCS.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT HEALTH HISTORY FORM AND RELEASE OF INFORMATION**

It is the parent/guardian’s responsibility to notify the school of new or existing health concerns. This is important in providing the best care for your student while in school.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

**My child has the following NEW or EXISTING medical condition(s). Check all that apply.**

Diabetes\*     Bone/Joint Disorder     Allergies\*     Injection     History of Scoliosis     Medication (list)

Pump     Skin Disorder     Food (list)     Asthma\*     Behavior/Emotional Disorder

Latex (diag.)     Inhaler     Hyperactive/ ADHD     Insect     Seizures\*

Hearing Loss/Hearing Aids     Seasonal

Heart Condition     Vision/Corrective Lenses     Other Medical Conditions

History of Concussion     History of positive TB Skin test    \_\_\_\_\_

Number \_\_\_\_\_     Headaches    \_\_\_\_\_

Dates \_\_\_\_\_     Gastro Intestinal Disorder     Menstrual Irregularity

**\*See School Office for Additional Paperwork**     Paperwork given     Paperwork returned date: \_\_\_\_\_

Medication taken routinely (please list) \_\_\_\_\_

My child will require medication administration at School

Long Term Prescribed Medication, including emergency medication, requires the completion of the Request for Administration of Medication form and must be brought to the School Office by the parents/ guardian, in the prescription bottle.

Short Term Prescribed Medication must be brought to the School Office in the original prescription bottle with written or verbal authorization, by the parent/guardian, to administer medication. Short Term Medication can only be given for 10days.

Over-the-Counter Medication may be given to my child (check all that may be administered by the School Office)

Tylenol/acetaminophen (ADULT 500mg)     Motrin/Advil/Ibuprofen (ADULT 200mg)

Tylenol/acetaminophen (CHILD 160mg)     Benadryl (diphenhydramine) (CHILD 5mg)

Cough Drops     Tums

**Release of Information:** The disclosure of health information within the school is limited to information necessary to ensure the student’s health and educational interests are met. Your signature below gives permission for school staff to be informed of precautions and procedures necessary to protect your child while at school.

I AGREE     I DISAGREE

Your signature below gives the school office permission to medicate your child as needed with the above Over-the counter medications.

I AGREE     I DISAGREE

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT VOLUNTEER FORM**

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

Ongoing research shows that family engagement in schools improves student achievement, reduces absenteeism, and restores parents' confidence in their children's education. Students with involved parents or other caregivers earn higher grades and test scores, have better social skills, and show improved behavior.

Fairhill Christian School appreciates the parents and values their time. We ask parents to volunteer 10 hour per semester or pay \$10 for each hour not worked. There are many ways to get involved.

Check with the office anytime to get plugged in.

Here are some volunteer ideas please check the ones you would be most interested in doing.

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| help with Aftercare program ___                             | mentor or tutor student ___                                |
| maintenance ___                                             | chaperone on fieldtrips ___                                |
| prayer group ___                                            | teach/present special interest, hobby or job ___           |
| teacher appreciation ___                                    | snow shoveling ___                                         |
| kitchen ___                                                 | provide teacher lunch ___                                  |
| grade papers ___                                            | re-do bulletin boards ___                                  |
| lunch help ___                                              | help organize closets, files, or libray ___                |
| recess help ___                                             | help to plan and chaperone school events ___               |
| offer to help get a group started ___                       | volunteer to speak in the classroom or at a career day ___ |
| clean toys ___                                              | judge at a science/history fair ___                        |
| take trash ___                                              |                                                            |
| reading groups ___                                          |                                                            |
| attend School Board meetings ___                            |                                                            |
| help organize, cater, or work at fundraising activities ___ |                                                            |
| other be specific _____                                     |                                                            |

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL UNIFORMS**

Uniforms can be ordered online [www.FrenchToast.com](http://www.FrenchToast.com) school code QS5ZRUX, or bought at Old Navy

Boys:

Khaki or black slacks. Kelly green, forest green, black or white Polo shirts (long or short sleeve).

A green, black or white turtle neck or a green, black or white plain t-shirt may be worn under the Polo for added warmth.

No cargos or jeans. No neon green or lime green colors. No earrings.

Girls:

Khaki or black slacks, skirts or jumpers. Kelly green, forest green, black or white Polo shirts (long or short sleeve).

A green, black or white turtle neck or a green, black or white plain t-shirt may be worn under the Polo for added warmth.

No cargos or jeans. No neon green or lime green colors.

Other items needed:

Inside shoes, especially during winter months. Snow gear, including snow pants, hat, gloves in the winter.

Lunch, snack, and a water bottle. K3 and K4 blanket & pillow.

**STUDENT HANDBOOK ACKNOWLEDGMENT**

I will read the Fairhill Christian School Parent – Student Handbook. I understand that this is a living document and changes can be made throughout the school year. I also understand that I am a partner in my child’s education and will follow the rules of Fairhill Christian School. If I have any questions regarding its contents, I will ask the school immediately.

Print Child’s Name \_\_\_\_\_

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



**AFTER SCHOOL PROGRAM REGISTRATION & CONTRACT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Mother/Guardian  
Name \_\_\_\_\_

Father/Guardian  
Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Please indicate your choice and initial:

\_\_\_\_\_ Monthly rate: single child rate \$145.00

family rate \$180.00

\_\_\_\_\_ Part time: single child rate \$72.00

family rate \$90.00 (9 school days or less)

\_\_\_\_\_ Drop in daily rate: single child \$15.00

family rate \$20.00

Payment is due at the office on the 5<sup>th</sup> of each month. Fees will be charged even if your student does not attend aftercare that month. August and May will be pro-rated. A late fee of \$1.00 per minute will be charged if you pick up your student(s) after 6:00pm. (Applied daily as required)

\_\_\_\_\_ Please initial if you would like the aftercare payment added to the tuition on FACTS tuition management.

Please let us know any special medical conditions, food allergies, or specific circumstances we should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sign Out Authorization**

Please list names of all people who have your consent to sign out your student(s) from After School Program at any time.

| Name | Relationship | Phone numbers |
|------|--------------|---------------|
|      |              |               |
|      |              |               |
|      |              |               |
|      |              |               |

If someone not listed above must pick up your student(s), you must call ahead and notify the school. Photo ID may be required.

You may cancel or modify this contract at the end of any month by notifying the Office in writing before the month ends. All fees charged prior to the written request will remain on student(s) account. Invoices need to be paid by the 15<sup>th</sup> of the month. Children may not attend the After School Program if invoice is 30 days past due.

By signing below, I acknowledge my understanding of the agreement with the terms of the After School Program Contract.

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

**ENROLLMENT REPORTING FORM**

**Do not send to the Department of Education and Early Development**

Alaska statute 14.45.110 requires parents or guardians to send this form to the local public school superintendent.

*Submit a separate form for each child.* You may duplicate this form.

Date \_\_\_\_\_

Student's name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

School FAIRHILL CHRISTIAN SCHOOL

School address 101 City Lights Blvd., Fairbanks, Alaska 99712

Parent/Guardian name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Administrator's signature \_\_\_\_\_

Alaska Statute 14.45.110 Requirements of Exempt Schools (a) The parent or guardian of the child of compulsory school age enrolled in a religious or other private school that complies with AS 14.45.110 shall file an annual notice of enrollment in the area in which the child resides on a form provided by the Department of Education and Early Development. The form shall be signed by the parent or guardian and the chief administrative officer of the school and returned to the local public school superintendent by the parent or guardian. The school shall notify the local public school superintendent within a reasonable time if the child is no longer enrolled in or attending the school.