



# FAIRHILL CHRISTIAN SCHOOL

Thank you for your interest in our school. This application packet contains all necessary forms to begin the enrollment process.

Steps to take:

- Visit the school
- Complete entire application packet / accompanied by nonrefundable registration fee
- Family interview with principal
- Testing for grade level (if applicable)

The school will notify you by phone or in writing of your child's enrollment status. At the time of acceptance, you will need to provide a copy of the child's birth certificate and immunization record, as well as payment of the book and material fee. Once you have made the payment you are enrolled in Fairhill Christian School and are placed on the class roster.

101 City Lights Blvd.  
Fairbanks, AK 99712  
Tel: 907-457-2167  
Fax: 907-457-4382  
[FairhillOffice@gmail.com](mailto:FairhillOffice@gmail.com)  
[www.FairhillChristianSchool.com](http://www.FairhillChristianSchool.com)

### ***OUR MISSION:***

Fairhill Christian School exists to glorify God by providing quality Christ centered education that will nurture students to become spiritually minded, academically versed, socially balanced and equipped to make a positive impact within their community to the glory of our Lord Jesus Christ.



# 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

Physical & Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Last School attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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

How did you learn about Fairhill? \_\_\_\_\_

## Father

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

## Mother

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Enrollment Date \_\_\_\_\_

~~~~~  
class \_\_\_ school \_\_\_ meds \_\_\_ imm \_\_\_ aftercare \_\_\_ email \_\_\_ lunch \_\_\_ gradelink \_\_\_ volunteer \_\_\_ quickbk \_\_\_ FACTS \_\_\_ planner \_\_\_ t-shirt \_\_\_ bc \_\_\_ sr \_\_\_

**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 unless you pay in full at the office.

I understand that registration, book and supply fees, lunches, volunteer hours and other miscellaneous charges must 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/ren for the school year.

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.

Aftercare payment is due on the 1<sup>st</sup> of each month. Children may not attend the Aftercare Program if the invoice is 30 days past due. Aftercare payment for August is due the first day of school. August and May payments will be pro-rated. Fees will be charged even if your student does not attend Aftercare that month. Aftercare can be added to the FACTS account or be paid at the office.

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.

Parent/Guardian responsible for account payment:

Print name: \_\_\_\_\_

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

**AFTER SCHOOL CARE PROGRAM CONTRACT & PICK UP AUTHORIZATION**

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

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

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

Mother/Guardian

Father/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Work & Cell Phone \_\_\_\_\_

Work & Cell Phone \_\_\_\_\_

Monthly rate for the Aftercare Program:      single child rate \$180.00      family rate \$270.00

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.

You may cancel 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 1st of the month. Children may not attend the After School Program if invoice is 30 days past due.

**PICK UP AUTHORIZATION**

Please list names of all people who have your consent to sign out your student(s) from School 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 is required.

My child/ren will ride the bus home    yes \_\_\_\_\_    no \_\_\_\_\_    bus # \_\_\_\_\_

Drop in rate will apply to children that are not enrolled in the Aftercare Program and are not picked up by 2:15.

Drop in daily rate: single child \$20.00      family rate \$25.00

\_\_\_\_\_ Please initial

**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.

1. Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

2. Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

2. Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

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

- |                                                    |                                              |                                                           |                                    |                                                         |                                            |
|----------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------|---------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Diabetes*                 | <input type="checkbox"/> Bone/Joint Disorder | <input type="checkbox"/> Allergies*                       | <input type="checkbox"/> Injection | <input type="checkbox"/> History of Scoliosis           | <input type="checkbox"/> Medication (list) |
| <input type="checkbox"/> Pump                      | <input type="checkbox"/> Skin Disorder       | <input type="checkbox"/> Food (list)                      | <input type="checkbox"/> Asthma*   | <input type="checkbox"/> Behavior/Emotional Disorder    |                                            |
| <input type="checkbox"/> Latex (diag.)             | <input type="checkbox"/> Inhaler             | <input type="checkbox"/> Hyperactive/ ADHD                |                                    | <input type="checkbox"/> Insect                         | <input type="checkbox"/> Seizures*         |
| <input type="checkbox"/> Hearing Loss/Hearing Aids |                                              | <input type="checkbox"/> Seasonal                         |                                    | <input type="checkbox"/> Other Medical Conditions       |                                            |
| <input type="checkbox"/> Heart Condition           |                                              | <input type="checkbox"/> Vision/Corrective Lenses         |                                    | _____                                                   |                                            |
| <input type="checkbox"/> History of Concussion     |                                              | <input type="checkbox"/> History of positive TB Skin test |                                    | _____                                                   |                                            |
| Number _____                                       |                                              | <input type="checkbox"/> Headaches                        |                                    | _____                                                   |                                            |
| Dates _____                                        |                                              | <input type="checkbox"/> Gastro Intestinal Disorder       |                                    | <input type="checkbox"/> Menstrual Irregularity         |                                            |
| <b>*See School Office for Additional Paperwork</b> | <input type="checkbox"/> Paperwork given     |                                                           |                                    | <input type="checkbox"/> 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)

- |                                                              |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Tylenol/acetaminophen (ADULT 500mg) | <input type="checkbox"/> Motrin/Advil/Ibuprofen (ADULT 200mg)   |
| <input type="checkbox"/> Tylenol/acetaminophen (CHILD 160mg) | <input type="checkbox"/> Benadryl (diphenhydramine) (CHILD 5mg) |
| <input type="checkbox"/> Cough Drops                         | <input type="checkbox"/> 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

Who other than yourself could be notified in case of an emergency? \_\_\_\_\_

Parents/Guardian 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: \_\_\_\_\_

**TUBERCULOSIS (TB) RISK ASSESSMENT FOR ALASKA STUDENTS**

Screening school students for Tuberculosis (TB) is required in Alaska. The Division of Public Health’s Tuberculosis Program works collaboratively to establish a comprehensive program for the control of TB in the state, and through 7AAC 27.213 requires that each public and nonpublic school assess the TB status of each child. It is the responsibility of the school to perform assessment.

| Student 1      | Student 2      | Student 3      |
|----------------|----------------|----------------|
| Name:          | Name:          | Name:          |
| Date of birth: | Date of birth: | Date of birth: |

Please answer the following screening questions. If you answer “yes” to any question, please comment with further information. If you have any questions or concerns, please contact the office.

**1.) Has the student been in contact with anyone who has active TB disease in the past year?**

| Student 1 |    | Student 2 |    | Student 3 |    |
|-----------|----|-----------|----|-----------|----|
| Yes       | No | Yes       | No | Yes       | No |

**2.) Is the student foreign-born? \* (Any country other than US, Canada, Australia, New Zealand, or Western/Northern Europe)**

| Student 1 |    | Student 2 |    | Student 3 |    |
|-----------|----|-----------|----|-----------|----|
| Yes       | No | Yes       | No | Yes       | No |

**3.) Has the student traveled to a high TB prevalence country for more than a month cumulatively during the past year?**

| Student 1 |    | Student 2 |    | Student 3 |    |
|-----------|----|-----------|----|-----------|----|
| Yes       | No | Yes       | No | Yes       | No |

**4.) In Alaska, TB is most common in the Yukon-Kuskowin or Norton Sound regions. Does the student live in one of these regions, or has the student traveled to one of these regions for more than a month cumulatively during the past year?**

| Student 1 |    | Student 2 |    | Student 3 |    |
|-----------|----|-----------|----|-----------|----|
| Yes       | No | Yes       | No | Yes       | No |

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

**STUDENT HANDBOOK ACKNOWLEDGMENT**

I 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.

\_\_\_\_\_ (please initial to acknowledge)

**PARENT VOLUNTEER TIME REQUIREMENT**

Volunteering is a wonderful way to be involved in your child’s education, get to know new families and teachers. It can be anything from helping in the lunch room, going on a field trip, to help organize our Annual Auction. A list of volunteer opportunities can be found at the office. Fairhill Christian School asks parents to volunteer 10 hours per semester or pay \$10 for each hour not worked. Please keep track of your hours worked in the volunteer book, located at the office. Fall hours should be completed by 12/15, spring hours by 4/15. Invoices for unworked hours are sent out 12/15 and 4/15, and due upon receipt.

\_\_\_\_\_ (please initial to acknowledge)

**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.

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.