

Date Received:

Reg. Fee Paid:

Date Accepted:

Date Declined/Withdrawn:

2018 – 2019 Registration Application

Physical school address: Tri-City Baptist, 18025 Webster Road, Gladstone, OR 97027

Student Information

Student's Name (First, Middle, Last)

Grade: Preschool Male Female DOB:

Parent / Guardian Information

Father:

Mother:

Address:

Address:

Place of Work:

Place of Work:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Email Address:

Email Address:

Stepmother:

Stepfather:

We would like information sent to both addresses

Questionnaire

1. Why do you want your child to attend Skopos Christian School?

2. Do you affirm Skopos Christian School Statement of Faith?

3. Are you willing to adhere to Skopos Christian School's student dress code requirement?

4. Do you agree to support and assist your child in regular completion of homework?

5. Has your child ever been diagnosed by a counselor/doctor/psychiatrist with a learning disorder such as dyslexia, hyperactivity or attention deficit disorder? If so, please explain.

6. Has your child ever seen a counselor/doctor/psychiatrist/pastor for any type of social, mental, or behavioral problem? If so, please explain.

Volunteering

Are you willing to commit to Skopos Christian School's parental volunteer hours requirements?

Tuition Information

Your child's tuition may be paid in a lump sum or in twelve monthly installments. Please select one of the plans below.

| | |
|------------------------|--|
| 1 st child: | <input type="checkbox"/> Yearly plan - \$2,400, due by September 14, 2018 <input type="checkbox"/> Twelve-Month plan - \$200, due by 10 th of each month (July – June) |
| Additional Child(ren): | <input type="checkbox"/> Yearly plan - \$2,400, due by September 14, 2018 <input type="checkbox"/> Twelve-Month plan - \$200, due by 10 th of each month (July – June) |

Registration Fee

A non-refundable registration fee is due to complete the registration process and reserves your student's place for the upcoming school year. This fee is to purchase books and required state testing for your student.

Per Child: \$200, if paid by March 31, 2018
 \$250, April 1, 2018

Previous School Information

Last School Attended: _____ Teacher's Name: _____

*Please attach a copy of student's latest report card. If homeschooled, please provide detailed description of coursework in lieu of a report card.

Signature of Parents:

I certify that the information provided in this application form is correct. I understand that Skopos Christian School reserves the right to refuse registration for any reason, except what is noted in the non-discrimination policy below.

| | |
|-------------|-------------|
| Print Name: | Print Name: |
| Signature: | Signature: |
| Date: | Date: |

NON-DISCRIMINATION POLICY: Skopos Christian School, in our commitment to the gracious God of the Scriptures who rules over all peoples and nations, admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities available to students in the school and does not discriminate on the basis of race in the administration of its educational policies, admissions policies, and athletic or other school-administered programs.