

For Office Use Only

Date Received:

Reg. Fee Paid:

Date Accepted:

Date Declined/Withdrawn:

2022 – 2023 Registration Application

Physical school address: Faith on Hill Church, 3615 SE Hill Rd, Milwaukie, OR 97267

| Student Information | |
|---|-----------|
| Student's Name (First Middle and Last) | Nickname: |
| Grade: <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: |

| Parent / Guardian Information | |
|-------------------------------|----------------|
| Father: | Mother: |
| Address: | Address: |
| City: | City: |
| State: ZIP: | State: ZIP: |
| 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

Which phone would you like as the primary phone? _____

Which phone would you like as the secondary phone? _____

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.

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.

Volunteering

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

Please note: for students attending full day (8:15 – 3:00), 30 volunteers hours are required, or \$18/hr
for students attending half day (8:15 – 11:15), 15 volunteer hours are required, or \$18/hr

Initial here _____

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 Preschool: \$150

Per Child K-8 Grade: \$275, if paid by April 30, 2022
 \$300, after May 1, 2022

Tuition Information

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

Preschool pricing:

| | | |
|---------------|------------|---|
| 10 Month Plan | Per child: | <input type="checkbox"/> Yearly plan - \$3,700, due by August 30, 2022 |
| | | <input type="checkbox"/> Yearly plan - \$3,800, if paid <u>after</u> Sept 3 rd |
| | | <input type="checkbox"/> Ten-Month plan - \$385, due by 1 st of each month (Sept thru June) |
| 9 Month Plan | Per child: | <input type="checkbox"/> Nine-Month plan - \$425, due by 1 st of each month (Sept thru May) |

K-8 grade pricing:

| | | |
|---------------|------------------------|---|
| 10 Month Plan | 1 st child: | <input type="checkbox"/> Yearly plan - \$5,365, due by August 30, 2022 |
| | | <input type="checkbox"/> Yearly plan - \$5,465, if paid <u>after</u> Sept 3 rd |
| | | <input type="checkbox"/> Ten-Month plan - \$550, due by 1 st of each month (Sept thru June) |
| 9 Month Plan | 1 st child: | <input type="checkbox"/> Nine-Month plan - \$610, due by 1 st of each month (Sept thru May) |

| | | |
|---------------|-----------------------|---|
| 10 Month Plan | Additional Child(ren) | <input type="checkbox"/> Yearly plan - \$4,775, due by August 30, 2022 |
| | | <input type="checkbox"/> Yearly plan - \$4,875 if paid <u>after</u> Sept 3 rd |
| | | <input type="checkbox"/> Ten-Month plan - \$490, due by 1 st of each month (Sept thru June) |
| 9 Month Plan | Additional Child(ren) | <input type="checkbox"/> Nine-Month plan - \$545, due by 1 st of each month (Sept thru May) |

I understand that there is a **\$40 late fee** if tuition is received 5 days after the due date.

Both parents' initials _____

| 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.

Referred to Skopos Christian School by: _____
Provide first and last name