

PO Box 1015 Gladstone, OR 97027 (503) 908-4740 www.skoposes.org

### **For Office Use Only**

Date Received:

Reg. Fee Paid:

Date Accepted:

Date Declined/Withdrawn:

# 2024 – 2025 **GRADES 7-8** 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: $\square$ 7 <sup>th</sup> $\square$ 8 <sup>th</sup>				
☐ Male ☐ Female	DOB:			
Parent / Guard	ian Information			
Turent' Guara	In			
Father:	Mother:			
Address:	Address:			
Address.	Address.			
City:	City:			
St. A. ZTD.	C			
State: ZIP:	State: ZIP:			
Place of Work:	Place of Work:			
Home Phone:	Home Phone:			
Work Phone:	Work Phone:			
work I none.	WORTHOIC.			
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?				



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	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.				
	research at se, results to remain				

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.		



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		Voluntooring			
Are you willi	ing to commit to	Volunteering Skopos Christian School's parental volunteer hours requirements per family?			
Are you withing to commit to skopos emistian school's parental volunteer hours requirements per family:					
Please note:		nding full day (8:15 – 3:00), 30 volunteers hours are required, or \$25/hr anding half day (8:15 – 11:15), 15 volunteer hours are required, or \$25/hr Initial here			
		Registration Fee			
A <u>non-refundable</u> registration fee is due to complete the registration process and reserves your student's place for the upcoming school year. <b>This fee covers: school book purchase, annual testing, school supply fee, 1 background check and 1 yearbook for your student.</b>					
Per Child K-8 Grade:		\$350, if paid by March 31, 2023			
22 0 024400		\$400, after April 1, 2023			
THERE IS A \$50 TUITION "CHANGE FEE" <u>AFTER</u> SEPT 1. Changing from one tuition option to another after Sept 1 <sup>st</sup> will have a \$50 change fee due to processing fee with vendor.					
		Tuition Information			
Your child's tuition may be paid in a lump sum or in monthly installments. Please select one of the plans below.  NOTE: one application per child, oldest child is ALWAYS considered the "1st Child" all others are "Additional Child(ren)".  Grades 7 - 8 pricing:					
Yearly Plan	1 <sup>st</sup> child:	☐ Yearly plan - \$6,425, if paid <u>prior to</u> Sept 1 <sup>st</sup>			
Yearly Plan	Additional Child(ren)	☐ Yearly plan - \$5,800, if paid <u>prior to</u> Sept 1 <sup>st</sup>			
10 Month Plan	1st child:	$\square$ Ten-Month plan - \$660, due by 1 <sup>st</sup> of each month ( <b>Sept thru June</b> )			
9 Month Plan	1 <sup>st</sup> child:	☐ Nine-Month plan - \$730, due by 1 <sup>st</sup> of each month ( <b>Sept thru May</b> )			
10 Month Plan	Additional Child(ren)	☐ Ten-Month plan - \$595, due by 1 <sup>st</sup> of each month ( <b>Sept thru June</b> )			
9 Month Plan	Additional Child(ren)	☐ Nine-Month plan - \$660, due by 1 <sup>st</sup> of each month ( <b>Sept thru May</b> )			
I understand the	nat there is a \$40	late fee if tuition is <u>received 3 days after</u> the due date.  Both parents' initials			



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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