

For Office Use Only

Date Received:

Reg. Fee Paid:

Date Accepted:

Date Declined/Withdrawn:

2025 – 2026 GRADES Begindergarten – 6 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"/> Begindergarten <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"/> 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 \$25/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 covers: school book purchase, annual testing, school supply fee, 1 background check and 1 yearbook for your student.**

**Per Child
K-8 Grade:**

☐ \$400, if paid by March 31, 2025

☐ \$300 Kindergarden

☐ \$450, after April 1, 2025

THERE IS A \$50 TUITION "CHANGE FEE" AFTER SEPT 1. Changing from one tuition option to another after Sept 1st 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)".

12 month payment plan- you MUST be enrolled in auto-pay through ClassReach.

Grades K - 6 pricing:

**Yearly
Plan**

1st child:

☐ Yearly plan - \$6,450, if paid prior to Sept 1st

**Yearly
Plan**

**Additional
Child(ren)**

☐ Yearly plan - \$5,825, if paid prior to Sept 1st

**10 Month
Plan**

1st child:

☐ Ten-Month plan - \$660, due by 1st of each month (**Sept thru June**)

**12 Month
Plan**

1st child:

☐ Twelve-Month plan - \$540, due by 1st of each month (**July thru June**)

**10 Month
Plan**

**Additional
Child(ren)**

☐ Ten-Month plan - \$600, due by 1st of each month (**Sept thru June**)

**12 Month
Plan**

**Additional
Child(ren)**

☐ Twelve-Month plan - \$485, due by 1st of each month (**July thru June**)

I understand that there is a **\$40 late fee** if tuition is received 3 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