

HOSANNA CHRISTIAN SCHOOL

2016/2017 Academic Year Registration

Instructions:

Please carefully read and follow the instructions below in order to expedite the enrollment process:

- 1) ___ Attach a copy of the child's current immunization record, or sign the Waiver with your doctor's signature.
- 2) ___ Students being enrolled in Hosanna for the first time must also attach a copy of their birth certificate
- 3) ___ Every form for every child being enrolled must be COMPLETELY filled out
- 4) ___ Registration fee of \$250 per student and \$130 of this is non-refundable.
Early Bird Special from March 10th to April 3rd is only \$230/student

Tuition Prices

PRESCHOOL (3 YR OLD) & KINDERGARTEN - PREP (4 YR OLD)

Program 8:45am—11:30am or 12:30pm—3:00pm	Tuition Pay in full or 9 or 10 month payment plan
3 day (Mon, Wed & Fri)	\$1920 (9m- \$213.33 or 10m - \$192.00)
5 day (Monday-Friday)	\$3260 (9m-\$362.22 or 10m - \$326.00)

KINDERGARTEN – 8TH GRADE

Program 8:45am to 3:15pm	Tuition Pay in full or 10 or 11 month payment plan
3 day Kindergarten (Mon, Wed & Fri)	\$3520 (10m- \$352.00 or 11m - \$320.00)
5 day K—6th Grade (Mon – Fri)	\$4770 (10m- \$477.00 or 11m - \$433.64)
7th/8th Grade (Jr High) (Mon-Fri)	\$4990 (10m - 499.00 or 11m - \$453.64)

9TH - 11TH GRADE

Program If full day - 8:45am to 3:15pm	Tuition Pay in full or 10 or 11 month payment plan
Per 0.5 Credit	\$550
Part Time (3.0 Credit)	\$2950
Full Time (6.0 Credit)	\$5680 (10m - \$568.00 or 11m - \$516.36)

IMPORTANT

A parent or guardian must enroll the child In Person, as additional signatures will be required

Your child will not be enrolled until ALL of the above items have been completed.

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(Please print exactly as it should appear on all permanent records)

STUDENT'S INFORMATION

GRADE ENTERING: _____

If Preschool or Kindergarten -Prep

3 day ½ day (M/W/F) 5 day ½ day (M-F) Morning 8:45-11:30 Afternoon 12:30-3:00

If Kindergarten

3day full day (M/W/F) or 5 day full day (M-F)

If 9th -11th Grade

Per 0.5 Credit, if so which credits _____

Part Time, if so which 3 credits _____

Full Time

Last: _____			First: _____			Middle: _____			
Name Used (If different then First): _____									
Mailing Address: _____			City: _____			State: _____		Zip: _____	
Home Phone: _____			Date of Birth: ___/___/___			Age: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	

Non Profit Organization Definition

Nonprofit corporations differ from profit-driven corporations in several respects. The most basic difference is that nonprofit corporations cannot operate for profit. That is, they cannot distribute corporate income to shareholders. The funds acquired by nonprofit corporations must stay within the corporate accounts to pay for reasonable salaries, expenses, and the activities of the corporation.

(<http://legal-dictionary.thefreedictionary.com/Non-profit+organization>)

Hosanna Christian School is a non-profit organization.

This is why tuition should be paid on time every month. Our teachers, principal, admin asst, teacher aide, recess aide pay and our bills including electricity, phone, copier, internet, garbage, etc is paid out monthly from tuition.

Hot Lunch employee counts on the money coming in on time for what you owe so they can have a pay check for the month and are able to buy groceries and milks for the hot lunches.

Extended Care employees', also, counts on your prompt payment for their wages.

I have read the above and understand.

Parent/Guardian Signature: _____ Date: _____

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FAMILY INFORMATION

PRIMARY HOUSEHOLD (where student lives)

Parent/Guardian First & Last Name: _____ Relationship: _____

Cell#: _____ Work#: _____ Occupation: _____

E-Mail: _____

Parent/Guardian First & Last Name: _____ Relationship: _____

Cell#: _____ Work#: _____ Occupation: _____

E-Mail: _____

CHECK ANY THAT ARE APPLICABLE TO STUDENT:

If applicable, attach legal documents regarding restrictions for non-custodial parent

- Father is deceased Mother is deceased Parents are divorced Parents are separated

SECONDARY HOUSEHOLD (if applicable)

Parent/Guardian First & Last Name: _____ Relationship: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell#: _____ Work#: _____ Occupation: _____

E-Mail: _____

Parent/Guardian First & Last Name: _____ Relationship: _____

Cell#: _____ Work#: _____ Occupation: _____

E-Mail: _____

SIBLINGS

	M/F	Age/Grade	School or Occupation
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

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How did you hear about Hosanna? _____

.....

CHURCH AFFILIATION

Yes No *If Yes* Regularly Occasionally Church *Family attends:* _____

.....

DIRECTORY PERMISSION

Our school directory has printed in it your address, home phone number, parents names and siblings that go to HCS names.

I give permission for us to be in the school directory. Yes No

.....

ACADEMIC INFORMATION

Present School: _____ Grade Attended: _____

Reason for leaving: _____

Type of School: Public Christian Home school other _____

Has your child ever been suspended/expelled from school? No Yes If Yes, explain _____

Has it ever been suggested that your child repeat a grade? No Yes If Yes, what grade? _____

Has your child received or has been recommended to receive help with their academics (i.e. math, reading)?

No Yes If Yes, explain _____

Does your child have any academic/social/emotional difficulties that we should be aware of? _____

.....

Special circumstances of which the school should be aware of: _____

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EARLY DROP OFF/PICK-UP/LATE POLICY INFORMATION

I understand that HOSANNA CHRISTIAN SCHOOL classes start at 8:45 a.m. or 12:30 p.m. and are finished promptly at 11:30 a.m. or 3:15 p.m. and that I am responsible for making arrangements for delivery and pick up of my student(s).

School policy dictates for safety that my child(ren) will not be released to anyone other than parent/guardian unless permission is received from the parent/guardian written or verbal.

Please, make sure the person picking up your child must show current photo id/driver license. If our staff does not know you or the person authorized to pick them up they will ask for a photo id. This is for safety of your child(ren).

I hereby authorize my child(ren) to be delivered and picked up from class or Extended Care by the following people:

Full Name : _____ Relationship to child: _____

Full Name : _____ Relationship to child: _____

Full Name : _____ Relationship to child: _____

Full Name : _____ Relationship to child: _____

Full Name : _____ Relationship to child: _____

Full Name : _____ Relationship to child: _____

Additional people may be listed on the bottom of this form.

LATE POLICY:

*HOSANNA CHRISTIAN SCHOOL policy for parents who arrive late to pick up their students(s) is that the student shall be taken to Extended Care if you are more than 10 minutes late. You will be billed the cost for Extended Care (\$4.50/hr) on the next month's billing. This will be added to your account and paid at the next tuition due date, **your account will not be current until this amount has been paid.***

Signature of Parent/Guardian: _____

Date: _____

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EMERGENCY MEDICAL CARE AUTHORIZATION AND HEALTH INFORMATION

Student Name: _____ Last First M.I. Birthday ____/____/____

- In case of illness/accident when a parent cannot be contacted by the school and if, in the judgment of the Teacher/Director, the child requires a physician, the doctor you provided to us in the medical section will be called at the parent's expense.
- If an accident/illness to the child, the Teacher or TA will promptly take such reasonable measures as are, in their judgment, in the best interest of the child and will notify the parents as soon as possible.
- HCS under the authority of the FEC will provide accident insurance coverage during school hours.

I authorize Hosanna Christian School to be the consenting agent if parent or guardian cannot be contacted in reasonable time for emergency surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by licensed physician to save the life or limb of the child.

The above applies to HCS sponsored events on or off campus and to events sponsored by other entities in which HCS is invited to participate.

The above applies to emergency transportation to a medical facility.

The undersigned releases Hosanna Christian School, Vancouver First Evangelical Church, and their employees and trained volunteers from financial responsibility related to emergency care for your child(ren) and for any costs acquired from illness occurring during or just following the school year.

You signing this document does not authorize HCS access to family or student medical records or release documented student medical information, including immunization records.

Parent/Guardian: _____ Relationship: _____ Date: _____

MEDICAL INFORMATION

Name of Doctor: _____	Phone Number: _____
Name of Insurance Company: _____	Phone Number: _____
Group Number: _____	Policy/Certificate Number: _____

1) Does your child have any Chronic Health Conditions? (check all that apply) Asthma or other respiratory problems Seizure disorder Diabetes Frequent ear infections Heart condition Bladder or Bowel Skin problem
Any other conditions? _____

2) Has your child been seen in the emergency room or hospital for this condition? No Yes If yes, please explain _____

3) Does your child have any allergies to: Medication Food Bee Stings Other _____
Please explain the type of reaction: _____
Does your child require an Epi-pen? No Yes Benadryl? No Yes

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4) Has your child had any serious illness, operation, hospitalization or injuries? No Yes

If yes, explain _____

5) Does your child have any limitations or disabilities (ADD/ADHD, Dyslexia, etc. ? No Yes

If yes, explain _____

6) Has your child had any problems with vision? No Yes Glasses? No Yes

Has your child had any problems with hearing? No Yes Ear tubes? No Yes

If yes, please explain _____

7) Is your child on any medication? No Yes Inhalers? No Yes

If yes, list medication(s) _____

Does medication need to be given at school? No Yes

NOTE: Parent & Doctor Must Complete a Special Form (available in school office) for every medication to be given at school & kept in the school office locked up.

Parents: If a child has a fever that child will not be able to come to school until fever free for 24 hours. It is your responsibility to notify the school if your child has a life threatening illness before attending school. HCS will give written notice in the event of any exposure to a contagious disease.

EMERGENCY INFORMATION

Please list (in order you wish them to be contacted) people with whom the student should be sent home with if school is unable to reach parent/guardian.

Please, make sure the person picking up your child brings a photo id. If our staff does not know you or the person authorized to pick them up they will ask for a photo id. This is for safety of your child(ren).

Name: _____ Relationship: _____

Phone Number(s): home _____ cell _____ work _____

Name: _____ Relationship: _____

Phone Number(s): home _____ cell _____ work _____

Name: _____ Relationship to child: _____

Phone Number(s): home _____ cell _____ work _____

Name: _____ Relationship to child: _____

Phone Number(s): home _____ cell _____ work _____

Name: _____ Relationship to child: _____

Phone Number(s): home _____ cell _____ work _____

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FIELD TRIP PERMISSION

I give permission for my child(ren) to participate in all Hosanna Christian School sponsored field trips during the 2016-2017 school year.

Depending on your child(ren)'s grade will determine the type of field trips. It could range from pumpkin patch, Bonneville Dam, Olympia or Zoo. Those were just some of the ones from the past year. We will inform you about each field trip.

Yes, My child has permission to carpool or ride in school van. If there is a certain parent(s) they can only ride with please write in their name(s) below _____

No, My child only has permission to ride in school van.

PHOTO PERMISSION

As most of you know HCS has a website and we would like to put some pictures of our students on it. What we would like is permission from you when events happen and if pictures are taken to be able to put these on the website. We also have a facebook account would you be willing to have your child(ren)'s pictures on there.

Please, check the appropriate box below, so that we know if we are able to photograph your child.

I give permission for my child to have their photo taken and be displayed.

Individual photos Yes No on/in website Hosanna building Facebook (Hosanna's Account)

Group photos Yes No on/in website Hosanna building Facebook (Hosanna's Account)

My child's name can can not be added to the photo

Parent/Guardian Signature: _____ Date: _____

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PARENT AGREEMENT

- 1) We understand that hot lunch is a program of Hosanna that I have to pay for. Provide 'for fee' hot lunch and extended care service before and after school.
- 2) Will have your child(ren) here at school and in their class room by 8:35, so they are not considered late at 8:45.
- 3) Accept placement of student in 'for fee' extended care if student is dropped off before 8:25am or not picked up by 3:25pm.
- 4) Participate in the service block program by serving at the school for 30 hours for the year or pay a fee of \$7.50/hour not served. Time recording sheet is in school office and is your responsibility to fill out.
- 5) Parents are expected to participate in a conference with the child's teacher during the year.
- 6) Support HCS discipline policy, language standards and dress code as outline in Parent and Student Handbook.
- 7) Give HCS two weeks' notice before withdrawing child(ren) understanding that signer is responsible for all payments until official withdrawal processing is completed. We understand that if we withdraw our student before the end of the school year, tuition and Extended Care fees must be paid in full, lost or damaged books from the classroom or the library must be replaced or paid for in order to have student records sent to new school.
- 8) Parents are responsible to check Engrade (our on-line school management system) on a regular basis to see their child(ren)'s grades, school information and communication with teachers.
- 9) Any issue or complaint must be submitted in writing and given to the school Principal or School Board understanding that each will share with the other.
- 10) We understand that if our account becomes past due, the school may cancel agreement and my child shall be withdrawn from school unless a satisfactory arrangement is made for the delinquent amount. The school shall have the right to withhold official transcripts until balance is paid in full.

Parent/Guardian Signature: _____ Date: _____

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High School Parents/Students Only

In alignment with Hosanna's excellent standard and expectations that we strive to achieve to receive credit for the Semester you must have a "C-" or above.

Student's Percentage Grade	Student Letter Grade	GPA
93 - 100%	A	4.0
90 - 92%	A-	3.7
87 - 89%	B+	3.3
83 - 86%	B	3.0
80 - 82%	B-	2.7
77 - 79%	C+	2.3
73 - 76%	C	2.0
70 - 72%	C-	1.7
67 - 69%	D+	1.3
60 - 66%	D	1.0
0 - 59%	F	0.0

I understand that my child must receive a "C-" or better to pass the class for the Semester. I, also, understand that with high school the grades are no longer accumulative over the school year; each Semester is independent of itself.

Parent's Signature: _____ Date: _____

I understand that I must receive a "C-" or better to pass the class for the Semester. I, also, understand that with high school the grades are no longer accumulative over the school year; each Semester is independent of itself.

Student's Signature: _____ Date: _____

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*Each family is required to have service block of 30 hours or pay \$225 per year.
This has to be fulfilled by the Friday before Memorial Day weekend.*

Parents, grandparents, close relatives may volunteer time as well.
There will be a family folder in the office for you to record Service Block hours.

I WILL SERVE MY BLOCK SERVICE HOURS IN:

JANITORIAL:

- Repair and maintenance
- Raking playground
- Spreading bark dust on playground

CLASSROOM:

- Room parent
- Grading Papers
- Field Trip Chaperone
- Help with Reading Groups
- Sanitize Classroom once a month

Serving Lunch *In House Opportunities: This Is a Full School Year Commitment*

- Monday Tuesday Wednesday Thursday Friday

Helping in School Office (this does not have to be a year commitment)

- Monday Tuesday Wednesday Thursday Friday

Student Lunch Monitor Monday Tuesday Wednesday Thursday Friday

Recess Aide Monday Tuesday Wednesday Thursday Friday

Educational Support: *THIS IS A SCHOOL YEAR COMMITMENT*

- Music Teacher - Specific Days you can do this _____
- Computer Class Tech - Specific Days you can do this _____
- Basketball assistant coach - Specific Days you can do this _____
- Volleyball coach - Specific Days you can do this _____
- Volleyball assistant coach - Specific Days you can do this _____
- Other Sports you might or could coach - Specific Days you can do this _____
- Tutoring - Specific Days you can do this _____

Fundraiser:

- Recycling Ink Cartridge, cell phones
- Box Top
- Auction
- SCRIP Monday morning from 8:15am-8:45am Tuesday morning 8:45am til scrip order is done
- Thursday 1pm until scrip is done

We understand by sending our child(ren) to Hosanna we are required to do service at least 30 hours per year. If unable to meet this requirement, we will pay \$7.50 per hour we did not complete.

Parent/Guardian Signature: _____ Date: _____

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EXTENDED CARE

COST: \$4.75/hr per student

EXTENDED CARE HOURS: Monday thru Friday from 6:30AM to 5:30PM

LATE FEE: An additional \$5 will be charged for each 5 minutes after 5:30PM

PAYMENT: Billing will be at the beginning of each month and payment is due the 15th of the month.

EXTENDED CARE is specifically designed for Hosanna Families who need a little help in coordinating their children's schedules with their own during the school week.

Children who arrive before 8:25am must be signed in to Extended Care; when one of the staff members of Hosanna sees a child in the halls before 8:30am unsupervised by AN ADULT the staff member is instructed to take the child to Extended Care & sign them in. This is for the safety of the child(ren).

Children who are here after school must be signed in to Extended Care; when one of the staff members of Hosanna sees a child in the halls after school unsupervised by AN ADULT the staff member is instructed to take the child to Extended Care & sign them in. This is for the safety of the child(ren).

Hosanna's Policy is that a child must be 3 years old and fully potty trained to be here for school or extended care.

Our goal is not to provide Day Care. Our goal is to provide a safe place to play and share under adult supervision until the parent/guardian arrives.

Hosanna Christian School structure and discipline will be maintained according to the agreement each family has previously signed for the school year under our Hosanna Christian School contract.

We do not provide lunches, so students needing care past noon will be expected to provide their own sack lunch and snacks.

Your child(ren) cannot be signed out by anyone except who you authorized on the Transportation list. When the list change or you have someone besides what is on the list, please call the school office. Make sure the people you authorized know that they will need to must show a current photo id/driver license for proof of identification.

I agree with the extended care rules & understand that my child has to be in extended care if I drop them off before 8:30am or are left after school for any reason.

Parent/Guardian Signature

Date

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Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only
 ■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

	Parent/Guardian Signature Required		Date
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Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
■ Tetanus, Diphtheria (Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox)	1			
	2			
■ Hepatitis A (Hep A)	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS: write dates in by hand	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)	1			
	2			

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

	Parent/Guardian Signature Required		Date
--	------------------------------------	--	------

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
 Mark option 1, 2, OR 3 below (see # 5 on back)

- 1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.
- 2) Chickenpox disease verified by healthcare provider (HCP)
 if you choose this box, mark 2A OR 2B below.
- 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____
 3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
 Signed lab report(s) MUST also be attached.

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria
<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib
<input type="checkbox"/> Measles | <input type="checkbox"/> Mumps
<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella
<input type="checkbox"/> Tetanus
<input type="checkbox"/> Varicella |
|---|--|

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____

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Certificate of Exemption

SIDE A:
For Religious, Personal, Philosophical, and Medical Exemptions¹

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

MI

PART 1: PARENT OR GUARDIAN INSTRUCTIONS	PART 2: HEALTHCARE PROVIDER INSTRUCTIONS
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In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

Step 1: Fill in your child's information in Boxes 1-4
Step 2: Read the Parent/Guardian Declaration
Step 3: Provide your initials where indicated
Step 4: Print your name, sign, and date in Boxes 5-6
Step 5: Have a provider complete Part 2 of this form

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy) / /

4. Gender
 Male
 Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

In order for this form to be valid, please:

Step 1: Mark which disease(s) and what type of exemption is requested. If medical write a T for Temporary or P for Permanent.
Step 2: Discuss the benefits and risks of immunizations with the parent or guardian
Step 3: Read the Provider Declaration
Step 4: Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/Philosophical	Religious	Medical (T/P)**	Registration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

**A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.

Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

¹RCW 26A.210.080-090 "Before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."

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Certificate of Exemption

SIDE B:
For Religious Membership
Exemption ONLY

FOR OFFICE USE ONLY CHILD'S LAST NAME

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

M F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

WAC 28A.210.090 "The parent or legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

FIRST NAME

MAIL

If you have a disability and need this form in a different format please call 1-800-825-0127 (TDD/TTY Call 711)

HOSANNA CHRISTIAN SCHOOL
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REQUEST FOR STUDENT RECORDS
(Going into 1st Grade – 11th Grade)

Please forward all records (permanent, health, special education including speech and language records and others) for the following student:

Student's Name: _____

Date of Request: _____ Birthdate: _____ Grade: _____

Student records are to be exchanged between:

Student's Previous School

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () - _____

Student's Current School

HOSANNA CHRISTIAN SCHOOL
4120 NE St. John's Road
Vancouver, WA 98661
(360) 906-0941

AUTHORIZATION:

I hereby authorize the release of the above Student Records to the "NEW" School named above. I understand that the school will treat these records confidentially, and will not send these records without my written consent.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Relationship: _____

Address: _____

Phone Number: () - _____

OFFICE USE ONLY

Request Sent: _____ By: _____ Record _____

HOSANNA CHRISTIAN SCHOOL

2016/2017 Academic Year Registration

TEACHER RECOMMENDATION

Grades 1-11

The following student has submitted an application to Hosanna Christian School. We would appreciate your assessment and insight concerning this student in the areas of academics and character. Recommendations are reviewed with the full awareness that children are constantly changing and developing. We value your response to each question and we will keep your input confidential.

Student's Name: _____ Current Grade: _____

I give permission for the teacher to release information on this form to Hosanna Christian School. I understand that as a parent we will not have access to this confidential information.

Signature of Parent/guardian

Date

ACADEMIC ABILITY

	Excellent	Above Average	Average	Below Average	N/A
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER/PERSONALITY

	Excellent	Above Average	Average	Below Average	N/A
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect toward teachers	<input type="checkbox"/>				

Please comment on any rating that is below average. _____

HOSANNA CHRISTIAN SCHOOL
2016/2017 Academic Year Registration

How long have you known the student? _____

Are there any indicators that this student has learning difficulties? _____

What are the student's strong points? _____

What are the student's areas, if any, need improvement? _____

Describe any areas of social and/or emotional development, which have hindered learning and performance.

Are there any disciplinary concerns? _____

Please comment on parent involvement and cooperation with the school. _____

Additional comments. _____

Thank you for taking the time to fill out this form.

Teacher's name _____ Signature _____

School name _____

Address _____ City/State/Zip _____

PLEASE RETURN THIS FORM TO:

Hosanna Christian School; Attn: Registrar; 4120 NE St. John's Rd; Vancouver, WA 98661

CONTACT INFORMATION: School Phone: 360-906-0941; Fax 360-694-0224