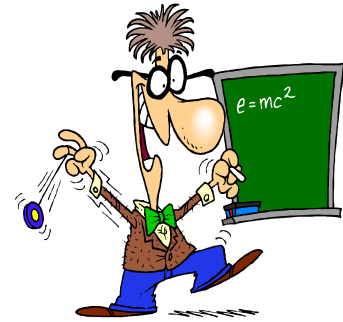


HARLAN CHRISTIAN SCHOOL
17108 STATE ROAD 37
HARLAN, IN 46743
260-657-5147
www.harlanchristian.org



We at the Harlan Christian School would like to welcome you and are pleased that you have contacted our school. We are a Christ-centered institution that stresses the development of a well-rounded individual with special emphasis on academic excellence. We encourage all of our students to strive to achieve their full potential.

Each school year we look forward to offering children from our community an excellent education, leading them in glorifying God, and helping them to know Jesus as Lord and Savior in every aspect of their lives.

Our goal at Harlan Christian School is for every student to develop wisdom as well as knowledge. God's Word continues to be the basis of all we do.

Enclosed in this packet you will find the Harlan Christian School Handbook. Of course, cooperation is the key. Toward that end, we suggest that you read this handbook thoroughly. This handbook answers many of the questions you may have about the rules and activities here at Harlan Christian. It will tell you exactly what we expect of you and what services and benefits you may expect from the school. We hope you will find this information useful.

Also, you will find an admissions checklist, school forms and the 2010-2011 school calendar. If you have any questions, please call and we will be happy to assist you.

May this year be one of the most rewarding in your school career!

Sincerely,
Terry Carter

P. S.: Please note:

**PARENT ORIENTATION is Thursday, August 19 at 7:00 p.m.
for all new and returning students and their parents.**

SCHOOL BEGINS Monday, August 23 for all grades at 8:00 a.m.

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APPLICATION FORMS
2010-2011

PLEASE USE THIS AS YOUR ADMISSIONS CHECKLIST

*New students only **New and returning students

___ *Interview—Schedule a tour and interview by calling 260-657-5147. A tour will be provided during the school day so you can observe classes, meet some of the students and staff, and experience the caring and safe environment that the faculty creates for our students. This environment is crucial for challenging students to reach their full potential. After hours tours are also available.

When you visit, you will receive applications forms and information on the steps involved in the admissions process.

We look forward to offering children from our community an excellent education, leading them in glorifying God, and helping them to know Jesus as Lord and Savior in every aspect of their lives.

Once you have decided to apply at Harlan Christian School, this list will assist you in getting all of the documents we need from you. Once we have received these, you will receive an acceptance letter from us. Physical and Immunization Forms need to be turned in by August 1st.

___ **Form 1: Registration Form—both sides and signature of both parents.

___ *Form 2: Prospective Student Information Form

___ **Form 3: Accounts and Billing Procedures—This form is informational only. It does not need to be returned, just reviewed.

___ **Registration Fee Payment:

Pre-Kindergarten-High School: \$70.00 (MARCH 1-MAY 1) \$85.00 (AFTER MAY 1)
Registration Fees: are annual, non-refundable fees for new and returning students. The registration fee is paid when you fill out a registration form. Students will not be included in the class roster until the fee is paid. One-half of the registration fee will be returned to applicants who are not accepted, or for whom there is no opening. The remaining amount covers the cost of testing and processing.

___ **Form 4: Payment Schedule—This form is informational only. It does not need to be returned, just reviewed.

___ **Form 5: Emergency Medical Information

___ **Immunization Information—This form is informational only. It does not need to be returned, just reviewed. Please check to keep shot records current.

___ *Form 6: Immunization Record—May be filled out by parent or doctor. Also, parents may bring in shot records and we will make a copy.

___ *Form 7: Physical—must be filled out and signed by doctor. Physical and Immunization Forms need to be turned in by August 1st. Physicals are needed for Kindergarten students only.

___ *Birth Certificate: one can be obtained from health department of the county in which your child was born. Hospital copies are not acceptable under the law. We must have this on file by August 1st.

___ *Form 8: Student Referral Form from a former teacher. If beginning PK or Kindergarten, the referral may be from a daycare or babysitter. Please have the teacher mail the form to school.

___ *Form 9: Church Official Recommendation Form. Please have church official mail form to school.

In order to start school, we need all of the above, plus the following:

___ *Physical and shot record form have to be turned in until August 1st. Please be sure that your immunizations are up to date when you see your doctor for your physical. Sports physicals can be done at the same time but require a different form that is available in the office. They are due the first day of practice.

___ **Book fee for appropriate grade

___ **First tuition payment

___ *Form 10: Release of Student Records

___ **Form 11: Parental Medical Release

___ **Form 12: Field Trip Permission Slip

___ **Supply List—This form is informational only. It does not need to be returned, just reviewed.

___ **2010-2011 School Calendar

___ **Parent/Teacher Orientation for new and returning students—Thursday, August 19 at 7:00 p.m.
in the Harlan Church of Christ building.

___ **First day of school for all grades—Monday, August, 23 at 8:00 a.m.

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REGISTRATION FORM
2010-2011
Form 1

For office use only:
Reg. Date: _____
Reg. Fee: _____
Check# _____

Date: _____ NAME OF STUDENT: _____

APPLYING FOR GRADE: _____

STUDENT RESIDES WITH: Father: _____ Mother: _____ Other: _____

Father's Name: _____

Address: _____

Telephone: _____

Cell Number: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

Position: _____

Marital Status: Married Divorced
 Separated Widowed Remarried
 Unmarried Other

Name of current spouse: _____

Mother's Name: _____

Address: _____

Telephone: _____

Cell Number: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

Position: _____

Marital Status: Married Divorced
 Separated Widowed Remarried
 Unmarried Other

Name of current spouse: _____

Registration fees are non-refundable unless the applicant is rejected or there is no opening for the student in which case half of the registration fee will be returned.

_____ will be responsible for paying all bills and agree to billing procedures outlined on the payment schedule.

PARENTS: WE STRONGLY ENCOURAGE YOU NOT TO USE ALCOHOL, TOBACCO, PROFANITY OR PARTICIPATE IN ANY OTHER ACTIVITY THAT WOULD BE A BAD EXAMPLE ON YOUR CHILDREN.

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PROSPECTIVE STUDENT
INFORMATION FORM
2010-2011
Form 2

Applying for Grade: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Name of last school attended: _____

School's address: _____

Do you intend to stay at Harlan Christian School through:
PreK/Kdgn Only: ___ 6th: ___ 8th: ___ 12th: ___ Other: ___

Scholastic grades have been: Above Average ___ Average ___ Below Average ___

Has applicant any history of, or been evaluated for: learning difficulties, ADHD, or are there conditions which may require professional attention at Harlan Christian School? Yes ___ No ___

Please list the subjects you are now taking and give the grade you received for the last grading period, copy of report card or transcript:

	SUBJECT	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	Number of Absences: _____	Number of Tardies: _____

What has been your average citizenship grade: _____

What extracurricular activities have you been in this year: _____

Have you ever been a student at Harlan Christian School: _____ What grade: _____

Have you ever been retained: _____ What grade: _____

Have you ever been suspended from school: _____ When: _____

Please explain: _____

Have you ever been expelled from school: _____ When: _____

Please explain: _____

FOR GRADES 7TH – 12TH:

Do you smoke: _____ Drink: _____ Use drugs: _____ Sexually Active: _____

Have you ever smoked: _____ Drank: _____ Used drugs: _____ Been Sexually Active: _____

Would you be willing **not** to smoke, drink, use drugs or have sex if you were to be accepted to Harlan Christian School: _____

Why do you want to attend Harlan Christian School:

Signature of Student: _____

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ACCOUNTS AND BILLING PROCEDURES
2010-2011
Form 3

Registration Fees are annual, non-refundable fees for new and returning students. The registration fee is paid when you fill out a registration form. Students will not be included in the class roster until the fee is paid. One-half of the registration fee will be returned to applicants who are not accepted, or for whom there is no opening. The remaining amount covers the cost of testing and processing.

Book Fees are annual fees for new and returning students. The fee is due the first school day of October. The book fee covers the cost of books and supplies used to provide instruction during the school year. The book fee is not refunded if a child is withdrawn.

Tuition is based on a ten month payment schedule, August through May. Tuition fees are due on the first day of the month. A 2% discount may be deducted if tuition is paid for a full semester in advance (prior to Aug 15 for 1st semester or Dec 15 for 2nd semester). A 5% discount may be deducted if tuition is paid for a full school year in advance (prior to Aug 15).

Tuition Invoices will be sent out **only once** for the school year. The invoice shows the monthly tuition payment amount. All tuition payments are due on the first day of each month. Tuition reminder statements are only mailed on accounts that are past due.

Tuition Refunds are given in full to students who are withdrawn before the first day of school. After the first day of school, tuition charges are prorated according to the number of months enrolled, including the month during which any student withdraws.

Late Fees of \$10 per month are charged to accounts that are more than 10 days past due. Action will be taken on accounts that fall 30 days or more behind. If an account is 3 months overdue and there has been no payment within 10 days of this notification, the students will be dismissed from school. Seniors will not receive their diploma until all bills are paid in full

Overdue Accounts: Families who owe a bill from a previous school year will not be allowed to return for the following year. The account must be paid in full by July 31st before a student may register for the next school year.

Discounts are given for each additional child in the same family (excluding Pre-K and Kindergarten) who are all currently attending Harlan Christian School. Discounts are \$10.00 for each additional child.

Other arrangements for payments unable to be made in a timely manner must be presented in written form, dated and signed by the parents/guardians, and submitted to the principal and school board for approval. If payment is not made according to these arrangements, the bill will be due in full at that time. **If no arrangements have been made for payment and the account is more than 90 days behind, the child will be dismissed from school.**

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REGISTRATION & PAYMENT SCHEDULE
2010-2011
Form 4

HOURS

PRE-KINDERGARTEN: 11:30 AM—3:00 PM
KINDERGARTEN: 8:00 AM—12:00
FIRST-TWELFTH: 8:00 AM—2:45 PM

REGISTRATION

PRE-KINDERGARTEN AND KINDERGARTEN:
PRE-REGISTRATION: \$70.00 (MARCH 1-MAY 1)
REGISTRATION: \$85.00 (AFTER MAY 1)
TUITION: \$135.00 A MONTH FOR TEN MONTHS

FIRST - TWELFTH:
TESTING: \$40.00 (WILL BE APPLIED TO REGISTRATION)
PRE-REGISTRATION: \$70.00 (MARCH 1-MAY 1)
REGISTRATION: \$85.00 (AFTER MAY 1)
TUITION: \$160.00 A MONTH FOR TEN MONTHS

PAYMENT OF FEES

TUITION IS PAID IN TEN MONTHLY INSTALLMENTS, WHICH ARE DUE ON THE FIRST OF THE MONTH AND WILL BE CONSIDERED LATE AFTER THE 10TH OF THE MONTH. A LATE FEE OF \$5.00 WILL BE CHARGED IF TUITION IS RECEIVED AFTER THE 10TH OF THE MONTH.

FIRST PAYMENT	DUE AUGUST 1
SECOND PAYMENT	DUE SEPTEMBER 1
THIRD PAYMENT	DUE OCTOBER 1
FOURTH PAYMENT	DUE NOVEMBER 1
FIFTH PAYMENT	DUE DECEMBER 1
SIXTH PAYMENT	DUE JANUARY 1
SEVENTH PAYMENT	DUE FEBRUARY 1
EIGHTH PAYMENT	DUE MARCH 1
NINTH PAYMENT	DUE APRIL 1
TENTH PAYMENT	DUE MAY 1

DISCOUNTS FOR ADDITIONAL CHILDREN FOR GRADES FIRST-TWELTH:

<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD CHILD</u>	<u>4TH CHILD</u>
\$160.00	\$150.00	\$140.00	\$130.00

STUDENT/PARENT ORIENTATION: THURSDSAY, AUGUST 19 AT 7:00 P.M.

SCHOOL BEGINS: MONDAY, AUGUST 23 AT 8:00 A.M.

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EMERGENCY MEDICAL INFORMATION
2010-2011
Form 5

CUSTODIAL PARENT OR LEGAL GUARDIAN: Please complete this form and return it to school at the time of registration. This form will be kept on file in the office. Information may be shared with other staff when necessary to maintain the safety of the student. Current information is vital to maintain the safety of your child.

STUDENT _____ **SS#** _____ **GRADE** _____
Street Address _____ **Date of Birth** _____
City _____ **State** _____ **Zip Code** _____ **Phone#** _____
Name of Legal Guardian(s) _____ **Relationship** _____
Father's Name _____ **Phone #** _____ **Cell:** _____
Place of Employment _____ **Work#** _____
Mother's Name _____ **Phone #** _____ **Cell:** _____
Place of Employment _____ **Work #** _____

IN CASE OF ILLNESS OR EMERGENCY AT SCHOOL:

I understand that every effort will be made to contact the custodial parent or legal guardian. When this fails, the following person(s) will be contacted to speak on behalf of the student with the same authority as the parent. When no designated contact can be reached, or a serious medical emergency exists requiring medical treatment beyond what can be provided at school to maintain safety and/or life, the student will be transported by EMS to the emergency room of _____ Hospital.

STUDENT'S DOCTOR _____ **OFFICE PHONE #** _____

#1 NAME _____	PHONE# _____	RELATIONSHIP _____
#2 NAME _____	PHONE# _____	RELATIONSHIP _____
#3 NAME _____	PHONE# _____	RELATIONSHIP _____

MEDICAL HISTORY:

ASTHMA ___ Allergy Induced ___ Anxiety Induced ___ Exercise Induced ___ Other
What controls the attack best? _____

ALLERGIES _____

Does your child require the use of an EpiPen for allergic reactions? _____

EPILEPSY (list type) _____ Controlled by medication _____ or other _____
How often does student have seizure _____

CHRONIC OR EXISTING MEDICAL, HANDICAPS OR PROBLEMS ALONG WITH INSTRUCTIONS

MEDICATIONS TAKEN DAILY AND CONDITION BEING TREATED

I understand that medical information is considered confidential and only shared with staff on an "as needed" basis.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

HARLAN CHRISTIAN SCHOOL
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IMMUNIZATION INFORMATION
2010-2011

Dear Parents:

This letter is to inform you that you may begin receiving shots both from the Allen County Health Department and Super Shot to obtain needed vaccinations for school. This is of particular importance to those students who didn't receive their required vaccines for school entry last August. Parents, please be sure this is accomplished. Also parents, please remember:

1. Do not call the Health Department to schedule an appointment, just bring your children in but be prepared to wait.
2. Be sure to bring a copy of your child's shot record to the Health Department or Super Shot.
3. For a list of Super Shot locations, please call 424-7468.

Beginning in the fall of 2010, Indiana law **REQUIRES** that all students in 6th through 12th grade be vaccinated against the following diseases: **Neisseria Meningitis (Meningococcal disease), Varicella (Chickenpox) and Pertussis (Whooping cough).** **Students in these grades must have a signed religious/medical form in the student's file OR be vaccinated against all three by the first day of the 2010-2011 school year or they will be excluded from school.**

Even though the Health Department has vaccines available, they are still encouraging parents to obtain them from their own family doctor if insurance will cover it (to ease the burden on the free providers).

The push is to have all current students who are deficient and incoming Kindergarteners fully immunized by the start of school. Also, please do not wait until the week or two before school starts to check into this.

Here are the 2010-2011 school year immunization requirements:

Grades	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td	4	5	5	5	5	5	5	5	5	5	5	5	5	5
Polio	3	4	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella (chicken pox)	2	2	1	1	1	1	1	2	2	2	2	2	2	2
Tdap (pertussis-whooping cough)	-	-	-	-	-	-	-	1	1	1	1	1	1	1
MCV4 (meningococcal disease)	-	-	-	-	-	-	-	1	1	1	1	1	1	1

Also, please remember that we need a copy of the birth certificate for all students.

Thank you,
Terry Carter, Principal

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IMMUNIZATION RECORDS
2010-2011
Form 6

**Due in office by August 1 for child
to start school with us in the fall.**

The school requests the following information for students so that we may better protect the health of your children. When a student is enrolled, for the first time or for any subsequent time and at any level, his/her parents/guardians must show either that he/she has been immunized or that a current religious or medical objection is on file. Parents must provide the school with complete immunization records prior to the beginning of the school year. We appreciate you filling out this form as accurately as possible.

CHILD'S NAME _____ TODAY'S DATE _____

NAME OF PARENTS _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE NUMBER _____

DTP/DT/Tdap or TD (DIPHTHERIA-TETANUS-PERTUSSIS)

PRIMARY SERIES _/_/_ _/_/_ _/_/_ _/_/_ _/_/_

BOOSTERS _/_/_ _/_/_ _/_/_ _/_/_

OPV/IPV (POLIO)

PRIMARY SERIES _/_/_ _/_/_ _/_/_ _/_/_

BOOSTERS _/_/_ _/_/_ _/_/_ _/_/_

VARICELLA _/_/_ _/_/_

MMR _/_/_ _/_/_

HIB _/_/_ _/_/_ _/_/_ _/_/_

HEPATITIS SERIES _/_/_ _/_/_ _/_/_

MENINGOCOCCAL(MCV4) _/_/_

HAS YOUR CHILD HAD ANY OF THE DISEASES NAMED BELOW? PLEASE CHECK:

ALLERGY _____	EPILEPSY _____	RHEUMATIC FEVER _____
ASTHMA _____	HAY FEVER _____	SCARLET FEVER _____
CHICKEN POX _____	MEASLES _____	TONSILLITIS _____
DIABETES _____	MUMPS _____	TUBERCULOSIS _____
PNEUMONIA _____	POLIOMYELITIS _____	WHOOPING COUGH _____
EAR INFECTION _____	OTHER _____	OPERATIONS _____

DOES YOUR CHILD HAVE SPEECH DIFFICULTY? _____
DOES YOUR CHILD HAVE HEARING DIFFICULTY? _____
DOES YOUR CHILD HAVE VISION DIFFICULTY? _____

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PHYSICAL
2010-2011
Form 7
KINDERGARTEN ONLY
Due in office by August 1

TO BE COMPLETED BY PHYSICIAN:

Student's Name _____ Birthdate _____ M/F _____
 Father's Name _____ Mothers Name _____

PHYSICAL EXAMINATION:

Height _____	Weight _____	Blood Pressure _____	Pulse _____
Neurological		Skin	
Emotional Stability		Abdomen	
Hernia/Genitalia		Posture	
Extremities		Heart	
Lungs		Mouth	
Nose/Sinus		Speech	
Throat		Glands/Thyroid	
Tonsils/Adenoids	Enlarged	Normal	Removed

EARS:

	Right Ear	Left Ear
Wax Problems		
Tympanic Membrane		
Chronic Infections		
Hearing Loss		
Wears Aid		

EYES:

	Right Eye	Left Eye
Vision	20/	20/
Appearance		
Abnormality		
Glasses	Contacts	

MEDICAL HISTORY:

Allergies
Asthma
Seizures
Bladder
Epilepsy
Diabetes
Handicaps or Restrictions
ADD/ADHD
Other
Routine medicines taken by student
Medications:

Cleared for school _____ Cleared for Physical Education _____

Comments _____

Physician's Signature _____ Date _____

Printed name, address and phone number of physician _____

HARLAN CHRISTIAN SCHOOL
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Student Referral
Confidential Recommendation
2010-2011
Form 8
(Please mail to office.)

INSTRUCTIONS TO PARENTS: Please give this form to your child's previous teacher to fill out and mail to Harlan Christian. If your child has been home-schooled or is entering school for the first time, you may fill it out.

INSTRUCTIONS TO TEACHER: The student named above has recently applied for admission at Harlan Christian School. Please complete this recommendation form and mail it to the office at the address above as soon as possible. Only school administrators and teacher will read the completed form. Please answer all questions privately and confidentially.

Thank you for your cooperation and timely response.

Student's Name: _____ Grade: _____

School Name: _____ Date: _____

Your Name: _____ Phone #: _____

Address: _____

Harlan Christian School is a private, co-educational day school serving students in grades Pre-Kindergarten through 12. Its program emphasized both academic challenges and personal development through small classes and an experienced faculty. Students are expected to contribute positively to the atmosphere of the school through self-discipline, respect for others, and cheerful cooperation.

Due to its size, Harlan Christian is not able to provide for students with learning disabilities. Harlan Christian School admits students of any sex, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national or ethnic origin in administration of its educational policies, admissions policies, financial programs, and athletic and other school administered programs.

How long and in what relationship have you known this student?

Does this student possess unusual abilities or talents?

What weakness or problems has this student encountered in a learning situation?

Please evaluate this candidate in relation to others in the same age group whom you have known. You may check the appropriate box for each item below, if applicable, or substitute a written statement describing the candidate.

	Truly Outstanding	Excellent	Good	Fair	Below Average	Poor	Insufficient Evidence
ACADEMIC:							
Academic potential							
Academic ability							
Reading skill & interest							
Written expression							
Verbal expression							
Over all academic							
WORK HABITS:							
Initiative							
Curiosity							
Creativity							
Reaction to criticism							
Self-Discipline							
Works independently							
Fails to complete work							
Listens attentively							
Is easily distracted							
Is frustrated with work							
Is persistent in most situations							
Overall Work Habits							
SOCIAL & EMOTIONAL:							
Relations with Peers							
Concern for Others							
Conduct							
Integrity							
Dependability							
Emotional Stability							
Relations with Adults							
Age-appropriate emotional adjustment							
Easily angered or irritated							
Fearful anxious							
Is dependable							
Respects those in authority							
Responds positively to correction							
Needs constant correction							
Has serious behavior problems							
Shows positive leadership skills							
Works well in a group situation							
Overall Social & Emotional							

Additional Comments _____

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Church Official's Recommendation Form
2010-2011
Form 9
(Please mail to office.)

To be completed by the family:

Student's Name: _____ Grade: _____

Parents' Name: _____

Please give this form to be completed by a church official:

The family named above has applied for enrollment at our school. Since church involvement is an important factor for us to consider in evaluating a family for admission, we would appreciate your answers to the following questions. Any information that would be helpful in making that decision would be appreciated. Only school administration will read this recommendation.

Name of Church Official: _____

Church: _____

Position Held: _____

Address: _____

Church Phone: _____ Today's Date _____

How long has the family attended: _____

Are the parents members of the church: _____ Is the student a member: _____

How long have you known the family: _____

Have you ever visited the family in their home: _____

What was your impression: _____

How would you evaluate the family's attendance at weekly services and other ministries?

Is the family involved in any church activities other than worship services? _____

If so, please describe these activities: _____

Please share with us your perception of the parent's commitment to Christ: _____

Please make any other comments which you feel would be valuable in helping us to become better acquainted with this family: _____

May we contact you personally regarding your responses to these questions: Yes ___ No ___

Where and when is the best time to contact you: _____

Signature of Church Official: _____ Date: _____

Thank you for your assistance.

Please return this form to:
HARLAN CHRISTIAN SCHOOL
17108 State Road 37
Harlan, IN 46743

Thank you for your cooperation and timely response.

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Fax: 260-657-1677
www.harlanchristian.org

RELEASE OF STUDENT RECORDS
2010-2011
Form 10

Please send the items checked below for the student(s) shown.
Records should be forwarded to the above address.

Student(s) _____	Grade _____	DOB _____
Student(s) _____	Grade _____	DOB _____
Student(s) _____	Grade _____	DOB _____
Student(s) _____	Grade _____	DOB _____
Student(s) _____	Grade _____	DOB _____
Student(s) _____	Grade _____	DOB _____

- Office Transcript grades and credits earned
- Progress grades to date of withdrawal
- Immunization Records
- ISTEP Test scores (when applicable)
- Attendance records
- Special Education/Psychological Test records

Thank you for your cooperation and timely response.

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PARENTAL MEDICAL RELEASE FORM
2010-2011
Form 11

STUDENT _____

GENERAL MEDICAL POLICIES

- Parents will be notified and expected to pick up students who have a temperature, diarrhea, or are vomiting. Students with any of these symptoms before school in the morning should stay at home for 24 hours.
- Children suspected with "pink-eye" will be sent home and need to be treated for 24 hours before returning to school.
- Children suspected to have lice will be sent home. Students will need to be treated and rechecked before they are allowed to return to school.
- Please fill out applicable forms which are available in the office:
___ RELIGIOUS/MEDICAL OBJECTION TO IMMUNIZATIONS
___ FOR AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICATIONS AT SCHOOL AND AFTER SCHOOL ACTIVITIES: High School students may carry over the counter medicines (Tylenol, Advil, cough drops, etc.) however, they must report to the office when taking meds. They may not share meds with other students. All prescription meds must go through the office. Junior High and High School students may self-carry EpiPens. Pre-K through sixth grades must give EpiPens to teachers. All students may carry inhalers.
___ STUDENT MEDICATION INFORMATION and CONSENT FORM: If your child will be taking cough drops, Tylenol, Advil, any over the counter drugs, etc., please fill out this form. Parents need to supply one weeks worth of meds in the original bottle along with student's name on bottle. Please turn meds into the office.
___ ALLERGY REACTION and EMERGENCY TREATMENT PLAN: If your child is allergic to bees, has a food allergy, a contact allergy, hypoglycemia, asthma, uses an inhaler or has other allergies not listed, please fill out form along with treatment plan.
___ FOR HERBAL/VITAMIN MEDICATION AT SCHOOL: If your child takes herbal medications or vitamins, please fill out form.
___ EPIPEN and EPIPEN JR: If your child has a prescription to use an EpiPen, please fill out form. Junior High and High School students may self-carry EpiPens. Pre-K through sixth grades must give EpiPens to teachers.
___ FOR BEE STINGS: If your child is allergic to bees, please fill out form.
___ QUESTIONNAIRE FOR PARENTS OF A CHILD WITH ASTHMA: If your child has asthma or uses an inhaler, please fill out this form.
- Failure to label medication correctly makes it impossible to know what should be given and when. Any medication sent in should be in the original container, clearly labeled with all the following information, or it WILL NOT BE GIVEN.
 - A. Name, grade and teacher's name
 - B. Today's date, and start/end dates for medicine
 - C. Name of medication
 - D. Amount to give, time of last dose and time for dose at school

GENERAL MEDICAL RELEASE

- We/I understand and know that there is no nursing/medical staff on premises.
- We/I give permission for our child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the premises and absolve Harlan Christian School and Harlan Church of Christ, Harlan, IN from all liability to me or my child because of any injury to any student, parent or volunteer at any school activity. We agree to take no legal action against the school or church because of any accident, mishap, or treatment received.
- We/I know that HCS/HCC will in no way assume the responsibility for any injuries sustained to any student, parent or volunteer while traveling to/from or participating in any sports or field trip activity.
- We/I also understand that every effort will be made to contact me first, but I hereby authorize Harlan Christian School/Harlan Church of Christ to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.

Parent or Guardian Signature _____ Date _____

HARLAN CHRISTIAN SCHOOL
17108 State Road 37
Harlan, IN 46743
260-657-5147
www.harlanchristian.org

FIELD TRIP PERMISSION SLIP
2010-2011
Form 12

STUDENT _____

- I hereby give my permission for my child to accompany his/her class at Harlan Christian School on educational field trips approved by the administration of Harlan Christian during the school year. In signing this request, I acknowledge the following things to be true:
 1. We/I will be given details of each field trip by the teacher or school staff.
 2. Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teachers and/or parent volunteers from the group involved.
 3. We/I assume the responsibility for his/her insurance coverage and/or the cost of any treatment(s) received.
 4. We/I also understand that every effort will be made to contact me first, but I hereby authorize Harlan Christian School/Harlan Church of Christ to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.
 5. We/I will not hold school personnel responsible if efforts to contact me are unsuccessful.
 6. We/I know that Harlan Christian School/Harlan Church of Christ or any member of its faculty, staff, or any volunteer chaperone, or bus driver will in no way assume the responsibility for any injuries sustained to any student traveling to, from, or participating in scheduled field trips.

Parent or Guardian Signature _____ Date _____

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SUPPLY LIST
2010-2011

PRE-KINDERGARTEN

**Bible—Old & New Testament

School Box

All supplies are provided by the teacher.

KINDERGARTEN:

**Bible--Old & New Testament

School Box

Crayons

Colored Pencils

Pencil Sharpener

Rounded Scissors

Glue (bottle and stick)

Markers

FIRST AND SECOND GRADES:

**Bible--Old & New Testament

All supplies are provided by the teacher.

THIRD AND FOURTH GRADES:

**Bible--Old & New Testament

All supplies are provided by the teacher.

FIFTH AND SIXTH GRADES:

**Bible--Old & New Testament

Pencils

Pens (blue or black)

Highlighters

Notebooks or Paper

3x5 and 4x6 note cards for research paper

All other supplies will be provided by the teacher.

SEVENTH THROUGH TWELFTH GRADES:

**Bible--Old & New Testament

Pencils

Pens (blue/black)

Hi-Liter

Notebooks or Paper

Assignment Pads

High School: TI-30XA Texas Instruments Calculator

Composition Notebooks

(10-12) will need 3x5 and 4x6 note cards for research reports

Additional supplies will vary depending on courses taken.

Check with teachers.

Bibles may be any version, except paraphrase versions.

The best choices are New King James or New American Standard.

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HIGH SCHOOL CURRICULUM

Note: A number of classes are offered on a two-year rotation. Every student will eventually take all the courses but the order varies depending on what year they enter the program. For example, some students will take Geometry as a sophomore and Algebra II as a junior. Others will take Algebra II as a sophomore and Geometry as a junior. All students will take both classes, but the order may vary.

Freshmen

Bible
English 9
Algebra I
Gym
World History or American History
Earth/Space Science or Biology
Study Hall

Sophomores

Bible
English 10
Algebra II or Geometry
World History or American History
Earth/Space Science or Biology
Accounting or Health and Computer Apps
Spanish or Study Hall

Juniors

Bible
English 11
Algebra II or Geometry
Physics or Chemistry
Government and Geography or Speech and Economics
Spanish or Health and Computer Apps
Accounting or Study Hall

Seniors

Bible
English 12
Physics or Chemistry
Government and Geography or Speech and Economics
Trigonometry and Analytic Geometry (**For Selected Seniors Only**)