

Harlan Christian School

New Student Forms

2026-2027

Contents:

Important information for Kindergarten
General Health Information
Health Screening Information
Admission Checklist
Prospective Student Information
School Calendar

Registration Form
Emergency and Health Information
CHIRP Consent Form
Parental Release Form
Immunization Form
Kindergarten Physical Form
Religious/Medical Objection Form
Online Learning Permission Form
Background Check
Student Referral
Church Officials Recommendation Form
Release of Records

Medication Policy and Consent Form*
High School Curriculum
Bills & Procedures
Supplies list

Please fill out all forms and return them to office no later than the first day of school.

***The only exception is the medication consent and that should be returned only if medication is required for school day use**

Important Information for Kindergarten Entrance

Packet

This packet includes several important forms that you will need to complete and return to the school office before your kindergartener begins their first day of school. This includes the Registration, Emergency & Health Information, CHIRP Consent, Parental Release, Online Learning, Background check, Physical Exam, and a copy of your child's up to date immunizations or exemption.

About washing hands:

Now is the time to teach your child the importance of good hand washing. Keeping hands clean is one of the best ways to prevent the spread of infection and illness. Help your child stay healthy by teaching and encouraging good hand-washing habits.

Regular sleep is very important:

Regular sleep habits are very important to the health and well-being of your child. A young child needs, on average, 10-12 hours of sleep a night. Establish a regular bedtime. Turn off the TV and videos and read a book before bed!

About Kindergarten Immunizations:

IC 20-34-4-2 requires that all students entering Kindergarten be fully immunized following the ACIP (Advisory Committee on Immunization Practices) and Indiana State Department of Health guidelines. These mandatory vaccinations include DTaP (5), IPV (4), Hepatitis B (3), MMR (2), Varicella (2) and Hepatitis A (2). These minimum doses must be met and they must have been given at the proper minimum age and have the proper intervals between each one to be acceptable for the state school requirements. **A photocopied record of your child's immunizations from your child's physician must be provided to the school BEFORE THE FIRST DAY OF SCHOOL as proof of the vaccines having been given.** Students who will not be receiving immunizations for religious reasons (IC 20-34-3-2), or those who have a medical contraindication (IC 20-34-3-3) to vaccine administration, must have the appropriate **exemption forms filed annually** with the school office (contact the school office to obtain the correct form). It is important that you review your child's immunization records now and obtain these necessary immunizations from your child's physician, the Fort Wayne Allen County Department of Health, or any Super Shot location. Remember to provide the school with documentation of all shots received from infancy through the current date.

General Health Information

CHIRP:

As required by IC 20-34-4-6, we report immunizations to the State Department of Health. This report is currently done online through CHIRP (Children and Hoosier Immunization Registry Program) and we will need a consent signed for each child in order to report this information to the state. This form needs to be submitted to the school office no later than the first day of school.

Immunizations:

IC 20-34-4-2 requires that ALL students have the required immunizations PRIOR to, and on file with, the school before the first day of school. These immunizations need to be given according to the ACIP (Advisory Committee on Immunization Practices) and the Indiana State Department of Health, this includes proper intervals between each required dose.

The only exception to this rule is a signed "Medical Exemption" form filled out by your child's physician (IC 20-34-33-3), or a "Religious Objection" form signed by the parents/legal guardians (IC 20-34-3-2) stating that it is against your family's religious beliefs. Please contact the office if you need either of these forms. Unfortunately, if this is not completed by the first day of school, you will receive a letter excluding your child from school until the immunizations have been obtained and proper paperwork has been filed.

When your child is ill:

Children with fever, diarrhea, vomiting or other symptoms of illness should stay at home, and, if indicated, be evaluated by the doctor for diagnosis and appropriate treatment. Any fever of 100.4 degrees or above means that your child must stay home for at least 24 hours (free of fever and without the use of acetaminophen or ibuprofen). This means that if your child was sent home from school the day before with a fever, they need to wait at least 24 hours before they will be admitted back to school.

Medications:

We will only administer FDA approved over-the-counter (OTC) and prescription medications prescribed to your child. These medications need to be brought to school by an adult in their original package and accompanied by the medication consent form. Medication brought in to school will only be available during school hours. Our school policies are in accordance with IC 20-34-3-18. All medication will be kept in a locked cabinet with the nurse, or trained staff member dispensing according to the package instructions. Students are not to have medication with them at any time. The only exception to this is if your child needs emergency medication (ex. insulin, an inhaler or an epinephrine injection) and the proper paperwork is filled out and on file with the school. (Forms may be found in the school office.) If needed, this form requires a signature from your child's physician and is only for their EMERGENCY medication. These policies are in place to keep your child and others in the building as safe as they can be during the school day. A reminder that all cough drops are considered OTC medication and need to be kept in the school office for your child's use. Please read our full medication policy on the reverse side of the "Medication Consent" form.

Please understand that NO medication can be sent home with your child.

Health Screening Information

During the school year, the following health screenings will take place as part of the health services to your child, and fulfillment of the health screening laws of the State of Indiana. Some students will receive referral letters from the school nurse as the result of these screenings.

HEARING SCREENING

Hearing screenings will be conducted according to IC 20-34-3-14, on all students in grades 1-4-7, and 10 as mandated by the state. We will also check all students new to the school, and any others by special request. The school nurse, or trained volunteers, will conduct this screening. Re-checks will be done at least 2 weeks later on students who have questionable results and referral letters will be sent to those who do not meet the required thresholds on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE OFFICE.

VISION SCREENING

Both far and near vision screening will be conducted according to IC 20-31-3-12 for all students in grades 3-5-8. We will also check all students by special request. The school nurse, or trained volunteers, will conduct this screening. This Indiana Law also requires that either K or grade 1 be examined by an eye professional, so we have decided to test First Grade. Re-checks will be done on students who have questionable results and referral letters will be sent to those who do not meet the minimum requirements on these rechecks. The school nurse will also notify the teachers of those students that referral letters are sent to.

PLEASE COMPLETE AND RETURN ALL REFERRAL FORMS TO THE OFFICE.

___ Welcome Letter

___ 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. 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.

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.

___ Prospective Student Information Form

___ Registration Form, Emergency Medical, Parental Medical Release, Field Trip Permission Slip, CHIRP Release

___ Accounts and Billing Procedures

Registration Fee Payment: \$150.00

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.

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).

**Book fees are due by October 1.

___ Immunization Information

___ Physical (Kindergarten only) and shot record form have to be turned in until August 1st. Sports physicals may 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.

___ 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.

___ 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.

___ Church Official Recommendation Form. Please have church official mail form to us.

___ Release of Student Records

___ Supply List

___ School Calendar

HARLAN CHRISTIAN SCHOOL

2026-2027 Calendar

August 2026	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	27	28
	31				
September		1	2	3	4☉
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30		
October				1	2
	5	6	7	8	9☉
	12	13	14	15	16
	19	20	21	PTM**	FB
	FSA	27	28	29	30
November	2	3	4	5	FP
	9	10	11	12	13
	16	17	18	19	20
	23	24	TH	TH	TH
	30				
December		1	2	3	4
	7	8	9	CBC	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30	31	
January 2027					1
	4	5	6	7	8
	11	12	13	14	15
	18	19	20	21	22
	25	26	27	28	29
February	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26
March	1	2	3	4	5
	WSA	9	10	PTM**	12
	15	16	17	18	19
	22	23	24	25**	26
	29	30	31		
April				1	2
	5	6	7	8	9
	12	13	14	CC	16
	19	20	21	22	23
	26	27	28	29	30
May	3	4	5	6	7
	KG	11	12	FD	**HSG
	17	18	19	20	21

August 18	Back to School Night at 7:00 p.m.
August 20	First Day of School, all day
September 4	School Pictures ☺
September 7	No School, Labor Day
September 16	Midterms for first-nine weeks
October 9	School Pictures Retakes ☺
October 16	End of first-nine weeks
October 22**	Parent/Teacher Meetings October 22—Afternoon and Evening PTM Dismissal at 11:30 a.m. for students Grade Cards will be passed out at PTM
October 23	Fall Break--No School
October 26	Fall Sports Awards 7:00 p.m.
November 6	Fall Program at 7:00 pm (PK-6)
November 18	Midterms for second-nine weeks
November 25-27	No School, <i>Happy Thanksgiving!</i>
November 30	Classes resume at HCS
December 10	Winter Choir/Hand Bell Concert 7:00 p.m. (High School/Junior High)
**December 18	End of second-nine week/End of first semester School will dismiss at 11:30 a.m. for all grades
December 21- January 1	No School, Winter Recess
January 4, 2027	School resumes/Registration opens for 2027-2028
January 18	No School, In-service day for staff
February 3	Midterms for third-nine weeks
February 15	No School, Presidents' Day
March 5	End of third-nine weeks
March 8	Winter Sports Awards 7:00 p.m.
March 11**	Parent/Teacher Meetings March 11—Afternoon and Evening PTM Dismissal at 11:30 a.m. for students Grade Cards will be passed out at PTM
March 12	No School
**March 25	Grandparents Day, dismissal at end of program
March 26-April 2	No School, Spring Break
April 5	Classes resume at HCS
April 14	Midterms for fourth-nine weeks
April 15	Spring Choral Concert (High School)
April 23	High School Spring Formal
May 10	Kindergarten Graduation 7:00 p.m. Last day of school for Pre-K and K
May 13	All School Field Day for grades 1-11
May 14	High School Graduation at 7:00 p.m.
**May 14	Last day of school for grades 1-11 Bible Bowl at Chapel Awards Ceremony and last day of school Dismissal at end of program End of fourth-nine weeks/End of second semester

Grading Periods:

8/20/26	-	10/16/26	41 days
10/19/26	-	12/18/26	41 days
1/4/27	-	3/5/27	43 days
3/8/27	-	5/14/27	42 days
TOTAL			167 days

- BSN = Back to School Night
- PTM = Parent/Teacher Meetings
- ** = Early Dismissal
- FB = Fall Break
- FSA = Fall Sports Awards
- FP = Fall Program
- TH = Thanksgiving
- CBC = Choir/Bell Concert
- WSA = Winter Sports Awards
- CC = Choir Concert
- KG = Kindergarten Graduation
- FD = Field Day
- HSG = High School Graduation

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

Registration/Payment Schedule

HOURS

Half Day Pre-Kindergarten & Kindergarten: 8:00 a.m. – NOON
First – High School: 8:00 a.m. – 2:45 p.m.

REGISTRATION & TUITION

Pre-Kindergarten & Kindergarten:	First – High School:
Registration: \$150.00	Registration: \$150.00
Tuition: \$260.00 a month for ten months	Tuition: \$285.00 a month for ten months

TUITION PAYMENT SCHEDULE

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 10% will be charged if tuition is received after the 10th of the month.

ACCOUNTS AND BILLING PROCEDURES 2026-2027

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 October 1.** 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. A 10% late fee will be added if books are not paid by October 1.

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).

Surcharge fee of 3.5% will be charged to the client when a credit card is used for payment but not charged if another payment method, such as cash or check, is used.

Tuition Invoices 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 on total due will be 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.

<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD CHILD</u>	<u>4TH CHILD</u>
\$285.00	\$275.00	\$265.00	\$255.00

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.**

INFORMATION BULLETIN #17 INCOME TAX

SUBJECT: Taxation and Filing Requirements of Nonprofit Organizations

Private School deduction – You may be eligible for a deduction based on education expenditures paid for each of your dependent children who are enrolled in a K-12 private school. If eligible, the deduction is \$1,000 per qualified dependent. For more information, go to Information Bulletin #17 at www.in.gov/dor/3650.htm

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

SUPPLY LIST

PRE-KINDERGARTEN and KINDERGARTEN:

**Bible--Old/New Testament	Glue Sticks-6
Colored Pencils	3 Drawer School Box (Size: 8 ½" x 7 ¼" x 6 7/8")
Crayons	
Rounded Scissors	All other supplies will be provided by teacher.

FIRST - FOURTH:

**Bible--Old/New Testament	All other supplies will be provided by teacher.
----------------------------	---

FIFTH GRADE:

**Bible--Old/New Testament	Loose leaf paper	Optional:
Mechanical Pencils & lead	3-ring binder for loose leaf paper	Flash Drive--if you want the school to print any school project material
Pens-3 purple (available to purchase in office)	Pencil pouch	Index Cards--used for making study aids for tests and quizzes
	Highlighters	Folders
All other supplies will be provided by teacher.		

SIXTH GRADE:

**Bible--Old/New Testament	Loose leaf paper	Optional:
Mechanical Pencils & lead	3-ring binder for loose leaf paper	Flash Drive--if you want the school to print any school project material
5 count black sharpie--fine point	Pencil pouch	Index Cards--used for making study aids for tests and quizzes
Pens-3 purple (available to purchase in office)	Highlighters	Folders
All other supplies will be provided by teacher.		

SEVENTH - HIGH SCHOOL:

**Bible--Old/New Testament	High School: Composition Notebooks (10-12) will need 3x5 and 4x6 note cards for research reports
Pencils	Algebra 1, Algebra 2, Pre-Calculus, Geometry:
3x5 note cards for research reports	TI-30XA Texas Instruments Calculator or TI-30X IIS Scientific Calculator
Pens (blue/black)	(no programmable or graphing calculators)
Hi-Liters	Biology: 12 pack colored pencils, 1-in. binder, 20 page protectors
Notebooks or Paper	English 10: composition notebook, 2-three-pronged folders
Assignment Pads	Additional supplies will vary depending on courses taken. Check with teachers.
	Bibles may be any version, <u>except</u> paraphrase versions.
	The best choices are the New King James or New American Standard.

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

REGISTRATION FORM

School Year:
Grade:
Today's Date:

Harlan Christian School does not discriminate on the basis of race, color, or ethnic origin in its educational policies, admission policies, or any other school-administered program. Students are placed in the grade level which best meets his/her individual needs as determined by Harlan Christian School. This is determined by placement testing, along with teacher and principal evaluations.

STUDENT'S FULL NAME	DATE OF BIRTH	AGE	BIRTHPLACE--CITY/STATE
STUDENT'S EMAIL:	STUDENT'S CELL	MALE/FEMALE	CHURCH

PARENTS' INFORMATION

FATHER'S LEGAL NAME	Student resides with <input type="checkbox"/>	HOME TELEPHONE	FATHER'S CELL	FATHER'S EMAIL
ADDRESS		EMPLOYER	WORK TELEPHONE	WORK POSITION
CITY, STATE & ZIP CODE		MARTIAL STATUS	NAME OF CURRENT SPOUSE	
MOTHERS'S LEGAL NAME	Student resides with <input type="checkbox"/>	HOME TELEPHONE	MOTHER'S CELL	MOTHER'S EMAIL
ADDRESS		EMPLOYER	WORK TELEPHONE	WORK POSITION
CITY, STATE & ZIP CODE		MARITAL STATUS	NAME OF CURRENT SPOUSE	

EMERGENCY INFORMATION

Please 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 an emergency room.

STUDENT'S DOCTOR	OFFICE PHONE		WHAT HOSPITAL
EMERGENCY NAME/RELATIONSHIP	HOME TELEPHONE	WORK TELEPHONE	CELL
EMERGENCY NAME/RELATIONSHIP	HOME TELEPHONE	WORK TELEPHONE	CELL
EMERGENCY NAME/RELATIONSHIP	HOME TELEPHONE	WORK TELEPHONE	CELL

ASTHMA Allergy Induced Anxiety Induced Exercise Induced Other
What controls the attack best: _____ MEDICATION _____

ALLERGIES & MEDICATIONS:
Does your child require an EpiPen? _____

EPILEPSY (list type)	MEDICATION	HOW OFTEN DOES STUDENT HAVE SEIZURE
----------------------	------------	-------------------------------------

CHRONIC OR EXISTING MEDICAL, HANDICAPS OR PROBLEMS ALONG WITH INSTRUCTIONS _____

MEDICATIONS TAKEN DAILY AND CONDITION BEING TREATED _____

CHILDREN AND HOOSIERS IMMUNIZATIONS PROGRAM (CHIRP)

The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunizations Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization date with this method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandates that all schools within the state of Indiana utilize CHIRP to document annual immunizations records. We are required to submit these immunization reports to maintain our accreditation. Parents/ guardians within our school are being notified of this law and your permission is required to submit the immunization status of your child in this format. The Indiana Department of Education's attorney, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document.

I, as a parent/legal guardian to the below stated child, give HARLAN CHRISTIAN SCHOOL, permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization date registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

Please initial: _____ I hereby consent to the release of such information OR _____ I do not consent release of such information.

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

IMMUNIZATION RECORDS

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.

STUDENT'S LEGAL NAME	NAME OF PARENTS		
ADDRESS	HOME TELEPHONE	DATE OF BIRTH	TODAY'S DATE
CITY, STATE & ZIP CODE			

HISTORY OF IMMUNIZATIONS AND TEST (Indicate month/day/year)

	1	2	3	4	5
DTap/DT					
OPV/IPV (POLIO)					
VARICELLA			Had Chicken Pox <input type="checkbox"/>		
MMR					
HEPATITIS A SERIES					
HEPATITIS B SERIES					
MENINGOCOCCAL(MCV4)					
TDAP					

IMMUNIZATION INFORMATION

Students may receive shots from the Allen County Health Department, Super Shots or from your family doctor for vaccinations. Students must be vaccinated by the first day of the school year or have a signed religious/medical form in the student's file or they will be excluded from school. The waiver will need to be signed and dated each year.

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

Here are the 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	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis A	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella (chicken pox)	1	2	2	2	2	2	2	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	2

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

Allergies <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	Surgeries-Why
Asthma <input type="checkbox"/>	Hay Fever <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>	Speech Difficulty <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Measles <input type="checkbox"/>	Tonsillitis <input type="checkbox"/>	Hearing Difficulty <input type="checkbox"/>
Pneumonia <input type="checkbox"/>	Mumps <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Vision Difficulty <input type="checkbox"/>
Ear Infections <input type="checkbox"/>	Poliomyelitis <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>	Other <input type="checkbox"/>

HARLAN CHRISTIAN SCHOOL
17108 State Road 3
Harlan, IN 46743
260-657-5147
www.harlanchristian.org

RELIGIOUS/MEDICAL OBJECTION TO IMMUNIZATION

YEARLY: Please fill out, sign and return to office if your child does not receive immunizations.

School Year: _____

ALLEN COUNTY NON-PUBLIC SCHOOL ASSOCIATION

Student's Name _____ Today's Date _____

Date of Birth ___/___/___ Grade _____ Sex _____ Home Phone _____

Parents' Name _____

Address _____ City, State, Zip _____

I have been informed of the immunization requirements stated in the Indiana Code.

I understand that all required immunizations may be obtained through the Allen County Department of Health, free of charge.

Allen County Department of Health Immunization Clinic Phone Number (260) 449-3512.

I understand that for the safety of my student, he/she will be dismissed from class in the event of an epidemic involving a disease that he/she has not been vaccinated against.

Understanding all of the above, I wish to document my objection to my student being immunized, for the following reasons:

I further understand that I must file a formal objection annually, in lieu of presenting documentation of immunizations received.

Signature of parent/guardian

(This signed and dated form must be returned to the school office by the first day of school.)

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

ONLINE LEARNING PERMISSION FORM

School Year: _____

Grade: _____

Date: _____

Dear Parents:

With the possibility of having to participate in distance learning, we are requiring that parents fill out a permission form allowing HCS to engage with students via online tools such as Zoom or Google classrooms. Please fill out the form and return to office.

Student's Name: _____

Parent's Name: _____

***Parent's Signature:** _____

*I give permission for the Harlan Christian School (HCS) to engage my student via online learning tools such as but not limited to Zoom, Google Classrooms, etc. I acknowledge that some online learning may require my student's visual and audio engagement as well as recording for additional educational purposes.

One form per student.

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

BACKGROUND CHECK FORM

School Year: _____
Grade: _____
Date: _____

Dear Parents:

The purpose of this form is to seek approval for volunteering services at Harlan Christian School. This form must be approved before applicant is allowed contact, care, attend field trips or supervision of students.

_____ Parent

_____ Grandparent

_____ Other

(Please circle or write relationship with student: Friend, Aunt, Uncle, Neighbor, Driver)

Student(s) Name: _____

Parent/Guardian: _____

SSN of Parent/Guardian: _____ - _____ - _____

Sex: _____ (M=male and F=female)

Race: _____ (W=White, B=Black, M=Multi-Racial, A=Asian/Pacific Islander, U=Unknown, I=Indian Alaskan)

Date of Birth: _____

Phone Number: _____

***Parent's Signature:** _____

Parent/Guardian: _____

SSN of Parent/Guardian: _____ - _____ - _____

Sex: _____ (M=male and F=female)

Race: _____ (W=White, B=Black, M=Multi-Racial, A=Asian/Pacific Islander, U=Unknown, I=Indian Alaskan)

Date of Birth: _____

Phone Number: _____

***Parent's Signature:** _____

One form per student.

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

STUDENT REFERRAL
CONFIDENTIAL RECOMMENDATION
(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?

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

CHURCH OFFICIAL'S
RECOMMENDATIONS FORM
(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: _____ Student: _____

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 ___ Time _____

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.

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

RELEASE OF RECORDS

**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.

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

STUDENT MEDICATION
INFORMATION and CONSENT FORM
Date: _____

Authorization to provide emergency medical care by non-medically trained personnel

Please administer to my child, _____, the **over-the counter medication(s)** as described below.

AND/OR

Please administer to my child, _____, the **prescription medication(s) written below**. The label affixed to the medication bottle/package will meet the requirement for the physician's written order. (Name of student, name of medication, dose, time and route of medicine.)

(Reminder: Prescription and over-the-counter medications must be kept in the original container with the pharmacy or band label affixed.)

MEDICATION	Dosage: (mg. and number of tabs)	Time to be given	Time medication is to be discontinued	Reason for medication	Precautions and/or Side Effects
1.					
2.					
3.					
4.					
5.					

I have read the Medication Policies and Written Consent for Administration of Medication listed on the back of this form.

Parent/Guardian Signature

Date

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

HIGH SCHOOL CURRICULUM

Note: A number of classes are offered on rotation. Electives may vary by year.

Freshmen

Bible
English 9
Algebra 1
Gym
World History
Earth/Space Science
Study Hall

Sophomores

Bible
English 10
Geometry
American History
Biology
Accounting or Computer Apps
Health
Other Electives
Study Hall

Juniors

Bible
English 11
Algebra 2
Chemistry
Discrete Math (Student's Choice)
Computer Apps
Accounting
Other Electives
Study Hall

Seniors

Bible
English 12
Physics (for selected students only)
Government and Economics
Pre-Calculus (for selected students only)
Other Electives