HARLAN CHRISTIAN SCHOOL REGISTRATION FORM

17108 State Road 37

Harlan, IN 46743 School Year: Click here to enter text.

260-657-5147 Grade: Click here to enter text.

www.harlanchristian.org Today’s Date: Click here to enter text.

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 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| STUDENT’S EMAIL: | STUDENT’S CELL | MALE/FEMALE | CHURCH |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTS’ INFORMATION** | | | |
|  | | | |
| **FATHER’S LEGAL NAME** Student resides with | HOME TELEPHONE | FATHER’S CELL | FATHER’S EMAIL |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ADDRESS | EMPLOYER | WORK TELEPHONE | WORK POSITION |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| CITY, STATE & ZIP CODE | MARTIAL STATUS | NAME OF CURRENT SPOUSE | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |
|  | | | |
| **MOTHERS’S LEGAL NAME** Student resides with | HOME TELEPHONE | MOTHER’S CELL | MOTHER’S EMAIL |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ADDRESS | EMPLOYER | WORK TELEPHONE | WORK POSITION |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| CITY, STATE & ZIP CODE | MARITIAL STATUS | NAME OF CURRENT SPOUSE | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | |

**EMERGENCY INFORMATION**

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| 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 |
| Click here to enter text. | | Click here to enter text. | |  | Click here to enter text. |
| EMERGENCY NAME/RELATIONSHIP | | HOME TELEPHONE | | WORK TELEPHONE | CELL |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| EMERGENCY NAME/RELATIONSHIP | | HOME TELEPHONE | | WORK TELEPHONE | CELL |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| EMERGENCY NAME/RELATIONSHIP | | HOME TELEPHONE | | WORK TELEPHONE | CELL |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
|  | | | | | |
| ASTHMA ­­­­­Allergy Induced Anxiety Induced Exercise Induced Other | | | MEDICATION | | |
| What controls the attack best: Click here to enter text. | | | Click here to enter text. | | |
| ALLERGIES & MEDICATIONS: Click here to enter text. | | | | | |
| Does your child require an EpiPen? Click here to enter text. | | | | | |
| EPILEPSY (list type) | MEDICATION | | HOW OFTEN DOES STUDENT HAVE SEIZURE | | |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
| CHRONIC OR EXISTING MEDICAL, HANDICAPS OR PROBLEMS ALONG WITH INSTRUCTIONS | | | | | |
| Click here to enter text. | | | | | |
| MEDICATIONS TAKEN DAILY AND CONDITION BEING TREATED | | | | | |
| Click here to enter text. | | | | | |

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| 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:** Click here to enter text. I hereby consent to the release of such information OR Click here to enter text. I do not consent release of such information. |

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| --- | --- | --- | --- |
| PARENTAL RELEASE | | | |
| Harlan Christian School strongly encourages you not to use alcohol, tobacco, profanity or participate in any other activity that would be a bad example to your child. You have the right to withdraw your child at any time. We also have the right to dismiss students without notice. Registration is non-refundable. Prepaid tuition is refundable.    Click here to enter text. will be responsible for paying all bills and agree to billing procedures outlined on the payment schedule. 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.  **Please check box after reading**:  I/We have read and understand the rules and regulations of the Harlan Christian School, and agree to abide by them.  I/We have read and understand the rules and regulations of the Harlan Christian School of the Social Media Policy.  I/We agree to make all tuition payments to the school. If not, I understand that the school has the right to dismiss my  child and/or turn the account over to collections. If the account is turned over to collections, I will be responsible for all collections fees, legal fees, court costs, etc.  I/We give my permission for my child to go on school activities that require leaving the school grounds.  I/We give permission for my child to be paddled, if necessary.  I/We agree for my child’s picture to be used for advertising.  If any information has been intentionally omitted or falsified, it may result in immediate dismissal of the student. | | | |
| **GENERAL MEDICAL POLICIES--Please check box after reading:**  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 week 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.  1. Name, grade and teacher’s name 2. Today’s date, and start/end dates for medicine 3. Name of medication 4. Amount to give, time of last dose and time for dose at school | | | |
| **GENERAL MEDICAL RELEASE--Please check box after reading:**   * + 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. | | | |
| **FIELD TRIP PERMISSION--Please check box after reading:**  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:  We/I will be given details of each field trip by the teacher or school staff.   1. Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teachers and/or parent volunteers from the group involved. 2. We/I assume the responsibility for his/her insurance coverage and/or the cost of any treatment(s) received. 3. 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. 4. We/I will not hold school personnel responsible if efforts to contact me are unsuccessful.   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. | | | |
| **SOCIAL MEDIA PERSMISSION--Please check box after reading:**  With the rapid growth of social media, social media has become a commonplace part of people’s lives. Nevertheless, with social media, responsible use is a necessity. To keep Harlan Christian School (HCS) in line with other policies and in accordance with our expressed desire for students to be good examples of Harlan Christian School, HCS will be implementing a social media waiver. Students that engage in social media applications such as: Facebook, Twitter, YouTube, and etc…will be held accountable for the content that appears on their personal media tools. Content including: profanity, defamatory content, harassing material, and otherwise comments regarding the school, faculty, or other students will result in disciplinary actions up to and including expulsion. Also, all students with a Facebook must like the HCS Administration Facebook page in order for HCS to help monitor student’s conduct. ***Failure to do so will result non-admission***. | | | |
| **BACKGROUND CHECK--\*\***  The purpose of this form is to seek approval for volunteering services at the Harlan Christian School. The form must be approved before applicant is allowed contact, care, attend field trips or supervision of students. | | | |
| SIGNATURES REQUIRED | | | |
|  | | | |
|  | | | |
|  | | | |
| **DATE OF BIRTH\*\*** | **FATHER’S PRINTED NAME** | **FATHER’S SIGNATURE** | **FATHER’S SSN\*\*** |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| **DATE OF BIRTH\*\*** | **MOTHER’S PRINTED NAME** | **MOTHER’S SIGNATURE** | **MOTHER’S SSN\*\*** |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |

HARLAN CHRISTIAN SCHOOL IMMUNIZATION RECORDS

17108 State Road 37

Harlan, IN 46743

260-657-5147

www.harlanchristian.org

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 in 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 | | |
| Click here to enter text. | Click here to enter text. | | |
| ADDRESS | HOME TELEPHONE | DATE OF BIRTH | TODAY’S DATE |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| CITY, STATE & ZIP CODE |  |  |  |
| Click here to enter text. |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| **DTap/DT** | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| **OPV/IPV** **(POLIO)** | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 |  | Month/Year of Chickenpox |
| **VARICELLA** | Click here to enter a date. | Click here to enter a date. | Had Chicken Pox | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
|  | 1 | 2 |
| **MMR** | Click here to enter a date. | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
|  | 1 | 2 |
| **HEPATITIS A SERIES** | Click here to enter a date. | Click here to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 | 2 | 3 |
| **HEPATITIS B SERIES** | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
|  | 1 | 2 |
| **MENINGOCOCCAL(MCV4)** | Click here to enter a date. | Click here to enter a date. |

|  |  |
| --- | --- |
|  | 1 |
| **TDAP** | Click here to enter a date. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies | Epilepsy | Rheumatic Fever | Surgeries-Why Click here to enter text. |
| Asthma | Hay Fever | Scarlet Fever | Speech Difficulty |
| Diabetes | Measles | Tonsillitis | Hearing Difficulty |
| Pneumonia | Mumps | Tuberculosis | Vision Difficulty |
| Ear Infections | Poliomyelitis | Whooping Cough | Other |

HARLAN CHRISTIAN SCHOOL KINDERGARTEN PHYSICAL FORM

17108 State Road 37

Harlan, IN 46743 School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

260-657-5147

www.harlanchristian.org Due in office by August 1

|  |
| --- |
| **TO BE COMPLETED BY PARENT:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S LEGAL NAME** | NAME OF PARENTS/GUARDIAN | | DATE OF BIRTH |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| ADDRESS | HOME TELEPHONE |  | TODAY’S DATE |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| CITY, STATE & ZIP CODE |  |  | AGE OF STUDENT |
| Click here to enter text. |  |  | Click here to enter text. |

|  |
| --- |
| **TO BE COMPLETED BY PHYSICIAN:** |

**PHYSICAL EXAMINATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Height\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_ Blood Pressure\_\_\_\_\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Neurological |  | Skin |  |
| Emotional Stability |  | Abdomen |  |
| Hernia/Genitalia |  | Posture |  |
| Extremities |  | Heart |  |
| Lungs |  | Teeth/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 Medications |  |
| Other |  |
| Routine medicines taken by student |  |

Cleared for school\_\_\_\_\_ Cleared for Physical Education\_\_\_\_\_

Physician’s Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Printed name, address and phone number of physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HARLAN CHRISTIAN SCHOOL

17108 State Road 37

Harlan, IN 46743

260-657-5147

www.harlanchristian.org

ACCOUNTS/BILLS PROCEDURES

|  |  |
| --- | --- |
| **HOURS** | |
| Pre-Kindergarten & Kindergarten: 8:00 a.m. – NOON  First – High School 8:00 a.m. – 2:45 p.m. | |
| **REGISTRATION** | |
| Pre-Kindergarten & Kindergarten:  Pre-Registration: $90.00 (January 1 – May 1)  Registration: $100.00 (After May 1)  Tuition Half Day: $205.00 a month for ten months | First – High School:  Testing: $40.00 (will be applied to registration)  Pre-Registration: $90.00 (January 1 – May 1)  Registration: $100.00 (After May 1)  Tuition: $230.00 a month for ten months |
| **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). | |
| **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.  1ST CHILD 2ND CHILD 3RD CHILD 4TH CHILD  $230.00 $220.00 $210.00 $220.00 | |
| **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](https://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  All other supplies will be provided by teacher. | Colored Pencils  Crayons  Markers | Rounded Scissors  Pencil Sharpener | School Box  Glue Sticks-6 |  |
| **FIRST - FOURTH:** | | | | |
| \*\*Bible--Old/New Testament All other supplies will be provided by teacher. | | | | |
| **FIFTH GRADE:** | | | | |
| \*\*Bible--Old/New Testament  Pencils  Pens-3 purple  (available to purchase in office)  All other supplies will be provided by teacher. | Loose leaf paper  3-ring binder for loose leaf paper  Pencil pouch | Optional:  Flash Drive--if you want the school to print any school project material  Index Cards--used for making study aids for tests and quizzes  Folders | | |
| **SIXTH GRADE:** | | | | |
| \*\*Bible--Old/New Testament  Pencils  5 count black sharpie--fine point  Pens-3 purple  (available to purchase in office)  All other supplies will be provided by teacher. | Loose leaf paper  3-ring binder for loose leaf paper  Pencil pouch  Highlighters | Optional:  Flash Drive--if you want the school to print any school project material  Index Cards--used for making study aids for tests and quizzes  Folders | | |
| **SEVENTH - HIGH SCHOOL:** | | | | |
| \*\*Bible--Old/New Testament  Pencils  3x5 note cards for research reports  Pens (blue/black)  Hi-Liters  Notebooks or Paper  Assignment Pads | **High School**: Composition Notebooks (10-12) will need 3x5 and 4x6 note cards for research reports  **Algebra 1, Algebra 2, Pre-Calculus, Geometry**:  TI-30XA Texas Instruments Calculator or TI-30X IIS Scientific Calculator  (no programmable or graphing calculators)  **Biology**: 12 pack colored pencils, 1-in. binder, 20 page protectors  **English 10**: composition notebook, 2-three-pronged folders  **Additional supplies will vary depending on courses taken. Check with teachers.**  **Bibles may be any version, except paraphrase versions.**  **The best choices are the New King James or New American Standard.** | | | |

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 2020-2021 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 | 0 | 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 |