



Gaarde Christian School

Student Enrollment for 2022-2023

Birthdate: _____

Age as of Sept 1st: _____

☐ Male ☐ Female

☐ New Student(fees on Pg 3)

☐ Returning Student(fees on Pg 3)

Enrolling for (circle one):

Elementary/Middle School: TK K 1 2 3 4 5 6 7 8

REQUIRED STUDENT INFORMATION:

Legal Last Name Legal First Name Middle Initial Preferred Name

Street City State Zip Shirt Size (in Fall)

(PLEASE SPECIFY YOUTH or ADULT)

PARENT/GUARDIAN INFORMATION (provide information on both parents, even if student is not residing with the parent):

Student lives with: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other

If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, a copy of the order must be submitted along with enrollment form.

Mother's Name

☐ Same as student

Mother's Address (if different than above)

Home Phone

Cell Phone

Email

Mother's Employer

Occupation

Work Phone

Father's Name

☐ Same as student

Father's Address (if different than above)

Home Phone

Cell Phone

E-mail

Father's Employer

Occupation

Work Phone

*What church do you attend?

EMERGENCY CONTACT/AUTHORIZATION FOR STUDENT PICK-UP (must be 18 years or older):

Parents are assumed authorized to pick up above named student. If you send someone to pick up your student that is not listed below, your student WILL NOT be released. Written notification must be submitted for release of student to someone not on below authorized pick-up list.

Name Phone Relation to Student

Name Phone Relation to Student

Name Phone Relation to Student

Out of Town Relative/Friend Name (connection point in case of natural disaster) Phone Relation to Student

Continued on the other side... ➡

Legal Last Name	Legal First Name	Middle Initial	Preferred Name
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FIELD TRIP PERMISSION:

In connection with GCS curriculum, students will participate in field trips that are considered learning experiences out of the bounds of a classroom. As such I acknowledge that my student's attendance and participation in any and all learning experiences inside or outside the classroom at GCS involves risk. These risks can include, but are not limited to, various types of injury, sickness, exposure to infectious/communicable disease, personal or emotional injury and death. In consideration for the opportunity to participate in learning experiences at GCS, I acknowledge, on behalf of my minor child, and accept the risks associated with such participation, including transportation to and from any activity. I accept personal financial responsibility for any injury or other loss sustained during participation and/or transportation to and from any GCS activity as well as for any medical treatment rendered to the student that is authorized by GCS or its agents, employees, volunteers, or any other representatives (collectively known as 'activity sponsor'). Further, as the parent or legal guardian/representative I release and promise to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of participation at GCS and transportation to and from any activity during GCS whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

PHOTO RELEASE & ADDRESS PERMISSION:

 Initial here _____ I give permission for photos of my student to be used in school updates and newsletters.
 _____ I give permission for my address and phone number to be printed in the Gaarde Christian School Directory.

MEDICAL RELEASE/INFORMATION:

Physician	Phone		
Physician Address	City	State	Zip
Dentist	Phone		
Insurance Company	Phone		
Policy #/Group #	Parent/Guardian		

List any known allergies for any boxes checked:

☐ No Allergies Known	☐ Bees
☐ Food:	☐ Medication:
☐ Environmental:	☐ Other:

Note: All medications required during school hours must be checked into the office.
If an allergy is treated with EpiPen or other medication, a plan of response must also be on file in front office.

	Yes	No
Current Medications	Epi-Pen	
Serious Illnesses/Accidents/Surgeries to-date		

MEDICAL TREATMENT AND TRANSPORTATION:

In case of an accident or serious illness, I request Gaarde Christian School to contact me. If the school is unable to reach me, I hereby authorize Gaarde Christian School to seek medical treatment for my student in the event such treatment is deemed necessary and for my student to be transported by an emergency vehicle to a medical facility for treatment. I consent to all medical and surgical treatment by the attending physician.

Parent/Guardian: By signing below, you are acknowledging that you have read, understand, and agree to abide by the policies and procedures set forth in the Gaarde Christian Parent/Student Handbook (available online). I have completed all the necessary information required on this document and all of the above information is current and accurate. If any information changes, I understand I am responsible to update Gaarde Christian School as soon as possible.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Gaarde Christian School - 11265 SW Gaarde St., Tigard, OR 97224 - 503.639.5336 www.gaardechristian.com			

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Gaarde Christian School Billing & School Policy Agreement

STUDENT INFORMATION:

Birthdate: _____
Age as of Sept 1st: _____
☐ Male ☐ Female
☐ New Student (\$225 enroll fee)
☐ Returning Student (\$150 enroll fee)
☐ Returning Student (\$200 after Feb 8th)
☐ Returning Student (\$225 after May 31st)

Legal Last Name

Legal First Name

Middle Initial

Preferred Name

PARENT/GUARDIAN INFORMATION:

Mother's Name

Mother's SSN

Father's Name

Father's SSN

BILLING OPTIONS:

☐ **Annual Plan**

Due by Aug. 1
4% Discount & No Billing Fee

☐ **10 Month Plan**

First Payment due Aug. 1
\$150 Billing Fee

All tuition payments due by the first day of the month, starting in August (billed July 15th).
Late fee of \$25 if not paid by the 7th. All school fees are non-refundable.

GCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. GCS does not discriminate in administration of its educational policies and other school-administered programs. GCS reserves the right to select students on the basis of academic performance, religious commitment, and personal qualifications – including a willingness to cooperate and abide with the GCS administration and to abide by its policies.

READ AND INITIAL YES/NO TO EACH STATEMENT:

I, and my student, have read the GCS Parent/Student Handbook (available online).

I, and my student, agree to abide by the policies and procedures set forth in the GCS Parent/Student Handbook.

I understand and agree to the terms of enrollment, including tuition, fees, and early withdrawal penalties.

I understand that the enrollment fee (per student) is due at the time of enrolling to secure a place in the classroom and that all fees are non-refundable.

I understand that an updated/completed and signed immunization record is required.

NEW ELEMENTARY & MIDDLE SCHOOL STUDENTS ONLY:

I understand an entrance interview must be completed with both student and parents prior to enrollment being finalized.

I have completed and signed a Transfer of Student Education Records Request. I understand that all records are reviewed by administration as part of the enrollment process.

I further understand official enrollment is contingent upon Gaarde Christian School administrator's signature of approval, after having reviewed both entrance interview and student education records.

Parent/Guardian: By signing below, you are acknowledging that you have read, understand, and agree to abide by the above stated policies and procedures.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Office Use Only:

☐ Immunization Record

☐ Transfer Student
Education Request Form

☐ Administrator Interview
Scheduled

☐ Assessment Testing
Scheduled