



Hello!

Thank you for your interest in finding the best fit for your child's educational, spiritual, physical, and social needs. We hope this packet is informational and helpful.

Our goal is to be a light for Jesus in our community and share God's love both now and for eternity. We provide high-quality education while emphasizing life skills and emotional intelligence. We individualize instruction in our nurturing classrooms, creating an ideal environment for learners. It is our privilege to partner with enthusiastic students and supportive families who have similar goals for their children.

If any questions arise, please reach out!

Thank you,  
Shoreline Christian School

***Inspiring a lifetime of service to others by  
awakening a love for God and a desire for learning.***



## New Student Registration Checklist

*Return the following items to complete new student registration.*

- Family Information
- Emergency Contact Information
- Pledge and Permissions
- Student Information
- Consent to Treatment
- Student Support Form
- SCS Commitment
- Records Request
- Registration fee paid

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2023-2024 Registration Rates	
Registration completed by the end of February	\$200 per student
Registration completed in March	\$250 per student
Registration completed in April and later	\$300 per student

Completed registration = all registration paperwork completed and turned in to the school and the registration fee paid

2023-2024 Tuition Rates	
K-8 Tuition	\$4200 (\$420 x 10 months)

Tuition is billed over ten months, September through June.



## Family Information

Parents/Guardians: Fill in the requested information as completely as possible. Please print clearly.

### General Information

STUDENT(S) NAME(S): \_\_\_\_\_  
 \_\_\_\_\_

#### PARENT / GUARDIAN #1

#### PARENT/GUARDIAN #2

RELATION TO STUDENT(S):	_____	_____
SALUTATION: (Circle One)	Mr. Dr. Mrs. Miss Ms.	Mr. Dr. Mrs. Miss Ms.
LEGAL FIRST NAME:	_____	_____
LEGAL LAST NAME:	_____	_____
HOME ADDRESS:	_____	_____
MAIL:	_____	_____
STREET: (If Different)	_____	_____
CITY, STATE:	_____	_____
ZIP CODE:	_____	_____
E-MAIL:	_____	_____
PHONE NUMBER:	_____	_____
WORK PHONE:	_____	_____
OCCUPATION:	_____	_____
EMPLOYER:	_____	_____
HOME CHURCH:	_____	_____

(IF DIFFERENT THAN PARENT #1):

BAPTIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS SAME AS STUDENT(S)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MAY PICK-UP STUDENT(S)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECEIVE GRADES/SCHOOL INFO.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECEIVE TUITION BILLS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE: Separated or divorced parents may wish to provide a copy of your court order indicating custodial parent along with any special instructions.



## Emergency Contact Information

Please list individuals we should contact in case of emergency when the parents/guardians listed previously cannot be reached.

	CONTACT #1	CONTACT #2
FIRST & LAST NAME:	_____	_____
RELATION TO STUDENT(S):	_____	_____
PHONE NUMBER:	_____	_____
WORK PHONE:	_____	_____

## Permission to Pick-up Students

Please list individuals other than parents/guardians that have permission to pick your student(s) up from school.

	<u>NAME</u>	<u>RELATION TO STUDENT(S)</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____



## Student Information

PARENTS/GUARDIANS: Fill in the requested information as completely as possible. Please print clearly.

### GENERAL INFORMATION FOR STUDENT #1

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
BAPTIZED?  Yes  No    DATE BAPTIZED: \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_

### GENERAL INFORMATION FOR STUDENT #2

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
BAPTIZED ?  Yes  No    DATE BAPTIZED: \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_



**GENERAL INFORMATION FOR STUDENT #3**

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
BAPTIZED?  Yes  No    DATE BAPTIZED: \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_

**GENERAL INFORMATION FOR STUDENT #4**

LEGAL LAST NAME: \_\_\_\_\_ SUFFIX (Circle One): Esq. II III Jr. Sr.  
LEGAL FIRST NAME: \_\_\_\_\_ PREFERS TO BE CALLED (Nickname): \_\_\_\_\_  
LEGAL MIDDLE NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
BIRTHDATE (MM/DD/YY): \_\_\_\_\_ GRADE STUDENT WILL BE ENTERING: \_\_\_\_\_  
BIRTH COUNTRY: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
CHURCH: \_\_\_\_\_  
BAPTIZED?  Yes  No    DATE BAPTIZED: \_\_\_\_\_  
NAME OF SCHOOL MOST RECENTLY ATTENDED: \_\_\_\_\_



### **Pledge and Permissions**

I agree to join my child's teachers as a partner. This means I will do my best to support and encourage his/her teachers, maintain cordial two-way communication, attend school functions and participate in parent-teacher conferences.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to seek a physician's services for emergency treatment in cases where the school is not able to reach either parent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child's photos to be included in school-related publications, the school website, or videos relating to school activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to accompany his/her classmates and teacher on class field trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Per Oregon State law, I agree to keep immunization records for my student(s) up to date and on file at the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## **Consent to Treatment**

We, the undersigned parent or guardian of (student name) \_\_\_\_\_ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) \_\_\_\_\_, M.D., at (physician's phone #) \_\_\_\_\_ or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Shoreline Christian School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

The above-named student (circle one) is/is not covered by health insurance.

Current Health Insurance Company: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Which hospital does your insurance cover? \_\_\_\_\_

### **Contact Information:**

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_



**Medical Information For Student:**

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

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**Allergy Information For Student:**

All known allergies (medication, bee sting, food, environmental, etc.) and explanation:

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**Oral Medication Policy:**

Shoreline Christian School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Shoreline Christian School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**Student Support Form**

Child Name \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT INDIVIDUALIZED INSTRUCTION**

**Please answer with as complete an answer as possible.**

Has the student been on an IEP? (Individualized Education Plan)

YES

NO

If yes, please list the grade level and the age of the child when the IEP was in effect.

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If no, have there been concerns raised or discussions had about the need for an IEP by other teachers or school personnel?

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Please list the grade level and the academic areas where concerns were first raised.

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What modifications or accommodations, if any, have been made for your child in the past? For example: More time to complete tests or tasks, quiet area for test taking, verbal questioning, behavioral plans, physical accommodations....etc.

List the accommodations made here and for which curriculum areas.

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Parent Name: \_\_\_\_\_



### **Shoreline Christian School Commitment**

Shoreline Christian School believes that every student can succeed and desires to support each of our students to the greatest extent possible. We will work individually with you and your child to determine the best plan to help your child flourish. That may include providing accommodations and coordinating with the local school district. Please note that we do not have special educational resources on campus. Support may also include recommending other places of educational opportunities for your child.

### **Parent Commitment and Waiver Release**

**Shoreline Christian School may request at any time that my child attend another school where resources, training, and personnel are available to ensure my child's success and he/she may be provided the services needed.**

**I agree to work together with teachers and school administration to provide support for my child who needs individualized instruction, or intervention and accommodations in order to successfully complete his or her grade level. I understand that Shoreline Christian School has limited resources, personnel, or specialized teacher training.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_



## Records Request

To (prior school attended): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Student's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last grade attended: \_\_\_\_\_

I hereby authorize the above-named school to release **all** (educational, medical, IEP, behavioral, etc.) records to Shoreline Christian School for use in the educational program for my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Address: \_\_\_\_\_  
\_\_\_\_\_

PLEASE SEND RECORDS TO:

Shoreline Christian School

PO Box 3000

Florence, Oregon 97439