

RE-ENROLLMENT APPLICATION

2012/2013



EST. 1992

Pre-K through 8th Grade

Thank you for choosing Tippecanoe Christian School
for your family's educational needs.

Tippecanoe Christian School
108 Beck Lane
Lafayette, IN 47909
Phone: 765.477.5803 Fax: 765.474.5845
www.tippecanoechristian.org

Student's Name _____

Today's Date _____ / _____ / _____

*Office Use Only

Grade Applied For _____

School Year Spr Fall 20 _____

Thank you for considering re-enrolling your child(ren) into Tippecanoe Christian School. It is our privilege to serve your family and join with you in the education of your student(s). Please prayerfully consider the information included in this packet and take note of the following:

- Please fill out one (1) re-enrollment packet per family.
- Re-enrollment fee is \$100 per student January 30, 2012 - March 1st, 2012.
- Include your check for the re-enrollment fee made out to TCS with this packet; **you are NOT considered re-enrolled until we have received payment.**
- You may post-date a check, but you are not considered re-enrolled until the date on the check.
- Please fill out this re-enrollment packet in its entirety; do not leave anything blank.

Please fill out completely and return this packet along with your re-enrollment fee to the School Office by March 1st. \$100 per student if returned by March 1st, \$175 after March 1st.

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (with area code): _____

Father's Cell Phone (with area code): _____

Mother's Cell Phone (with area code): _____

Father's Email Address (PLEASE PRINT): _____

Mother's Email Address (PLEASE PRINT): _____

Please indicate intention:

Yes, we are re-enrolling our child(ren)

No, we are not re-enrolling our child(ren) because:

We are moving

Finances

Other: _____

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Please enter ALL student information below (please PRINT LEGIBLY):

CHILD ONE

Student's full LEGAL name: _____

Male Female

Commonly goes by: _____

Grade entering (circle one): K4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date (mm/dd/yyyy): _____

Special Education (IEP) (circle one): Yes No Don't Know

Special Speech Education (circle one): Yes No Don't Know

Ethnicity (circle one):

American Indian/Alaskan Asian Pacific Islander Black Hispanic Multiracial White

Primary Language Spoken in the Home: English Other: _____

Family Physician _____ Phone _____

Does student have any physical defects or allergies? Yes No

Explain _____

Please check any of the following conditions that has affected your child and at what age:

Asthma _____	Chicken Pox _____	Convulsions _____
Diabetes _____	Diphtheria _____	Discharging Ears _____
Hay Fever _____	Heart Disease _____	Measles _____
Mumps _____	Pneumonia _____	Polio _____
Rheumatic Fever _____	Scarlet Fever _____	Whooping Cough _____

Please circle any of these conditions that apply:

4 or more colds per year	Fainting spells	Hearing difficulty	Tires easily
Breath shortness	Abdominal pains	Hernia (rupture)	Dizziness
Speech difficulty	Frequent leg pain	Frequent sties	Poor vision
Frequent sore throat	Frequent urination	Persistent cough	Ringworm

Does your child take medication on a regular basis? Yes No

If so, what type and reason _____

Permission to Treat: Yes No

Preferred Hospital: _____

Permission to give Tylenol: Yes No Call for permission

Permission to give Ibuprofen: Yes No Call for permission

Please enter ALL student information below (please PRINT LEGIBLY):

CHILD TWO

Student's full LEGAL name: _____

Male Female

Commonly goes by: _____

Grade entering (circle one): K4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date (mm/dd/yyyy): _____

Special Education (IEP) (circle one): Yes No Don't Know

Special Speech Education (circle one): Yes No Don't Know

Ethnicity (circle one):

American Indian/Alaskan Asian Pacific Islander Black Hispanic Multiracial White

Primary Language Spoken in the Home: English Other: _____

Family Physician _____ Phone _____

Does student have any physical defects or allergies? Yes No

Explain _____

Please check any of the following conditions that has affected your child and at what age:

Asthma _____	Chicken Pox _____	Convulsions _____
Diabetes _____	Diphtheria _____	Discharging Ears _____
Hay Fever _____	Heart Disease _____	Measles _____
Mumps _____	Pneumonia _____	Polio _____
Rheumatic Fever _____	Scarlet Fever _____	Whooping Cough _____

Please circle any of these conditions that apply:

4 or more colds per year	Fainting spells	Hearing difficulty	Tires easily
Breath shortness	Abdominal pains	Hernia (rupture)	Dizziness
Speech difficulty	Frequent leg pain	Frequent sties	Poor vision
Frequent sore throat	Frequent urination	Persistent cough	Ringworm

Does your child take medication on a regular basis? Yes No

If so, what type and reason _____

Permission to Treat: Yes No

Preferred Hospital: _____

Permission to give Tylenol: Yes No Call for permission

Permission to give Ibuprofen: Yes No Call for permission

Please enter ALL student information below (please PRINT LEGIBLY):

CHILD THREE

Student's full LEGAL name: _____

Male Female Commonly goes by: _____

Grade entering (circle one): K4 Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date (mm/dd/yyyy): _____

Special Education (IEP) (circle one): Yes No Don't Know

Special Speech Education (circle one): Yes No Don't Know

Ethnicity (circle one):

American Indian/Alaskan Asian Pacific Islander Black Hispanic Multiracial White

Primary Language Spoken in the Home: English Other: _____

Family Physician _____ Phone _____

Does student have any physical defects or allergies? Yes No

Explain _____

Please check any of the following conditions that has affected your child and at what age:

Asthma _____	Chicken Pox _____	Convulsions _____
Diabetes _____	Diphtheria _____	Discharging Ears _____
Hay Fever _____	Heart Disease _____	Measles _____
Mumps _____	Pneumonia _____	Polio _____
Rheumatic Fever _____	Scarlet Fever _____	Whooping Cough _____

Please circle any of these conditions that apply:

4 or more colds per year	Fainting spells	Hearing difficulty	Tires easily
Breath shortness	Abdominal pains	Hernia (rupture)	Dizziness
Speech difficulty	Frequent leg pain	Frequent sties	Poor vision
Frequent sore throat	Frequent urination	Persistent cough	Ringworm

Does your child take medication on a regular basis? Yes No

If so, what type and reason _____

Permission to Treat: Yes No

Preferred Hospital: _____

Permission to give Tylenol: Yes No Call for permission

Permission to give Ibuprofen: Yes No Call for permission

***Please contact the School Office if you are re-enrolling more than 3 children**

Two people to contact if parents cannot be reached:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Persons other than above who may pick up student: _____

Person(s) who may NOT pick up student _____

Insurance:

Do you have Health Insurance: Yes No

Insurance Company: _____

Name of Insured: _____

Policy Number: _____

Group Number: _____

Phone: _____

Tippecanoe Christian School is a Christian School that is a ministry of First Assembly of God. It is our desire that every school employee and student reflect a lifestyle pleasing to Jesus Christ. Because of this, who we are and what we do, both on and off campus, is extremely important. Since the testimony of our lives is so important, you are asked to read the following agreement which pertains to student conduct both on and off campus, during and after school.

1. I agree to strive for excellence as a student in all that I say and do. (*Proverbs 18:19*)
2. I agree to obey the Bible in speech and conduct.
3. I agree to respect and cooperate with those in authority at the school. (*Hebrews 13:17*)
4. I agree to avoid drugs, alcohol, and tobacco.
5. I agree to avoid cursing, sexual immorality, pornography, gambling, witchcraft, dissension, cheating, worldly music, and objectionable movies. (*Galatians 5:19-21*)
6. I agree to the dress code that has been set by the school and to wear modest apparel.
7. I agree to submit to the discipline policy of the school. (*Hebrews 13:7*)
8. I understand that once I enroll at Tippecanoe Christian School , I am part of Tippecanoe Christian School wherever I am. Therefore, I agree to avoid behavior, both on and off campus, that would dishonor Jesus Christ, the school, the church, my family, and me. I will be held accountable for all negative behavior.
8. I agree to refrain from gossip, grumbling, and complaining. (*John 6:43*)

DISCIPLINE

1. I understand the Biblical method of discipline involves the correction of internal attitudes as well as external actions.
2. I want our child confronted for wrong attitudes, realizing these cause many types of behavior problems.
3. I believe in a Biblical method for corrective discipline at the school, when needed, or we agree to come to the school to administer corrective measures.
4. I will respond promptly to Infraction Notices and other communication sent home regarding problems of attitude or action.

Tippecanoe Christian School operates on a very carefully controlled budget. An integral part of maintaining that budget is the timely receipt of all registration, tuition, and other fees from the parents of enrolled students. In order to accomplish this goal, the TCS/Church board has adopted the following tuition payment policy. This policy will be strictly adhered to by the school staff and parents.

Accounts are set up for each family enrolled in TCS which include fees for tuition, books, supplies, hot lunches (if purchased), and any other expenses incurred. Accounts are due by the 15th day of each month and will be considered delinquent five days thereafter. A \$25.00 late fee will be assessed at that time.

Should a student be withdrawn from Tippecanoe Christian School for any reason, none of these fees are refunded in whole or in part. Tuition is required in full for the entire month in which a student withdraws.

August tuition and all book fees must be paid in order for a student to attend the first day of classes. Students will not be allowed to return for the second semester if any amounts are remaining on the first semester billing.

I have read and accept the terms of the Re-enrollment Packet:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

2012-2013	Pre-3	K-4	K5-8th
Application (new families)	\$35	\$75	\$175
Re-Enrollment (current families)	\$35	\$75	\$100 by 3/1
			\$175 after 3/1
Annual Tuition	\$900	\$1,900	\$4,200
Full Year	\$837	\$1,767	\$3,906
Per Semester	\$428	\$903	\$1,995
12-month	\$75	\$158.33	\$350
10-month	\$90	\$190	\$420
Book Fees	\$70	\$90	\$300

FEES

<i>Sports Fee</i>	1st sport - \$60	2nd sport - \$50	3rd sport - \$40
<i>P.E. Fee</i>	K5-8 students - \$10	helps cover cost of maintaining and replacing PE Equip.	
<i>Graduation Fee</i>	Kindergarten - \$25	billed May 1st	
<i>Technology Fee</i>	6th-8th Grade - \$100	Helps cover the cost of Tablets and tablet insurance	

OTHER INFORMATION:

Yearly discounts for families with multiple students:

3rd child in school - \$400 4th child in school - \$800 5th child in school - \$1,200

6th child in school - \$1,800 7th child in school - \$2,200 8th child in school - tuition is **FREE**

GENERAL INFORMATION:

- **A returned check fee of \$25.00 will be charged for all returned checks.**
- **APPLICATION and BOOK FEES ARE NON-REFUNDABLE.**
- Any student enrolling or re-enrolling is making a commitment for the entire school year.
Early withdrawal fees may be charged as appropriate.
- Tuition fees will be pro-rated if a student enrolls after the start of a semester.
- If a family ever has a financial problem or question, please contact the school office immediately. Our goal is to work for you and with you.