

## HARMONY CHRISTIAN SCHOOL

### ADMISSIONS POLICY

The objective of the admissions procedure is to identify and admit those students who should be enrolled in Harmony Christian School. In harmony with our purpose of serving families with the education and nurture of their children, the following criteria are applied to admissions:

- ◆ Encourage parents as to the importance of a salvation experience and a continuing walk in the Lord. Parents of students are aware that their child will be grounded in Bible teaching.
- ◆ Be in good standing in previous school (no serious discipline problems, no expulsion, etc.). Conduct grade of 70 or above and/or a principal's referral from child's previous school.
- ◆ Be on grade level as determined by standardized testing methods.
- ◆ Parents agree with the purposes of the school and will agree to work in cooperation with the school to achieve the stated goals of the school.
- ◆ Parents agree to fulfill their financial responsibilities to the school.
- ◆ Parents agree to fulfill their parent participation requirements.
- ◆ Students are placed on a nine-week probation period after the admission application is accepted.

It is the policy of Harmony Christian School not to admit students that require staff or services beyond those provided by the regular classroom teacher. In some cases modifications may be made, but not to exceed that provided by Harmony Christian School employees and resources. The staff of Harmony Christian School is not trained or equipped to adequately provide the services needed for "special needs" students or "handicapped" students.

**HARMONY CHRISTIAN SCHOOL**  
**Procedure for New Student Enrollment**

1. Parent fills out the Enrollment Application, Yellow Card, Financial Form, and Waiver of Liability and read all school handouts. Students entering the 1<sup>st</sup> grade and above must take an entrance test. There is a fee of \$25 for each entrance test. Schedule test with office prior to completing enrollment forms.
2. Parent must schedule a meeting with the principal, after reading through the student handbook.
3. A non-refundable registration fee is due upon enrollment with the Enrollment Application & required forms. This fee guarantees your child a place in the classroom.
4. Parents need to furnish the school **with a copy of last year's report card, achievement test scores (grades 1-8), shot record and birth certificate.** These copies must accompany the Enrollment Application. **Shot record must be current and in the school office before the 1<sup>st</sup> day of school or students cannot attend.**
5. Parents take a tour of the school (if desired).
6. Parents need to attend the Parent Orientation Meeting. This date is set before the first day of school.
7. Uniforms are required attire at HCS. Please see insert, contact the school office or visit [harmonychristianschool.org](http://harmonychristianschool.org) for uniform information.

I agree to make tuition and extended care payments on or before the 10<sup>th</sup> of each month. I understand a \$45 late fee will be added to my account if the tuition payments or extended care payments are not received on or before the 10<sup>th</sup> of each month. If for any reason, I decide to withdraw my child from Harmony Cristian School or my child is dismissed due to conflict of school policies, I understand that the fees are NON-REFUNDABLE. If I withdraw my child early, I agree to pay a \$500 early withdrawal fee. I also understand and agree that if my child(ren) attends class one day or more of any month that I am accountable for the full month's tuition. All records and books will remain property of the school until accounts are cleared. It is also the policy of HCS to withhold all tests and quizzing materials unless the student is transferring to another school that uses the same curriculum, and then these will be forwarded with records.

This form must be filled out and returned with the student application.

**Extended Care Hours are as follows:**

3:30 pm – 5:30 pm – The charge is \$67.00 per child per month.

**If your child stays after 5:30 pm there will be a \$1.00 per minute charge added to your regular extended care charge.** Your child must be signed up to receive Extended Care Services. If your child is not signed up for this service, and is not picked up during dismissal time (3:10 – 3:30p), you will be charged a drop-in fee of \$8 per child per day.

\_\_\_\_\_ Yes, I will need extended care services every day or a few days a month.

The monthly charge of \$67 per child per month is due to the office by the 10<sup>th</sup> of each month.

\_\_\_\_\_ No, I will not need extended care services.

You will be charged the drop-in fee of \$8 per child per day if your child is not picked up at dismissal time (3:10 – 3:30p), which is due by the 10<sup>th</sup> of each month.

# APPLICATION FOR ADMISSION

Harmony Christian School  
1601 Rice Drive  
Lufkin, Tx. 75901  
936-632-1905



Office Use
Date turned in: _____
Interview Date: _____
Check #: _____

(Please print name exactly as it should appear on all permanent records)

Applicant \_\_\_\_\_  
Last First Middle Name Used

Current Grade \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Applicant lives with (check all that apply):  
\_\_\_ Father \_\_\_ Stepfather \_\_\_ Other  
\_\_\_ Mother \_\_\_ Stepmother \_\_\_ Other

Check any that apply: Applicant's  
\_\_\_ Father is deceased \_\_\_ Parents are divorced  
\_\_\_ Mother is deceased \_\_\_ Parents are separated

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School applicant is attending or last attended \_\_\_\_\_  
School Name School District

Address City State Zip Code Phone Number

## MEDICAL CONSENT

In case of an emergency, if the school is unable to contact either parent or emergency contacts please complete the form below so we are able to provide medical attention to your child as needed. This form will only be used in the event the parents or emergency contacts are unreachable.

I, \_\_\_\_\_, delegate my authority to consent to the staff of Harmony Christian School for the health care of my minor child, \_\_\_\_\_, for the 2011-2012 school year when I will not be reasonably available to exercise my authority.

### However, if my emergency contact is available....

- I authorize the staff of Harmony Christian School to delegate the authority to any person on the emergency contact list below.
- I **do not** authorize the staff of Harmony Christian School to delegate the authority to any person on the emergency contact list below.

Emergency Contact List (please list name and phone number):

\_\_\_\_\_  
\_\_\_\_\_

Physician's name and number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Has the applicant ever been retained?  Yes  No

---

---

---

Has the student ever had difficulty in reading or math?

---

---

---

Has the applicant ever been diagnosed for or received special help for a reading or learning difficulty?

Yes  No

*(If yes, please discuss the results and include a copy of the report)*

---

---

---

Has the student ever been diagnosed for or enrolled in any special education program or special school

(e.g. resource room, L.D. placement, attention deficit, etc.)  Yes  No *(If yes, please explain)*

---

---

---

Does the applicant require any medication?  Yes  No *(If yes, please explain)*

---

---

---

To Parents or Guardian: Please make a full statement as to why you want to enroll this student in Harmony Christian School.

---

---

---

---

---

---

---

To Parent or Guardian: Please make a full statement describing your personal Christian experience and faith.

**Mother**

---

---

---

**Father**

---

---

---

Health Background *(Does not replace physician's report)*

Does the applicant have any of the following physical or health problems?

Diabetes     Visual     Asthma     Allergies     Speech  
 Auditory     Heart     Structural or Muscular     Epilepsy or Seizures  
 Other \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

---

---

---

Does the applicant's physical activity need to be restricted in any way?  Yes  No

If yes, please explain: \_\_\_\_\_

---

---

---

Does the applicant exhibit any difficulties such as:

Hyperactivity     Incoordination     Twitching     Other \_\_\_\_\_  
 Nervousness     Tantrums     Aggression     Short Attention Span  
 Frequent Headaches     Frequent Stomach Aches

If yes to any of the above, please explain: \_\_\_\_\_

---

---

---

Has your child experienced surgery, hospitalization, or serious illness or an accident?

---

---

Your candid estimate of the applicant will be of invaluable assistance to the Admissions Office. Please circle.				Comments
<b>Academics</b>	Above Average	Average	Below Average	
<b>Peer Relationships</b>	Makes Friends Readily	Accepted, but not sought out	Some difficulty in cultivating	
<b>Emotional</b>	No Problem	Usually no problem	Some problems	

**Parent-Child Relationships**

In what ways does your child generally relate to you as parent?

Overly Dependent       Overly Independent       Comfortably

How would you rate your child's obedience to parents on a scale of 1-10? (10 being very obedient)

1 2 3 4 5 6 7 8 9 10

How would you evaluate your child's response to other authority figures?

Rebellious       Reluctant       Acceptant

What responsibilities are given to your child in your home? \_\_\_\_\_

---

---

Approximately how much time daily does your child spend watching television? \_\_\_\_\_

---

---

What does your child enjoy most? \_\_\_\_\_

---

---

What pets or animals do you have in your home? \_\_\_\_\_

---

---

**Habits**

Does your child have any specific habits (such as nail-biting, bed wetting, teeth-grinding, etc.)?

---

---

Has your child experienced any tragedies or major disappointments (such as death in family, divorce, fire)?

---

---

How does your child feel about school, on a scales of 1-10 (10 being positive)?

1 2 3 4 5 6 7 8 9 10

What do you feel is your child's greatest strength?

---

---

What do you feel is your child's greatest weakness?

---

---

We first learned of HCS through: *(please check only one.)*

Student(s) currently enrolled  Alumni  Catalog on private schools  Newspaper or magazine  
 Minister  Parents of HCS Student  Telephone book  Other \_\_\_\_\_

The two factors most influencing us to apply to HCS *(please check only two.)*

Location  Academic Reputation  Christian Philosophy  Strength of extracurricular programs  
 Displeasure with public schools  Recommendation of HCS families  Desire to attend private school

Family's Church \_\_\_\_\_  
 Address \_\_\_\_\_ No. of years \_\_\_\_\_

Please check the appropriate boxes:

Applicant attends church regularly  Parents attend church regularly  
 Belongs to church's youth group  Applicant attends Sunday School  
 Other \_\_\_\_\_

References: Please list the name, address and phone number of a pastor who knows you and a family (preferably a HCS family) who knows you well. Do not list relatives.

Pastor	Address	Phone
Family Friend	Address	Phone

Siblings' Names, Ages and schools attending \_\_\_\_\_

Do you plan to enroll any of the above in HCS? \_\_\_\_\_

School District of your current address:

Lufkin ISD - School Zone (ex. Slack, Anderson, etc.) : \_\_\_\_\_  
 Hudson  
 ISD  Central ISD  Other \_\_\_\_\_  
 Huntington ISD  Diboll ISD

**Grandparent Information**

Name of Living Grandparents			Name of Living Grandparents		
Address	Phone		Address	Phone	
City	State	Zip Code	City	State	Zip Code

**FIELD TRIP  
RELEASE**

I give permission for \_\_\_\_\_ to attend field trips  
 Student's Name

with Harmony Christian School. I understand that I will be given notice in advance of the field trip and that if I choose for my child not to attend then I will be responsible for his/her child care for that day.

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Parent's Signature

**NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS**  
 Harmony Christian School 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship programs, athletic and other school administered programs.

# *HARMONY CHRISTIAN SCHOOL*

*1601 Rice Drive  
Lufkin, Texas 75901  
(936) 632-1905 • Fax (936) 632-1909*

*"Experiencing God Through Education"*

[www.harmonychristianschool.org](http://www.harmonychristianschool.org)



## **FINANCIAL CONTRACT 2011-2012**

*This is a legal document. Read it carefully.*

**Harmony Christian School (HCS) agrees to enroll the student shown on this contract, and to provide the program of educational and other services as prescribed for those grades. In consideration of the acceptance of this Financial Contract by HCS, I agree to pay the required fees as specified on the Tuition and Fee Schedule.**

**I understand it is my obligation to pay all fees and prorated tuition according to withdrawal date. This obligation is unconditional. If I withdraw before the academic year is completed, I will pay a \$500 early withdrawal fee.**

**HCS has joined heirs with Accounts Receivable Management Services (ARMS) which provides collection agency services. Upon all efforts to collect unpaid tuition and fees, ARMS will place the unpaid amount on credit reports which will reflect on credit ratings.**

**I understand that by signing this contract, I agree to accept the rules and regulations of HCS. I further understand that if tuition becomes more than 30 days delinquent, students may not attend school and/or be able to participate in test taking efforts until accounts are current. Also, report card (grades and student information) access will be denied on RenWeb for parents/guardian viewing, and records will not be transferred to other childcare and/or educational facilities until accounts are paid. Late charges of \$45 per month will be applied after the 20<sup>th</sup> of each month.**

**I understand it is my responsibility to maintain current tuition and fee payments and I will not send my child to school if my account is more than 30 days late or payment arrangements have not been secured by school administration.**

**I will be responsible for payment of any collection fees or attorney fees incurred by Harmony Christian School in its effort to collect on my financial obligation.**

**(con't from pg. 1 of Financial Contract 2011-2012)**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

**My signature below signifies that I have read and understand all aspects of this contract and agreement (Financial Contract) and do recognized my legal responsibilities in regard to this contract.  
No student will be admitted or allowed to attend HCS without this signed Financial Contract.**

**Signature of Father: \_\_\_\_\_**

**Father's Social Security Number: \_\_\_\_\_**

**Signature of Mother: \_\_\_\_\_**

**Mother's Social Security Number: \_\_\_\_\_**

**Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_**

**Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_**

**Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_**

**Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_**

**Address if different from current school records:**

\_\_\_\_\_

**Signature of School Official: \_\_\_\_\_**

**Date: \_\_\_\_\_**

# HARMONY CHRISTIAN SCHOOL

## Tuition & Fee Schedule

### 2011-2012

Please initial the option you would like and indicate appropriate grade level by circling.

<u>        </u> Annual Tuition Option	<u>Base Tuition:</u>	<u>Fees:</u>	<u>Total Tuition Due 7/1 or at Enrollment:</u>
K5	\$3,784.00	\$225.00	\$4,009.00
1st-5th	\$3,784.00	\$325.00	\$4,109.00
6th-8th	\$4,586.00	\$325.00	\$4,911.00

<u>        </u> Semester Tuition Option	<u>Due 7/1 &amp; 12/1</u>	<u>Total for Year</u>
K5	\$2,004.50	\$4,009.00
1st-5th	\$2,054.50	\$4,109.00
6th-8th	\$2,455.50	\$4,911.00

Monthly Tuition Option: <u>        </u> 10 payments	<u>10 payments</u>	<u>Total for year</u>
K5	\$400.90	\$4,009.00
1st-5th	\$410.90	\$4,109.00
6th-8th	\$491.10	\$4,911.00

First payment for all options is due on July 1.

Please complete and return with enrollment forms.

\*Does not include Registration Fee.

\*Payments are calculated by tuition not by daily or monthly attendance.

\*Early withdrawal will result in a \$500 processing fee.

\_\_\_\_\_  
Signature of Parent/Guardian  
(who is financially responsible for student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade Entering

**STATEMENT OF COOPERATION and WAIVER OF LIABILITY**

I give my permission for my child(ren), whose names is/are set forth below, to take part in all activities including recreational activities, bus/van trips, field trips, sports activities on the premises of Harmony Christian School for the same, and School sponsored trips away from the School premises. I indemnify and save Harmony Christian School, Harmony Hill Baptist Church, its employees and agents harmless from any liability or medical payments resulting from child(ren) participating in the above-mentioned activities. I understand that Harmony Christian School and Harmony Hill Baptist Church do not provide medical insurance coverage for my child(ren), for my convenience I can choose to provide other insurance coverage of my own, and that any medical expenses incurred will be paid by either my own medical coverage or myself.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire School. I give permission for my child’s teacher and/or other agent of the School to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I also agree, as written in the Parent School Agreement of this handbook, to take the Matthew 18:15-16 approach. To go directly to the person with whom you have the concern with and settle matter with them without involving any other parties unless further counseling is needed.

I further agree to hold the School and church, and its agents harmless for any liability to my child(ren) or guardian or parent thereof because of any claims on behalf of my child(ren) against the School/and or Church, or any agent thereof because of any injury or alleged injury to my child(ren).

I am also aware that security cameras are installed on the campus of Harmony Christian School and Harmony Hill Baptist Church. The Administration and School Board of Harmony Christian School/Harmony Hill Pre-School (“Harmony”) hereby notifies you that Harmony reserves the right to use video recording equipment on Harmony’s premises. Harmony reserves the right to use such video equipment in locations including, but not limited to, classrooms, hallways, playground and parking facilities at Harmony’s sole discretion. Harmony reserves the right to operate and monitor such video equipment. The use of the video equipment in the school classrooms will be limited to the temporary observation of parents, unless otherwise requested by the staff of Harmony. Video recording equipment will not have audio except for the portable units used in the classroom for parent observation. In the event that my child is recorded and/or photographed by such video recording equipment/camera, I give my permission to Harmony, the right to use such recordings and/or photographs, for any lawful or advertising purposes. I give my permission for any publications, brochures, advertisements and/or all school related websites, current or future, to be used by these institutes.

Should legal action, for any reason, be taken against Harmony Christian School or Harmony Hill Baptist Church or any employee or agent thereof, on my child(ren)’s behalf and the School or Church or its agent(s) not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Harmony Christian School and Harmony Hill Baptist Church or its agent(s) should incur to defend or represent itself in/against such action. I further understand that it is the policy of Harmony Christian School and Harmony Hill Baptist Church to require withdrawal from the School commencing with the declaration of intent to pursue legal action against the School or Church or any of its agents.

The statement of cooperation portion of this form will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Harmony Christian School whether it be in the pre-school, elementary, middle school or after school care. The waiver of liability portion remains in effect even if my child(ren) are no longer attending Harmony Christian School.

\_\_\_\_\_  
Student’s Name and Grade

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Student’s Name and Grade

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Student’s Name and Grade



# Harmony Christian School

1601 Rice Drive, Lufkin, TX 75901

(936)632-1905 Fax: (936)632-1909

[www.harmonychristianschool.org](http://www.harmonychristianschool.org)

## Student Release Information (1<sup>st</sup>-8<sup>th</sup> Grades Only)

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

Name of School \_\_\_\_\_ School # \_\_\_\_\_

Dear School Administrator:

I do hereby give permission for your school to release the records of:

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I do hereby give permission for your school to release the records for the above named student.

\_\_\_\_\_ Discipline Record/Reports

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Transcript of Grades

\_\_\_\_\_ Test Results

\_\_\_\_\_ Current Grades

\_\_\_\_\_ Birth Certificate

Please forward the information or records to the above address or fax number.

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Parent/Guardian