

# Application for Jefferson Christian School

1. Read the Handbook thoroughly.
2. Complete and return the following forms to the office:

**Jefferson Christian School**  
**Attn: Patty Abel**  
**15002 Jefferson Hwy 99E SE**  
**P.O. Box 240**  
**Jefferson, OR 97352**  
**Or fax to: (541) 327-3316**  
**Email to: paabel.jcs@gmail.com**

- A. Application Form
  - B. Photograph Release (**signed and dated**)
  - C. Family Information
  - D. At-school Medication Parent Authorization Form (**signed and dated**)
  - E. Parental Commitment Form (**signed and dated**)
  - F. Pick-up Authorization Form
  - G. Request for Transfer of Records Form for 1<sup>st</sup> and 2<sup>nd</sup> grades (**signed and dated**)
  - H. Immunization Status (**signed and dated**)
3. Pay all application fees. (\$60/student) with the application.
  4. Interview with the teacher for all students in 1<sup>st</sup> and 2<sup>nd</sup> grades (both parents and student).
  5. No student may attend class until all application procedures are complete and family is notified of acceptance.
  6. Students with handicaps -- mental, academic, emotional, behavioral, or physical -- will be admitted if, in the opinion of the administration, their needs can be met by the school staff.

Jefferson 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, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

# Financial Information

(2024-2025)

**Application:** Open to current families on March 5 closes March 15, 2024.  
Open to JBC families on March 19 closes March 31, 2024.  
Open to community families on April 1, 2024 (as space allows).  
*\$60/student application fee paid with paperwork submission.*  
*Application fees are non refundable.*

**NOTE:** *For the 2024-25 academic year, Kindergarten and 1<sup>st</sup> grade will be a blended class.*

**Tuition:** Billed over 9 months, due by the 25th of each month unless other arrangements are made.

Preschool (4 yrs by Sept 1):	Tue/Wed/Th	8:30am - 12:30pm	\$190/mo
Kindergarten (5 yrs by Sept 1):	Tue-Fri	8:30am - 12:30pm	\$270/mo
1 <sup>st</sup> Grade:	Tue-Fri	8:30am - 2:30pm	\$380/mo
2 <sup>nd</sup> Grade:	Tue-Fri	8:30am - 2:30pm	\$380/mo

\*\*Remember that when you sign the tuition agreement, you are agreeing to pay the full amount. This amount will not be prorated if you choose to unenroll your student(s) or we miss school because of government regulations or weather closures.

## **Possible Other Costs:**

1. Materials, such as Achievement Tests
2. Admission, transportation, etc. for field trips
3. Cost for damage to school property
4. Late fee of \$40 (payments due on 25)
5. Late Pickup fee- for each student that is picked up from school after 2:45pm, \$1/minute will be charged beginning at 2:46 pm. (Late pick-up fees for Preschool/Kinder start at 12:46.)

# Student Application Form

## Student Information:

Student's Name	Gender	Entering Grade	Birthdate
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
<small>First Last</small>			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
<small>First Last</small>			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
<small>First Last</small>			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
<small>First Last</small>			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
<small>First Last</small>			

## **Student's Primary Home Information:**

Home Phone: ( ) \_\_\_\_\_

Describe any physical, emotional, or mental handicap/disabilities (including dyslexia, ADHD, etc.):

\_\_\_\_\_

\_\_\_\_\_

Is your student currently taking any regular medication?  Yes  No

If yes, briefly explain (and fill out the School Medication – Parent Authorization Form on Page 4): \_\_\_\_\_

### **The following questions are for initial applicants only (not returning students):**

Have there been any disciplinary difficulties (suspension, dismissal, refused admission), problems from other schools?

\_\_\_\_\_

\_\_\_\_\_

Name of last school attended: \_\_\_\_\_

List the reason(s) you are applying for admission to JCS: \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

## **Jefferson Baptist Church Photograph Release**

I \_\_\_\_\_ give Jefferson Baptist Church permission to use photographs of my child(ren) for use in the following ways:

Check boxes that apply:

\_\_\_\_\_ Slide show for class/church viewing only

\_\_\_\_\_ Class/Church promotional materials (pictures only, names withheld)

\_\_\_\_\_ Please do not use photographs for any reason!

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

# Family Information

**Father's Name (or guardian):** \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  bill

Father's Occupation: \_\_\_\_\_ ( )

Position Name of Employer Work Phone

( ) ( )

Cell # Pager#

\_\_\_\_\_  
E-mail address

**Mother's Name (or guardian):** \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  bill

Mother's Occupation: \_\_\_\_\_

Position Name of Employer Work Phone

( ) ( )

Cell # Pager#

\_\_\_\_\_  
E-mail address

Marital Status:  Married  Divorced  Separated  Widow/Widower  Single

**Home Church Information:** \_\_\_\_\_

Church Contact Phone or Email: \_\_\_\_\_

(^^^we may contact for a reference)

In case of emergency notify: (A baby-sitter, neighbor, or relative that could be contacted in your absence). Please list at least 2 contacts.

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

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# MEDICATION - PARENT AUTHORIZATION

## STUDENT INFORMATION

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

List any known drug allergies/reactions \_\_\_\_\_

Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

Name of Medication \_\_\_\_\_ Reason for Taking (optional) \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency/Time(s) to Be Given \_\_\_\_\_

Begin Medication \_\_\_\_\_ Stop Medication \_\_\_\_\_  
Date Date

**Special Instructions:** \_\_\_\_\_

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

Does medication require refrigeration? Yes  No

I authorize unlicensed church personnel the task of assisting my child in taking the above medication. I understand that additional signed statements will be necessary if the dosage of medication is changed.

Medication must be registered in the office. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

# Parental Commitment

- 1) We have read the class handbook and agree to support the listed guidelines. We understand and agree to the discipline and standards of behavior.
- 2) We agree that attending Jefferson Christian School is a privilege and that the leadership reserves the right to suspend or expel my child for just cause, as determined by the teacher or church staff.
- 3) We grant permission for our son/daughter to receive emergency care at the staff's discretion.
- 4) We agree to support and encourage class functions and parent-teacher conferences.
- 5) We pledge our cooperation to avoid doctrinal controversy and denominational issues. We will do our part to pray for the staff on a regular basis.
- 6) We understand that the staff is required to report any suspicions of physical, emotional, or sexual abuse of a child to a law-enforcement official, according to Oregon State law.
- 7) We agree to pay tuition according to the schedule or arrangements that shall be made. We understand that students are subject to dismissal if payments become more than 2 months in arrears. We understand that assessments will be made to cover damages to church property (including breakage of windows, abuse of books, etc.).
- 8) We agree that we will never make demands, threaten to sue, or actually litigate on any of the above matters.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Pick-up Authorization Form

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

Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Person(s) Authorized to pick-up student (in addition to above-listed parent/guardian(s):**

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Person(s) NOT allowed to pick-up student:**

**(Copy of court order needs to be on file at JBC)**

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

**Jefferson Christian School**

15002 Jefferson Hwy 99E SE  
PO Box 240  
Jefferson, OR 97352 Telephone (541) 327-2939  
Fax (541) 327-3316  
E-mail: [paabel.jcs@gmail.com](mailto:paabel.jcs@gmail.com)

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## Request for Transfer of Student Records

I, \_\_\_\_\_, authorize the administrator of:  
Parent/Guardian's name

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Address City State Zip Phone #

to transfer the cumulative records (progress, behavioral, health, etc.) of

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

Please mail to: **Jefferson Christian School**

**P.O. Box 240**

**Jefferson, OR 97352**

Ph# (541)327-2939

Fax# (541)327-3316

Email: [paabel.jcs@gmail.com](mailto:paabel.jcs@gmail.com)

\_\_\_\_\_  
Date

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