

# Harbor Christian Schools

## International Student Program

### Tuition and Fees 2010-2011

**Application Fee (non-refundable):** **\$300**

The application fee is payable with application and is non-refundable. This fee includes the issuance of the I-20 for student visa.

**Assessment Fee:** **\$150**

This fee is required for assessment in order to determine placement.

**Curriculum Fee:** **\$500**

Curriculum will remain the property of the school. A fine will be assessed for lost or damaged books.

**Tuition:**

Annual Rates:

|                     |                |
|---------------------|----------------|
| <b>Grades K – 5</b> | <b>\$7,000</b> |
| <b>Grades 6 – 8</b> | <b>\$7,500</b> |
| <b>Grades 9 –12</b> | <b>\$7,950</b> |

Tuition is paid on a ten-month schedule (August through May). International students are required to pay a full semester's tuition and fees in advance.

**International Student Fee:** **\$2,000**

This fee is in lieu of the scrip fees, volunteer time, and fundraising efforts that are required of students and their families during the school year. This fee will also cover additional costs for professional assistance in order to ensure academic success, language skills enhancement, and cultural integration up to \$500.00

**Additional Needs:**

Fees (after the first \$500) for private tutoring or special assistance outside the regular classroom instruction will be charged to parents on an individual basis. Parents will be notified in advance of the need for these fees.

**Transfers:**

Students who transfer to Harbor Christian Schools after the school year has started will be charged on the basis of the number of months left in the school year. All other fees still apply.

All tuition and fees are non-refundable. All books must be returned and all current tuition and fees must be paid before the school will authorize withdrawal or release grades and transcripts.

# Harbor Christian Schools

## Application for International Student Admission

### 2010-2011

Mission statement: While honoring each individual student as a unique learner, our mission is to encourage the highest standards of academic achievement, personal responsibility, and love for learning in a nurturing Christian environment.

Harbor Christian Schools does not discriminate on the basis of race, color, national or ethnic origin. We reserve the right to deny admission to any student based on current school standards.

**Student Name:** \_\_\_\_\_  
Last First Middle

**Foreign Address:** \_\_\_\_\_  
Address City Province/Territory Country Postal Code

**Country of citizenship:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:**  Male  Female  
(month/day/year)

**Passport ID Number:** \_\_\_\_\_ **Passport Expiration Date:** \_\_\_\_\_  
(month/day/year)

**Visa Expiration Date:** \_\_\_\_\_ **Student Email Address:** \_\_\_\_\_  
(month/day/year)

**Race (opt):** Black Asian/Pacific Islander American Indian/Native Alaskan Hispanic White (Not of Hispanic Origin)  
Other \_\_\_\_\_

**Grade applying for:** \_\_\_\_\_ **School last attended:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
(Include complete address with street, city, country & zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell/Pager #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(Include complete address with street, city, country & zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell/Pager #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**List the Name, age, and Gender of any Siblings:** \_\_\_\_\_

#### US HOMESTAY PLANS

I have home stay/ host family confirmed.

I would like home stay/ host family information.

**HOST FAMILY INFORMATION**

**Home Stay Address:** \_\_\_\_\_  
Street City Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Names and ages of children in home stay family: \_\_\_\_\_

Church Affiliation \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_  
(Include US address with street, city & zip) \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Employer: \_\_\_\_\_ **Cell/Pager #:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_  
(Include US address with street, city & zip) \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Employer: \_\_\_\_\_ **Cell/Pager #:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

**List any other people living in household:** \_\_\_\_\_

**School information**

Please list all previously attended schools, including home-school if applicable:

School Complete address & Zip Code Teacher(s) Dates Attended

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**Student Questionnaire**

Why would you like to attend Harbor Christian Schools? \_\_\_\_\_

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What are your special interests? \_\_\_\_\_

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What are you good at doing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you find challenging? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to be able to do and know by the end of the school year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Questionnaire**

Why have you selected Harbor Christian Schools for your child? \_\_\_\_\_  
\_\_\_\_\_

Has this applicant received any assistance in the form of tutoring, gifted, talented, or special education programming? \_\_\_\_\_

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If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any physical, mental, emotional, or learning problems that this school should be aware of? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any special circumstances or needs that your child may have: \_\_\_\_\_  
\_\_\_\_\_

Please tell us your expectation for contact with the school during your child's enrollment at Harbor Christian Schools.  
\_\_\_\_\_  
\_\_\_\_\_

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By signing and submitting this application, I hereby acknowledge the following:

- I will fully support the school's academic, behavioral, and other policies.
- I agree that the administration has the responsibility, in consultation with parents, students, and guardians to assign the appropriate curriculum and placement for my child.
- I will fully support my child's participation in chapel and Bible teaching.
- I agree to fulfill all financial obligations promptly, in accordance with the school's financial policy.
- I will recompense the school for any and all damages to school or private property caused by my child.
- I release the school from all liability, except negligence, while my child is under the school's care and responsibility.
- Harbor Christian Schools may terminate this enrollment at anytime if my child's behavior is found to be unacceptable.
- I understand that any intentional withholding of pertinent information regarding this contract may result in the dismissal of my child.
- I agree to follow all SEVIS international student rules and regulations while enrolled at Harbor Christian Schools.
- I agree to maintain adequate medical insurance to cover our child's medical needs or emergencies while enrolled at Harbor Christian Schools.
- I understand that the required forms must be signed and the appropriate fees must be paid in full for this application to be valid.

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Signature of father

Date

Signature of mother

Date

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Signature of guardian

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Signature of guardian

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Signature of student

Date

**HARBOR CHRISTIAN SCHOOLS**  
**Enrollment Contract for 2010-2011**  
**Full-time Students**

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

*Please read the terms and conditions for enrollment in Harbor Christian Schools before signing below.*

- ◆ Tuition is paid on a ten month schedule August through May. See SMART contract for specific dates. There is a late charge of \$35.00 each month for payments more than ten days late.
- ◆ The registration fee is due at the time of registration. This fee is non-refundable.
- ◆ The curriculum fee is non-refundable after August 15th.
- ◆ Students may attend class once registration and curriculum fees are paid in full.
- ◆ Parents/legal guardians are responsible for tuition payments anytime their child(ren) is/are enrolled at Harbor Christian Schools. Tuition refunds or credits will not be given for absences.
- ◆ If an account is delinquent more than 60 days, the student(s) will not be admitted to class until the account is current, unless special prior arrangements are made with the administrator.
- ◆ Parents/legal guardians must give a **30-days written notice** of intent to withdraw their student(s) to the administration of Harbor Christian Schools. If a student is withdrawn without 30 days written notice, the parents will be responsible for paying an extra month's tuition.
- ◆ Student records will not be released until all accounts are paid in full.
- ◆ If Harbor Christian Schools must file a collective action for unpaid tuition, fees or charges, the parent(s) or legal guardian(s) agree to accept full liability for all fees associated with the effort to collect on the debt.
- ◆ Harbor Christian Schools reserves the right to suspend or expel a student who fails to comply with school standards and/or rules.
- ◆ I agree to donate 30 service hours or pay \$450.00 to cover the cost of service hours (\$15 per hour) during the school year, as described on the tuition and fee sheet. I understand that a bill for volunteer services not performed by the end of the school year will be sent in June. Furthermore, I agree to purchase a minimum of \$1,200.00 SCRIP or pay \$120.00.

By signing this contract I (we) agree to promptly fulfill all financial and service obligations to Harbor Christian Schools. I (we) will abide by all of the financial policies of Harbor Christian Schools. I (we) understand and agree to all of the terms and conditions set forth above.

\_\_\_\_\_  
Signature of Mother or Legal Guardian

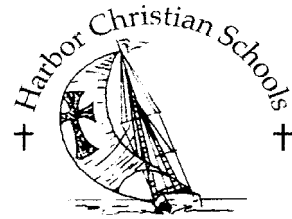
\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Printed Name of Mother or Legal Guardian

\_\_\_\_\_  
Printed Name of Father or Legal Guardian

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

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



**HARBOR CHRISTIAN SCHOOLS**  
**Release of Liability Statement**

By my signature below I do hereby release Harbor Christian Schools from any liability resulting from the publication of my picture and/or information on school brochures, flyers, banners, web pages, and any other publication used for the purpose of promoting Harbor Christian Schools. Understanding these terms, I fully agree not to bring any form of litigation against Harbor Christian Schools for any unwanted event seemingly brought about by the publication of my information and/or picture.

\_\_\_\_\_  
Printed Full Name of Publicized Individual

\_\_\_\_\_  
Signature of Individual or Guardian

\_\_\_\_\_  
Date

Harbor Christian Schools will not publicize the above signer's information to any source not relating to the above mentioned intentions. Harbor Christian Schools will not intentionally present the above signer's information and/or picture in a manner that could be construed as inappropriate.

\_\_\_\_\_  
Administrator/Board President

\_\_\_\_\_  
Date

Please check the information below you are willing to have included in the school directory, which is distributed only to students and staff.

\_\_\_\_ Name  
\_\_\_\_ Telephone

\_\_\_\_ E-mail  
\_\_\_\_ Address

\_\_\_\_  
Initial



# HARBOR CHRISTIAN SCHOOLS

## *Confidential Teacher Referral Letter*

Parents: Please fill out the first section below, then return this form to Harbor Christian Schools along with the application for admission. Thank you.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current or Previous Year's Teacher:  
\_\_\_\_\_

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

School Address: \_\_\_\_\_  
Street City State Zip Code

Dear Educator,

The student named above has applied for admission to Harbor Christian Schools. We would appreciate your comments regarding this applicant. Only HCS school officials will read your comments. Thank you very much for your assistance.

1. Please describe the student's academic abilities, strengths, and challenges:

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2. Please describe the student's social development:

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3. If you could work with this student for another year, what would you most like to accomplish with this student?

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4. Please describe this student's behavior in the classroom and on the playground.

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5. Does this student require any special assistance or have unusual needs in order to do his/her best in school?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to the applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Telephone

Thank you for spending time on this form. We appreciate your assistance very much.  
Please mail this form to:

Harbor Christian Schools  
PO Box 2135  
Gig Harbor, WA 98335

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# Harbor Christian Schools

## PERMISSION FORM / EMERGENCY CONSENT FORM 2009-2010 SCHOOL YEAR

### PERMISSION FOR TRANSPORTATION AND PARTICIPATION

I, \_\_\_\_\_ (print name), a parent or legal guardian of \_\_\_\_\_ (student's name), a student at Harbor Christian Schools has permission to leave campus for participation in field trips during the school year. I furthermore consent to Harbor Christian Schools transporting my child by private vehicle in conjunction with any Harbor Christian Schools class, program, or function (including transportation to and from public libraries and locations of field trips and special events). I understand that Harbor Christian Schools may have parents of other students provide such transportation and serve as supervisors of my child/children.

### EMERGENCY INFORMATION

\_\_\_\_\_  
Doctor's Name Phone Number Preferred Emergency Care Facility

\_\_\_\_\_  
Health Insurance Company Plan Name

\_\_\_\_\_  
Group Number (if a group policy) Participant Account Number

Allergies (medication or other) \_\_\_\_\_

Asthma (medication) \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Other medically important information \_\_\_\_\_

Medications currently being taken \_\_\_\_\_

### CONSENT FOR EMERGENCY HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE

#### Medical and Surgical Consent

I, the undersigned, hereby consent to all medical and surgical treatment by the attending physician and to the administration, for performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, or other procedures which may be deemed necessary during the stay at this medical facility for \_\_\_\_\_ (student's name).

#### Financial Agreement

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay reasonable attorney's fees and collection expenses.

I have read the above consent form and understand and agree to its content.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*see reverse side

## STUDENT INFORMATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip Code

## CONTACT INFORMATION

Please provide the names, addresses and telephone numbers of five people who can be called in the event of an emergency or if student is injured or becomes ill at school. **List in the order of priority including yourself if you wish to be called.**

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

4. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

5. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_