

HARLAN CHRISTIAN SCHOOL
17108 State Road 37
Harlan, IN 46743
260-657-5147
www.harlanchristian.org

REGISTRATION FORM
Year: _____
Grade: _____

Harlan Christian School does not discriminate on the basis of race, color, or ethnic origin in its educational policies, admission policies, or any other school-administered program. Students are placed in the grade level which best meets his/her individual needs as determined by Harlan Christian School. This is determined by placement testing, along with teacher and principal evaluations.

STUDENT'S FULL LEGAL NAME: _____

BIRTHDATE: _____ BIRTHPLACE: _____ CHURCH: _____ M/F _____ Age: _____

STUDENT'S SSN: _____ STUDENT RESIDES WITH: Father:___ Mother:___ Other: __

STUDENT'S EMAIL: _____ STUDENT'S CELL PHONE: _____

Others living in your household (name, relationship & age): _____

Father's Name: _____ SSN: _____ Address: _____ _____ Telephone: _____ Cell Number: _____ Work Phone: _____ Email: _____ Employer: _____ Address: _____ _____ Position: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Unmarried <input type="checkbox"/> Other Name of current spouse: _____	Mother's Name: _____ SSN: _____ Address: _____ _____ Telephone: _____ Cell Number: _____ Work Phone: _____ Email: _____ Employer: _____ Address: _____ _____ Position: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Unmarried <input type="checkbox"/> Other Name of current spouse: _____
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PARENTAL RELEASE

We strongly encourage you not to use alcohol, tobacco, profanity or participate in any other activity that would be a bad example to your child. You have the right to withdraw your child at any time. We also have the right to dismiss students without notice. Registration is non-refundable. Prepaid tuition is refundable.

_____ will be responsible for paying all bills and agree to billing procedures outlined on the payment schedule. Registration fees are non-refundable unless the applicant is rejected or there is no opening for the student in which case half of the registration fee will be returned.

- I/We have read and understand the rules and regulations of the Harlan Christian School, and agree to abide by them.
- I/We have read and understand the rules and regulations of the Harlan Christian School of the Social Media Policy.
- I/We agree to make all tuition payments to the school. If not, I understand that the school has the right to dismiss my child and/or turn the account over to collections. If the account is turned over to collections, I will be responsible for all collections fees, legal fees, court costs, etc.
- I/We give my permission for my child to go on school activities that require leaving the school grounds.
- I/We give permission for my child to be paddled, if necessary.
- I/We agree for my child's picture to be used for advertising.
- If any information has been intentionally omitted or falsified, it may result in immediate dismissal of the student.

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REGISTRATION FORM
Year: _____

STUDENT'S NAME: _____ DATE: _____

ADDRESS: _____ STATE: _____ ZIP CODE: _____

GRADE: _____ AGE: _____ BIRTHDAY: _____ CHURCH AFFILIATION: _____

MOTHER'S WORK &/OR CELL NUMBER: _____

FATHER'S WORK &/OR CELL NUMBER: _____

IN CASE OF ILLNESS OR EMERGENCY AT SCHOOL:

Please understand that every effort will be made to contact the custodial parent or legal guardian. When this fails, the following person(s) will be contacted to speak on behalf of the student with the same authority as the parent. When no designated contact can be reached, or a serious medical emergency exists requiring medical treatment beyond what can be provided at school to maintain safety and/or life, the student will be transported by EMS to the emergency room of _____ Hospital.

STUDENT'S DOCTOR _____ OFFICE PHONE # _____

#1 NAME _____ PHONE# _____ RELATIONSHIP _____

#2 NAME _____ PHONE# _____ RELATIONSHIP _____

#3 NAME _____ PHONE# _____ RELATIONSHIP _____

MEDICAL HISTORY:

ASTHMA ___ Allergy Induced ___ Anxiety Induced ___ Exercise Induced ___ Other

What controls the attack best? _____

ALLERGIES _____

Does your child require the use of an EpiPen for allergic reactions? _____

EPILEPSY (list type) _____ Controlled by medication _____ or other _____

How often does student have seizure _____

CHRONIC OR EXISTING MEDICAL, HANDICAPS OR PROBLEMS ALONG WITH INSTRUCTIONS:

MEDICATIONS TAKEN DAILY AND CONDITION BEING TREATED:

Both parents' signature is required:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

PARENTAL RELEASE FORM

STUDENT: _____

GENERAL MEDICAL POLICIES

Parents will be notified and expected to pick up students who have a temperature, diarrhea, or are vomiting. Students with any of these symptoms before school in the morning should stay at home for 24 hours.

- Children suspected with "pink-eye" will be sent home and need to be treated for 24 hours before returning to school.
- Children suspected to have lice will be sent home. Students will need to be treated and rechecked before they are allowed to return to school.
- Please fill out applicable forms which are available in the office:
 - ___ RELIGIOUS/MEDICAL OBJECTION TO IMMUNIZATIONS
 - ___ FOR AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICATIONS AT SCHOOL AND AFTER SCHOOL ACTIVITIES: High School students may carry over the counter medicines (Tylenol, Advil, cough drops, etc.) however, they must report to the office when taking meds. They may not share meds with other students. All prescription meds must go through the office. Junior High and High School students may self-carry EpiPens. Pre-K through sixth grades must give EpiPens to teachers. All students may carry inhalers.
 - ___ STUDENT MEDICATION INFORMATION and CONSENT FORM: If your child will be taking cough drops, Tylenol, Advil, any over the counter drugs, etc., please fill out this form. Parents need to supply one week worth of meds in the original bottle along with student's name on bottle. Please turn meds into the office.
 - ___ ALLERGY REACTION and EMERGENCY TREATMENT PLAN: If your child is allergic to bees, has a food allergy, a contact allergy, hypoglycemia, asthma, uses an inhaler or has other allergies not listed, please fill out form along with treatment plan.
 - ___ FOR HERBAL/VITAMIN MEDICATION AT SCHOOL: If your child takes herbal medications or vitamins, please fill out form.
 - ___ EPIPEN and EPIPEN JR: If your child has a prescription to use an EpiPen, please fill out form. Junior High and High School students may self-carry EpiPens. Pre-K through sixth grades must give EpiPens to teachers.
 - ___ FOR BEE STINGS: If your child is allergic to bees, please fill out form.
 - ___ QUESTIONNAIRE FOR PARENTS OF A CHILD WITH ASTHMA: If your child has asthma or uses an inhaler, please fill out this form.
- Failure to label medication correctly makes it impossible to know what should be given and when. Any medication sent in should be in the original container, clearly labeled with all the following information, or it WILL NOT BE GIVEN.
 - A. Name, grade and teacher's name
 - B. Today's date, and start/end dates for medicine
 - C. Name of medication
 - D. Amount to give, time of last dose and time for dose at school

GENERAL MEDICAL RELEASE

- We/I understand and know that there is no nursing/medical staff on premises.
- We/I give permission for our child to take part in all school activities, including sports, physical education, and school-sponsored trips away from the premises and absolve Harlan Christian School and Harlan Church of Christ, Harlan, IN from all liability to me or my child because of any injury to any student, parent or volunteer at any school activity. We agree to take no legal action against the school or church because of any accident, mishap, or treatment received.
- We/I know that HCS/HCC will in no way assume the responsibility for any injuries sustained to any student, parent or volunteer while traveling to/from or participating in any sports or field trip activity.
- We/I also understand that every effort will be made to contact me first, but I hereby authorize Harlan Christian School/Harlan Church of Christ to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.

FIELD TRIP PERMISSION

I hereby give my permission for my child to accompany his/her class at Harlan Christian School on educational field trips approved by the administration of Harlan Christian during the school year. In signing this request, I acknowledge the following things to be true:

1. We/I will be given details of each field trip by the teacher or school staff.
2. Reasonable supervision and adequate chaperones will be furnished by the school, which will consist of teachers and/or parent volunteers from the group involved.
3. We/I assume the responsibility for his/her insurance coverage and/or the cost of any treatment(s) received.
4. We/I also understand that every effort will be made to contact me first, but I hereby authorize Harlan Christian School/Harlan Church of Christ to consent to medical treatment for my child as deemed necessary by a licensed physician or surgeon with privileges to practice.
5. We/I will not hold school personnel responsible if efforts to contact me are unsuccessful.
6. We/I know that Harlan Christian School/Harlan Church of Christ or any member of its faculty, staff, or any volunteer chaperone, or bus driver will in no way assume the responsibility for any injuries sustained to any student traveling to, from, or participating in scheduled field trips.

SOCIAL MEDIA PERMISSION

With the rapid growth of social media, social media has become a commonplace part of people's lives.

Nevertheless, with social media, responsible use is a necessity. To keep Harlan Christian School (HCS) in line with other policies and in accordance with our expressed desire for students to be good examples of Harlan Christian School, HCS will be implementing a social media waiver. Students that engage in social media applications such as: Facebook, Twitter, YouTube, and etc...will be held accountable for the content that appears on their personal media tools. Content including: profanity, defamatory content, harassing material, and otherwise comments regarding the school, faculty, or other students will result in disciplinary actions up to and including expulsion. Also, all students with a Facebook must like the HCS Administration Facebook page in order for HCS to help monitor student's conduct. **Failure to do so will bring non-admission.**

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

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The Indiana State Department of Health maintains an electronic immunization registry entitled Children and Hoosiers Immunizations Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter and view immunization date with this method of electronic documentation. CHIRP ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandates that all schools within the state of Indiana utilize CHIRP to document annual immunizations records. We are required to submit these immunization reports to maintain our accreditation. Parents/guardians within our school are being notified of this law and your permission is required to submit the immunization status of your child in this format. The Indiana Department of Education's attorney, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document.

I, as a parent/legal guardian to the below stated child, give HARLAN CHRISTIAN SCHOOL, permission to release the following information concerning my child to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).

Signature

Date

Printed Name of Parent(s)/Guardian(s)

Printed Name of Parent(s)/Guardian(s)

Address

City, State and Zip Code

Printed Full Name of Child

Birthdate of Child

Grade _____

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization date registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

_____ I hereby consent to the release of such information. (Please initial)

_____ I do not consent release of such information. (Please initial)

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ACCOUNTS/BILL PROCEDURES

HOURS

Pre-Kindergarten & Kindergarten: 8:00 a.m. – NOON
First – High School 8:00 a.m. – 2:45 p.m.

REGISTRATION

Pre-Kindergarten & Kindergarten:	First – High School:
Pre-Registration: \$90.00 (January 1 – May 1)	Testing: \$40.00 (will be applied to registration)
Registration: \$100.00 (After May 1)	Pre-Registration: \$90.00 (January 1 – May 1)
Tuition Half Day: \$180.00 a month for ten months	Registration: \$100.00 (After May 1)
Tuition All Day: \$280.00 a month for ten months	Tuition: \$205.00 a month for ten months

Registration Fees are annual, non-refundable fees for new and returning students. The registration fee is paid when you fill out a registration form. Students will not be included in the class roster until the fee is paid. One-half of the registration fee will be returned to applicants who are not accepted, or for whom there is no opening. The remaining amount covers the cost of testing and processing.

Book Fees are annual fees for new and returning students. The fee is due October 1. The book fee covers the cost of books and supplies used to provide instruction during the school year. The book fee is not refunded if a child is withdrawn. A 10% late fee will be added if books are not paid by October 1.

Tuition is based on a ten month payment schedule, August through May. Tuition fees are due on the first day of the month. A 2% discount may be deducted if tuition is paid for a full semester in advance (prior to Aug 15 for 1st semester or Dec 15 for 2nd semester). A 5% discount may be deducted if tuition is paid for a full school year in advance (prior to Aug 15).

Tuition Invoices shows the monthly tuition payment amount. All tuition payments are due on the first day of each month. Tuition reminder statements are only mailed on accounts that are past due.

Tuition Refunds are given in full to students who are withdrawn before the first day of school. After the first day of school, tuition charges are prorated according to the number of months enrolled, including the month during which any student withdraws.

Late Fees of \$10 per month are charged to accounts that are more than 10 days past due. Action will be taken on accounts that fall 30 days or more behind. If an account is 3 months overdue and there has been no payment within 10 days of this notification, the students will be dismissed from school. Seniors will not receive their diploma until all bills are paid in full.

Overdue Accounts: Families who owe a bill from a previous school year will not be allowed to return for the following year. The account must be paid in full by July 31st before a student may register for the next school year.

Discounts are given for each additional child in the same family (excluding Pre-K and Kindergarten) who are all currently attending Harlan Christian School. Discounts are \$10.00 for each additional child.

<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD CHILD</u>	<u>4TH CHILD</u>
\$205.00	\$195.00	\$185.00	\$175.00

Other arrangements for payments unable to be made in a timely manner must be presented in written form, dated and signed by the parents/guardians, and submitted to the principal and school board for approval. If payment is not made according to these arrangements, the bill will be due in full at that time. **If no arrangements have been made for payment and the account is more than 90 days behind, the child will be dismissed from school.**

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IMMUNIZATION INFORMATION

Dear Parents:

This letter is to inform you that you may begin receiving shots both from the Allen County Health Department and Super Shot to obtain needed vaccinations for school. This is of particular importance to those students who didn't receive their required vaccines for school entry last August. Parents, please be sure this is accomplished. Also parents, please remember:

1. Do not call the Health Department to schedule an appointment, just bring your children in but be prepared to wait.
2. Be sure to bring a copy of your child's shot record to the Health Department or Super Shot.
3. For a list of Super Shot locations, please call 424-7468.

Students must be vaccinated by the first day of the 2017-2018 school year OR have a signed religious/medical form in the student's file or they will be excluded from school.

The Indiana State Department of Health recommends that students in grade 12 receive one booster dose of MCV4. Also, the state recommends two doses of Hepatitis A vaccine for all students entering Kindergarten.

Even though the Health Department has vaccines available, they are still encouraging parents to obtain them from their own family doctor if insurance will cover it (to ease the burden on the free providers).

The push is to have all current students who are deficient and incoming Kindergarteners fully immunized by the start of school. Also, please do not wait until the week or two before school starts to check into this.

Here are the 2017-2018 school year immunization requirements:

Grades	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td	4	5	5	5	5	5	5	5	5	5	5	5	5	5
Polio	3	4	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis A	0	2	2	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella (chicken pox)	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Tdap (pertussis-whooping cough)	-	-	-	-	-	-	-	1	1	1	1	1	1	1
MCV4 (meningococcal disease)	-	-	-	-	-	-	-	1	1	1	1	1	1	2

Also, please remember that we need a copy of the birth certificate for all students.

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IMMUNIZATION RECORDS
Year: _____
Due in office by August 1

The school requests the following information for students so that we may better protect the health of your children. When a student is enrolled, for the first time or for any subsequent time and at any level, his/her parents/guardians must show either that he/she has been immunized or that a current religious or medical objection in on file. Parents must provide the school with complete immunization records prior to the beginning of the school year. We appreciate you filling out this form as accurately as possible.

CHILD'S NAME _____ TODAY'S DATE _____

NAME OF PARENTS _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE NUMBER _____

DTP/DT/Tdap or TD (DIPHTHERIA-TETANUS-PERTUSSIS)

PRIMARY SERIES / / / / / / / / / /

BOOSTERS / / / / / / / /

OPV/IPV (POLIO)

PRIMARY SERIES / / / / / / / /

BOOSTERS / / / / / / / /

VARICELLA / / / / **HAD DISEASE** / /

MMR / / / /

HIB / / / / / / / /

HEPATITIS A SERIES / / / / **HEPATITIS B SERIES** / / / / / /

MENINGOCOCCAL(MCV4) / / **TDAP** / / **HPV** / /

HAS YOUR CHILD HAD ANY OF THE DISEASES NAMED BELOW? PLEASE CHECK:

Allergies	Epilepsy	Rheumatic Fever	Surgeries-Why
Asthma	Hay Fever	Scarlet Fever	Speech Difficulty
Diabetes	Measles	Tonsillitis	Hearing Difficulty
Pneumonia	Mumps	Tuberculosis	Vision Difficulty
Ear Infections	Poliomyelitis	Whooping Cough	Other

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PHYSICAL
Year: _____
KINDERGARTEN ONLY
Due in office by August 1

TO BE COMPLETED BY PHYSICIAN:

Student's Name _____ Birthdate _____ M/F _____
 Father's Name _____ Mothers Name _____

PHYSICAL EXAMINATION:

Height _____	Weight _____	Blood Pressure _____	Pulse _____
Neurological		Skin	
Emotional Stability		Abdomen	
Hernia/Genitalia		Posture	
Extremities		Heart	
Lungs		Mouth	
Nose/Sinus		Speech	
Throat		Glands/Thyroid	
Tonsils/Adenoids	Enlarged	Normal	Removed

EARS:

	Right Ear	Left Ear
Wax Problems		
Tympanic Membrane		
Chronic Infections		
Hearing Loss		
Wears Aid		

EYES:

	Right Eye	Left Eye
Vision	20/	20/
Appearance		
Abnormality		
Glasses	Contacts	

MEDICAL HISTORY:

Allergies
Asthma
Seizures
Bladder
Epilepsy
Diabetes
Handicaps or Restrictions
ADD/ADHD
Other
Routine medicines taken by student
Medications:

Cleared for school _____ Cleared for Physical Education _____

Comments _____

Physician's Signature _____ **Date** _____

Printed name, address and phone number of physician _____

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SUPPLY LIST

PRE-KINDERGARTEN and KINDERGARTEN:

**Bible--Old/New Testament	Colored Pencils	Rounded Scissors
School Box	Glue Sticks-6	Pencil Sharpener
Crayons	Markers	

FIRST - FOURTH GRADES:

**Bible--Old/New Testament
All supplies are provided by the teacher.

FIFTH GRADES:

**Bible--Old/New Testament	Notebooks or Paper	Binder Pencil Pouch
Pencils	Folders	
Pens-3 purple	Highlighters	

All other supplies will be provided by the teacher.

SIXTH GRADES:

**Bible--Old/New Testament	Loose Leaf Paper	Pencil Pouch
Pencils	Highlighters	5 count black sharpie--fine point
Pens-3 purple		

Optional:
Flash Drive (if you want the school to print any school project material)
Index Cards (used for making study aids for tests and quizzes)
Folders or Binders

All other supplies will be provided by the teacher.

SEVENTH THROUGH TWELFTH GRADES:

**Bible--Old/New Testament	Pens (blue/black)	Notebooks or Paper
Pencils	Hi-Liters	Assignment Pads

3x5 note cards for research reports

High School: Composition Notebooks
(10-12) will need 3x5 and 4x6 note cards for research reports

Algebra 1, Algebra 2, Pre-Calculus, Geometry:

TI-30XA Texas Instruments Calculator or TI-30X IIS Scientific Calculator
(no programmable or graphing calculators)

Biology: 12 pack colored pencils, 1-in. binder, 20 page protectors

English 10: composition notebook, 2-three-pronged folders

Additional supplies will vary depending on courses taken. Check with teachers.

Bibles may be any version, except paraphrase versions. The best choices are the New King James or New American Standard.

Information Bulletin #107
Income Tax
September 2011

Disclaimer: Information bulletins are intended to provide nontechnical assistance to the general public. Every attempt is made to provide information that is consistent with the appropriate statutes, rules, and court decisions. Any information that is inconsistent with current laws, regulations, or court decisions is not binding on either the Department or the taxpayer. Therefore, information provided in this bulletin should serve only as a foundation for further investigation and study of the current law and procedures related to its subject matter.

Subject: Unreimbursed Education Expenses Deduction

Reference: IC6-3-2-22

Effective Date: January 1, 2011 (Retroactive)

Introduction: IC 6-3-2-22 authorizes taxpayers to claim a \$1,000 income tax deduction per dependent who is enrolled in a private school or home schooled in grades K-12 and incurs costs for tuition, fees, computer software, textbooks, or school supplies.

Definitions:

“Dependent child” means an individual who:

- A. Is eligible to receive a free elementary or high school education in an Indiana school corporation;
- B. Qualifies as a dependent (as defined in Section 152 of the Internal Revenue Code of the taxpayer and
- C. Is the natural or adopted child of the taxpayer or, if custody of the child has been awarded in a court proceeding to someone other than the mother or father, the court-appointed guardian or custodian of the child.

“Education expenditure:

Refers to any expenditures made in connection with enrollment, attendance, or participation of the taxpayer's dependent child in a private elementary or high school education program. The term includes tuition, fees, computer software, textbooks, workbooks, curricula, school supplies (other than personal computers), and other written materials used primarily for academic instruction or for academic tutoring, or both.

“Private elementary or high school education program” means attendance at:

- A. A nonpublic school (as defined in IC 20-18-2-12); or
- B. An accredited nonpublic school;
in Indiana that satisfies a child's obligation under IC 20-33-2 for compulsory attendance at a school. The term does not include the delivery of instructional service in a home setting to a dependent child who is enrolled in a school corporation or a charter school.

Application of Deduction: a taxpayer who makes an unreimbursed education expenditure during the taxpayer's taxable year is entitled to a deduction against the taxpayer's adjusted gross income in the taxable year.

The amount of the deduction is:

- A. \$1,000; multiplied by
- B. the number of the taxpayer's dependent children for whom the taxpayer made education expenditures in the taxable year.

Note: A husband and wife are entitled to only one deduction under this section. To receive the deduction, a taxpayer must claim the deduction on the taxpayer's annual state tax return or returns in the manner prescribed by the Department.

If you have any questions concerning this bulletin, contact:

Department of Revenue
Tax Administration Division
P. O. Box 6197
Indianapolis, IN 46204

John Eckart
Commissioner