

ORLEANS COUNTY CHRISTIAN SCHOOL PUPIL REGISTRATION FORM

Pupil's Name _____ Present Grade Level _____ Date of Birth _____

Address _____

Father's Name _____ Mother's Name _____

Home Phone _____ Referred By (if applicable) _____

E-mail _____

Circle the tuition option you have chosen:

#1—Pay in full by July 15 (4% discount)

#2—Pay in full by August 15 (1% discount)

#3—Make three equal payments (8/15, 9/15, 10/15)

#4—FACTS program* monthly payments by:

*(There will be a \$38.00/\$45.00 processing fee per family. This fee is due with your first Payment in August.)

a) check/money order (invoice)

b) electronic debit

Payment option #4 serves as a default if no plan is chosen. Payments begin in August and end in May.

Briefly explain why you are considering Orleans County Christian School: _____

Does your family regularly attend a local church? _____

Church Name _____

Pastor _____

Student's Siblings

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Student resides with:

Mother and Father

Mother Only

Father Only

Mother and Stepfather

Father and Stepmother

Guardian

Current School _____

Grades of Attendance _____ Reason for Transfer _____

Do you owe tuition to any other school or preschool? Yes No If yes, how much? _____

How would you classify your child’s academic ability? Average Above Average Below Average

Does your child have an IEP or 504 Plan? Yes No

Has your child ever been expelled from school or had discipline problems? Yes No

Please specifically describe any physical, medical, behavioral, or learning problems: _____

Has your child ever needed Special Tutoring or been enrolled in a Special Education Program? Yes No
(If you answered yes to either of these questions, please explain on a separate sheet of paper and relate the details of the situation.)

Please return this completed form to the school office accompanied by the \$50.00 Registration Fee.

The Orleans County Christian School admits students of any race, color, and national or ethnic origin.

I have reviewed the school manual, and I have had an opportunity to ask questions related to it. Being aware of the expectations of the school, and my responsibility to support them, I officially request that my child be enrolled at Orleans County Christian School. I also give the school personnel authority to enforce those expectations by means described in the manual or other means which are similar to those described. I also understand that this application will not be accepted without payment of a non-refundable registration fee. (The fee will be refunded only if the student is not accepted due to excess enrollment or problems discovered at the interview.) I also agree to pay all tuition in a timely fashion. I give OCCS permission to send information about any tuition balance due to future schools, should I withdraw my child from OCCS without paying all tuition.

Signature of Father Signature of Mother Date _____

Please note, there is a \$50.00 non-refundable registration fee per student that must be mailed to the address below:

Orleans County Christian School
5329 South Gravel Road
Medina, New York 14103

FOR OFFICE USE ONLY

School year: _____ Date received: _____ Date fee paid: _____

Date of Interview: _____ () Accepted () Denied (explanation on back if denied)