



**Faith Bible Christian School**  
 Elementary/Junior High: 16860 SW Blanton • Aloha, Oregon • 97007  
 High School: 4435 SE TV Hwy • Hillsboro, Oregon • 97123  
**STUDENT REGISTRATION APPLICATION**

**For School Year**  
 20\_\_/20\_\_

**STUDENT NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_  
 Address \_\_\_\_\_ **Birthdate** \_\_\_/\_\_\_/\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Phone** \_\_\_\_\_  
**PARENT/GUARDIAN NAME** \_\_\_\_\_

**How did you hear about Faith Bible?** \_\_\_\_\_

**ACADEMIC INFORMATION**

School Last Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**PLEASE ATTACH MOST CURRENT TRANSCRIPT/REPORT CARD**

Has the student ever skipped a grade?  YES  NO

Has the student ever repeated a grade?  YES  NO

Has the student ever been suspended, dismissed or refused admission to another school?  
 If yes, please explain: \_\_\_\_\_  YES  NO

Did the student have disciplinary problems in his/her previous school?  
 If yes, please explain: \_\_\_\_\_  YES  NO

Has the student experienced any scholastic difficulties in school?  
 If yes, please explain: \_\_\_\_\_  YES  NO

Has the student ever been absent for more than 10 days in a school year?  
 If yes, please explain: \_\_\_\_\_  YES  NO

Has your student ever been referred for testing or placed in a special program?  YES  NO

Has your student received any other special help or tutoring?  YES  NO

Do you suspect or has your student been diagnosed with dyslexia, hyperactivity, or Attention Deficit Disorder?  YES  NO

Describe any special needs your child has (academic, physical, emotional, spiritual): \_\_\_\_\_

Have you read and do you agree with the school's Statement of Faith in its entirety?  YES  NO

*I certify that the facts set forth in this application are true and complete to the best of my knowledge.*

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

*Office Use Only*

*Date Received:* \_\_\_/\_\_\_/\_\_\_ *Initial:* \_\_\_\_\_ *Status:* \_\_\_Enroll\_\_\_ Wait List *Test Date:* \_\_\_\_\_ *Interview Date:* \_\_\_\_\_  
*Pastor Ref.:* Y/N *Teacher Ref.:* Y/N *Application Approved:* Y/N *Initial:* \_\_\_\_\_

*Method of Payment:*  Cash  Check # \_\_\_\_\_  Credit Card *Received By* \_\_\_\_\_

*Application Fee*

The application fee is due at the time of application and is non-refundable. The New Family Entrance fee, Enrollment fee, and Tuition worksheet are due upon approval of the application and enrollment of the student. All fees are non-refundable.

# Student Pledge/Parental Consent Form

## ***STUDENT PLEDGE***

Believing that the Lord Jesus Christ is the center of all human experience, and that my attendance at Faith Bible Christian School, my relationship to my family, my classmates, my teachers, and my community is directed by and provided for by the Lord Jesus Christ, I make the following statements freely and willingly, with a determined trust that the Lord will enable me to carry them out consistently and completely.

1. My conversation shall be honorable and edifying at all times, my desire being to build up my neighbors rather than to attack or discourage them.
2. My behavior shall be orderly and respectful, keeping in mind the goal of demonstrating courtesy, kindness and honesty in Christian love.
3. My position of submission to my parent's authority and my teacher's authority is accepted gladly and thankfully.
4. I willingly refrain from degrading language, smoking, swearing, gambling, use of alcohol or narcotics, and any questionable activity not in accord with God's Word.
5. I will respect the property of others, and will commit myself to the protection and preservation of it. I understand that to steal another's property or to vandalize in any way is contrary to the standard of God's Word and deserving of correction and discipline.
6. My behavior with members of the opposite sex shall, at all times, be honorable and in keeping with the highest moral standards as explained to me by the school administration, as presented in God's Word, and as required in the Student Guidelines.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian School while I am attending the school, and will encourage others to maintain this same commitment.

STUDENT'S SIGNATURE \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## ***PARENTAL CONSENT***

I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and give my child encouragement in the completion of any homework or assignments.

I appreciate the standard of the school and do not tolerate profanity, obscenity in word or action, dishonor to the holy Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all policies of the school as outlined in the Student/Parent Handbook and authorize FBCS to discipline my child as appropriate, consistent with the disciplinary measures listed. I understand that the school reserves the right to discipline or dismiss any child who fails to comply with the established policies or whose financial obligation remains unpaid.

I agree that any claim or dispute arising from or related to this agreement and/or my child's attendance at FBCS shall first be addressed by pursuing a formal appeal and hearing before the School Board. If that does not resolve such claim or dispute, I agree to participate in Christian mediation or should mediation also fail, I agree that the matter shall be resolved by binding arbitration. I understand and agree that these methods shall be the sole course for remedy for any controversy or claim arising out of this agreement and/or my child's attendance at FBCS, and I expressly waive my right to file a lawsuit in any civil court against Faith Bible for such disputes. Regardless of the outcome of any such proceedings I recognize and agree that each party shall bear full responsibility for payment of their own attorney fees, disbursements and costs.

Please sign and legibly print your name below:

\_\_\_\_\_  
Father/Guardian – Please Print

\_\_\_\_\_  
Father/Guardian – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian – Please Print

\_\_\_\_\_  
Mother/Guardian – Signature

\_\_\_\_\_  
Date

**For Office Use Only**  
Complete \_\_\_\_\_ SASI \_\_\_\_\_  
Copies To: Finance/Health/HomeRoom/PE

# Student Profile/Medical Form/Field Trip Release

## 20\_\_/20\_\_ School Year

### STUDENT INFORMATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle  
Home Telephone: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ [ ] M [ ] F  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Page/Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
*If address and phone number are different from student:*  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Page/Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
*If address and phone number are different from student:*  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

### EMERGENCY CONTACTS

Persons to call in case of emergency if parent/guardian cannot be reached.  
#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### STUDENT MEDICAL PROFILE

Student's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dentist/Ortho: \_\_\_\_\_/\_\_\_\_\_ Telephone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_  
Preferred hospital: \_\_\_\_\_  
Known Health Problems (attach symptoms and treatment procedure): \_\_\_\_\_  
Allergies (attach symptoms and treatment procedure): \_\_\_\_\_  
Activity restrictions: \_\_\_\_ YES \_\_\_\_ NO Explain: \_\_\_\_\_  
Current medication being taken: \_\_\_\_\_

The school cannot give any medication (prescription or nonprescription) to students without proper written authorization from parents, and only within the guidelines stated in the medication policy in the Parent/Student Handbook. Please use the *Medication Permission and Record Form* available in the office.

Date of last Tetanus (DTP) shot: \_\_\_\_\_

OVER PLEASE

## Field Trip Release

### **PARENT OR GUARDIAN PERMISSION**

I give my permission for \_\_\_\_\_, Grade \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision.

- I am advised that students are held responsible for all player's equipment owned and issued by the school and I am responsible for replacement costs for lost and damaged equipment.
- I am advised that Faith Bible Christian School provides secondary insurance coverage for all sports, which is included in the sports fee.
- I understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Faith Bible Christian School, its affiliated employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

In case of such emergency, I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date

\_\_\_\_\_  
Mother/Guardian's Signature and Date

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

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

If the child lives with both parents, the release must be signed by both parents/guardians.

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## PERMISSION TO USE STUDENT PHOTO(S) ON THE FBCS WEBSITE

By indicating your consent on this form, you are allowing for the use of your child's name and/or picture, as indicated below, and waiving and releasing Faith Bible Christian School from any and all liability from any claims which may occur from the use of the name or picture of your child on the web pages. The school will retain permission until such time as the parent or guardian withdraws their consent.

I \_\_\_\_\_ consent to my child's ( \_\_\_\_\_ )  
Parent Name (please print) Child Name (please print)

name \_\_\_\_ and/or picture \_\_\_\_ being used on any web page on the private side of the Faith Bible Christian School web site.

I \_\_\_\_\_ do not consent to my child's ( \_\_\_\_\_ )  
Parent Name (please print) Child Name (please print)

name or picture being used on any web page on the private side of the Faith Bible Christian School web site.

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