



## 2023-2024 Re-Enrollment Packet

**Partnering with the family to cultivate academic excellence, integrate godly principles for living, and guide every child toward maturity in Christ.**

Dear Returning Families,

Thank you for choosing to re-enroll at Shiloh Christian School. To expedite the process, you just need to complete the following re-enrollment documents:

- Re-Enrollment Application**
- Acknowledgement of Limited Support Services**
- Parental Agreement**
- Authorization for Emergency Care to Minors**
- Financial Contract signed during meeting with Administration**

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**The 2023 -2024 tuition price for Shiloh Christian School is: \$4,500 per student.**

### **Tuition:**

Our payment plans make tuition more manageable by allowing you the option to make 10 or 12 monthly payments starting in August and ending in May/July. You may also elect to make quarterly or semester payments. In the event of withdrawal, tuition fees shall be refunded on a monthly pro-rated basis.

**\*Shiloh Christian School contracts through FACTS Tuition Management Program for ALL monthly tuition payments. At time of enrollment, you will be given a financial contract to sign that will set up your payment plan with FACTS or the school office.**

There is a **family discount** for each additional child from the same family. The second child's tuition is discounted 3%, the third an additional 3%, etc.

### **Book & Incidental Fee:**

A **Book & Incidental Fee of \$500 is required each year for every student.** This fee is **non-refundable**. A family may choose to pay the entire fee before the start of school or elect to include the fee in their FACTS Tuition Management Program.

### **Late Payment Policy:**

A letter will be sent when an account is 30 days past due, stating the outstanding balance and late fees.

At 45 days, a second letter will be sent by email and/or registered mail outlining the past due amounts.

At 60 days, a third letter will be sent, the School Board will be notified, and the School Board will make a decision on the next steps to be taken in the situation.

All balances and fees for the prior year must be paid in full before the student will be allowed to re-enroll at Shiloh.

# 2023 -2024 RE-ENROLLMENT APPLICATION

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
CDIB card (circle one) Yes or No      If yes, which Tribe \_\_\_\_\_

## FAMILY INFORMATION

Father/Legal Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother/Legal Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** Shiloh Christian School do not discriminate on the basis of race, color, gender or national/ethnic origin in its admission policies. It does, however, screen applicants on the basis of academic ability, department, and compatibility with the school's religious purpose, philosophy, and goals.

**COMMITMENT:** I understand that all students enrolled in Shiloh Christian School will receive religious training in accordance with the statement of faith. I hereby authorize the school to teach my child these truths and agree to support them to the best of my ability.

**COMMUNICATION:** Shiloh Christian School regularly sends communication via email and the remind app. Please check email/junk folders regularly. Communication also takes place via social media, classroom news, and during pick up. Grading information and assignments should be checked on FACTS - SIS.

Legal Parent/Guardian Printed Name: _____	Phone Number: _____
Legal Parent/Guardian Signature: _____	Date _____

# ACKNOWLEDGEMENT OF LIMITED SUPPORT SERVICES

Shiloh Christian School is committed to meeting the needs of ALL of our students. We must make decisions based on whether we have the resources to meet and serve the needs of each individual child in our classrooms. With that, we will do our best to provide modifications and accommodations such as defined in an Individualized Education Plan (IEP) or 504, but Shiloh Christian School cannot guarantee full services and is not legally required to follow these plans. Special Education reviews and testing may be requested through Cherokee County School District by the parent/guardian. SCS is willing and able to participate in annual reviews and in providing needed information.

Parent/Guardian: Please indicate if your child has received any of the following services (check all that apply) and provide a brief explanation.

IEP       504       other services or support       N/A

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By signing below, I acknowledge and understand that Shiloh Christian School has limited resource support for students and cannot be held to legally binding IEP or 504 plans. Failure to notify the school of an IEP or 504 could affect my child's enrollment.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

# **SHILOH CHRISTIAN SCHOOL PARENTAL AGREEMENT**

Student Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## **TUITION PAYMENT**

Since Shiloh Christian School has an obligation to its employees, students are considered enrolled for the entire school year. Tuition is calculated on the basis of the entire year; therefore, no reductions can be made for vacations or school holidays. If a student enters after the school year has begun, then tuition is pro-rated according to monthly enrollment. The cost of books, materials, and incidental fees remain the same. No deductions will be made for tuition during the school year, regardless of the cause of such absence. All accounts must be paid in full for the current term before report cards will be issued.

## **DISCIPLINE**

I understand that sending my child to Shiloh Christian School is a privilege not a right. The goals of Shiloh Christian School are not to reform, but to train Christian children and youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as set forth in the Scriptures. This may include such measure as instruction, exhortation, correction, and rebuking. I understand that Shiloh Christian School administration reserves the right to dismiss any student from attending Shiloh Christian School for what they determine to be sufficient reason.

## **TRANSPORTATION PERMISSION**

I hereby give my permission for Shiloh Christian School to transport my child, provided that the driver has liability insurance in force, has a valid driver's license, and that seatbelts will be required for all passengers. I relieve Shiloh Christian School and any representative there of all responsibility in case of accident or injury. I understand the school provides only general supervision.

## **WITHDRAWAL NOTICE**

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with the administrator. I understand that if I withdraw my child after the first month or any month, I will remain responsible for the complete month's tuition.

## **LIABILITY**

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of injury or alleged injury to my child. Should legal action for any reason be taken against Shiloh Christian School or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any and all attorney fees, court fees, damages, or other costs that Shiloh Christian School or its agent should incur to defend itself against such action.

This Parental Agreement will be in effect for as long as my child is enrolled and attending Shiloh Christian School. I realize that Shiloh Christian School is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child and others. I accept the Shiloh Christian School policy that at least one parent will attend every Parent/Teacher Conference and any scheduled meetings. I also realize that I need to volunteer for fundraisers during the year because they keep tuition costs down.

I understand that Shiloh Christian School has the right to use all pictures taken at school or at school functions in any newspaper, yearbook, brochure, Facebook, and web page advertising tool of SCS, unless I have specifically written a letter to the school specifying why my child cannot participate.

I understand that under some circumstances for the benefit of my child, outside testing and /or assistance may be required for continued enrollment. Any final decisions regarding termination of enrollment will be at the discretion of the School Board on a case-by-case basis.

I have carefully read the STUDENT/PARENT HANDBOOK and agree that if I have a problem with the school, the administrator, or a teacher, or another parent, I will follow the procedure for "Resolving Problems and Addressing Concerns" as laid out in the handbook.

I have read and do understand the above information and request that my child/children be accepted to attend Shiloh Christian School.

Legal Parent/Guardian Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# **AUTHORIZATION FOR EMERGENCY CARE TO MINORS**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last name First name Middle name

Parent Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency illness or accident, the child is given first aid and the parents are notified. If the parent cannot be located, the child will be taken to the Emergency Room. Shiloh Christian School does not assume responsibility for the payment of the hospital, doctor, or ambulance fees.

Health Insurance with: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I/We the undersigned, parent(s) or legal guardian of the minor listed below:

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

It is understood that this consent is given in advance of any specific diagnosis or treatment being done. I hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I/We authorize the physician or to dentist to call in any necessary consultants, in his/her own discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advanced of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor and said physician and/or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective from the date signed **until 3:30 p.m. on the 30<sup>th</sup> day of May 2024** unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor children.

## **AUTHORIZATION OF NON-PRESCRIPTION MEDICATION**

The Staff of Shiloh Christian School has my permission to administer the following if needed to my child:

Tylenol	Yes	Initial _____	or	No	Initial _____
Advil	Yes	Initial _____	or	No	Initial _____
Benadryl	Yes	Initial _____	or	No	Initial _____
Sore Throat Spray	Yes	Initial _____	or	No	Initial _____
Cough Drops	Yes	Initial _____	or	No	Initial _____

Known Medication or Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Legal Parent/Guardian Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_