

Application Process 2024-2025

We appreciate your interest in our school. This packet contains the documents needed for each grade. Please complete each section that applies to your child(ren). Please call the office if you have any questions or need assistance.

Your child's application is complete when the following has been turned in:

- | | |
|--|--|
| <input type="checkbox"/> Application for Admission - Completed | <input type="checkbox"/> Financial Policy Agreement |
| <input type="checkbox"/> Registration Fee (\$175.00 Non-Refundable) | <input type="checkbox"/> Annual Field Trip / Emergency Medical Release Statement |
| <input type="checkbox"/> Statement of Faith - signed | <input type="checkbox"/> FBNSB School District Enrollment Reporting Form |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Book Fees |
| <input type="checkbox"/> Previous 2 years' report cards (1 st - 7 th) | Optional: |
| <input type="checkbox"/> In-house standardized test results | <input type="checkbox"/> Legal/Custodial Documents |
| <input type="checkbox"/> Immunization Records from a Medical Facility | |

The office must receive these completed forms before we can finish enrollment. Please double check that the necessary forms are signed.

Testing: ATS administers an end-of-grade test for all incoming students for grades 1st through 7th to determine appropriate grade placement. Call for an appointment.

Admission: When the application process is complete you will be notified by phone or in writing of your child's enrollment status. If you do meet admission requirements and there are no spaces available in your class, you will have an opportunity to be placed on the active waiting list.

Family Conference: When the above items are received by the office you will be scheduled a time to meet with the administrative staff or member of the administrative staff. This will be a time to discuss the relationship between the school and home to ensure your child has a successful year with ATS. The Administration staffs will overview the ATS program, and you will have the opportunity to raise questions that you have around the child's fit into our school.

ADMISSION APPLICATION FORM 2024-2025

GENERAL INFORMATION

Applicant Information: *(Please review all information. If your information has remained the same, please skip to second page, and sign and date to update paperwork.)*

First Name	Middle Name	Family Name	Preferred Name or Nickname
Home Address		City	State
			Zip Code
Age	Date of Birth (Mo/Day/Year)	Social Security Number (Optional)	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
E-Mail Address			
Home Telephone (include area code)		Fax Number (include are code)	
		<input type="checkbox"/> Resident	
		<input type="checkbox"/> Military	
Month / Year of Entrance	Current Grade	Grade Entering	

Family Information

Parent/Guardian

Name	Occupation	Name of Company	
Home Address	City	State	Zip Code
Business Address	City	State	Zip Code
Business Telephone (include area code)		Home Telephone (include area code)	
Fax Number (including area code)		E-Mail Address	

Parent / Guardian

Name	Occupation	Name of Company	
Home Address	City	State	Zip Code
Business Address	City	State	Zip Code
Business Telephone (include area code)		Home Telephone (include area code)	
Fax Number (including area code)		E-Mail Address	

ADMISSION APPLICATION FORM

GENERAL INFORMATION

Name of student _____

Applicant lives with? ☐ Father ☐ Mother ☐ Both ☐ Other _____

Where admission materials should be sent? ☐ Father ☐ Mother ☐ Both ☐ Other _____

Where bills should be sent? ☐ Father ☐ Mother ☐ Both ☐ Other _____

Check if appropriate: ☐ Father Deceased ☐ Parents Divorced ☐ Father Remarried ☐ Living Outside the U.S.
☐ Mother Deceased ☐ Parents Separated ☐ Mother Remarried

If parents are divorced or separated, who has legal custody of the applicant? _____

List any admission tests or evaluation tests you have taken _____

Is the applicant or has the applicant ever had an IEP? _____

If so, in what school district was the testing completed? _____

Information about brothers and sisters (use additional sheets if necessary)

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Known Allergies: _____

Education

Present School

☐ Independent

☐ Private/Parochial

☐ Public

School Name _____ Date of Attendance _____

Address _____ City _____ State _____ Zip Code _____

Head Counselor _____ Telephone (include area code) _____ Fax Number (including area code) _____

OTHER SCHOOLS ATTENDED IN THE PAST THREE YEARS

School Name	City	Date
_____	_____	_____
_____	_____	_____

SIGNATURES

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Technology Usage Policy (Read and Retain this page.)

This policy is designed to help safeguard Aurora Tutoring School technology users when they access the Internet or use the computer related facilities. This document will serve to inform school staff, school faculty, students, parents, and guardians about the proper and improper use of the school's computer network and the Internet on school premises.

Although ATS does its utmost to maintain the network and Internet access, it does not guarantee that it will function at all times. Furthermore, ATS does not take responsibility for the accuracy or content of sources found while accessing the Internet. Even with the use of high level security standards. True privacy is limited and the effectiveness of the Internet filter cannot be guaranteed. ATS carefully monitors Internet access and frequently reviews the policy's effectiveness.

Purpose of Technology Usage at ATS:

All Technology, including access to the Internet, exists strictly for school-related educational purposes. Technology is to be used as a supplemental teaching and learning tool. Faculty and Staff will use the technology to more effectively accomplish their educational roles, to further develop their professional skills, to supplement their classroom lessons and presentations, and to research various school-based topics. Students will use the technology to supplement curriculum-based knowledge, to research various school-based topics, and to develop technology-based skills that are deemed essential to the pursuit of higher learning.

Technology and Internet usage at ATS is a privilege, not a right. Any person that engages in behavior that is deemed inappropriate by this policy or ATS administration is subject to strict consequences, which may include the dismissal of the persons involved.

Network Etiquette:

- ✓ Users must log off the computer terminal when leaving the work area.
- ✓ All software is licensed to ATS and may not be copied or illegally supplemented.
- ✓ Any attempt to circumvent, nullify, or modify established security parameter is strictly prohibited.

Faculty and Staff:

- ✓ Classroom computers must be left in a logged off state when you leave the room.
- ✓ Students may only use classroom computers if the teacher is present.
- ✓ It is your responsibility to shut down and turn off all hardware assigned to you.
- ✓ The removing or installing of additional software is prohibited without express approval of the administration.
- ✓ The use of the printer is for school related projects only. (Use the copy machine if you require several copies.)
- ✓ Using network or Internet resources in a fashion that goes against ATS professional, moral or ethical standards is prohibited.

Students:

- ✓ No food or drinks are allowed at computer work stations.
- ✓ Students must have a faculty or staff member present at all times when using the computer.
- ✓ Installation or removal of any software, whether malicious or otherwise, is prohibited.
- ✓ Unless specifically instructed otherwise, the playing of non-educational games is strictly prohibited.
- ✓ Students may not modify in any way the computer software settings.
- ✓ Students may not vandalize hardware, change cords, change settings, swap out equipment, or in any way modify the hardware configuration.
- ✓ Students may not use their network directories to store non-educational materials.
- ✓ Students must stay in the application that they have been instructed to use. The use of any other software not specifically allowed by a teacher is prohibited.

Improper Internet Usage:

- ✓ The use of email by students is strictly prohibited, unless it is specifically allowed for an Internet based class.
- ✓ Chat rooms and Instant Messaging Programs are strictly prohibited.
- ✓ All internet-based games are prohibited.
- ✓ Any viewing of content that is deemed malicious, inappropriate, immoral, harassing, offensive, or non-education related is prohibited.
- ✓ The Internet may not be used to purchase or sell items (EBay, merchants, etc...), initiate stock trades, stream media of any kind, download pictures or music, or participate in simulated or credit-based gambling.
- ✓ The use of the Internet to commit plagiarism, steal software, infringe on copyright, or to obtain illegal materials is strictly prohibited and will be dealt with accordingly.

Acknowledgment Technology Usage Policies

To Parents:

We are in support of the educational philosophy, objectives, Student Handbook and the standards of conduct. We will cooperate with the administration and teachers in a spirit of partnership in the training of our child(ren).

If at any time during the training of our child(ren), we can no longer work together in a spirit of unity, and all reasonable efforts of communication are exhausted, we will withdraw our child(ren) from Aurora Tutoring School.

I have read and understand the ATS Technology Usage Policy. If there are any questions or concerns, I will contact the FCS administration.

We understand that willful disobedience by our child(ren) to these principles and guidelines may result in dismissal from Aurora Tutoring School.

Father's Signature (or Legal Guardian)

Date

Mother's Signature (or Legal Guardian)

Date

Updated Signature for following school year

Date

To the Student:

I desire to attend Aurora Tutoring School or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at ATS.

I understand that Christian teachers are in partnership with my parents. I will strive to obey them also as they seek to train me according to God's Word.

I will seek to live a Godly life in and out of school in order that Jesus Christ will be glorified. (Col 3:23)

I understand that willful disobedience of these principles and the guidelines of the Student Handbook may result in my dismissal from ATS.

I have read and understand the ATS Technology Usage Policy. If I have any questions or concerns, I will contact the ATS administration.

Student Signature

Date

Updated Student Signature

Date

For the School:

The faculty and staff of Aurora Tutoring School pledge by God's grace to uphold the principles of this covenant and guidelines as we together train your children.

Statement of Faith

Aurora Tutoring School is a ministry of three God fearing women. ATS has a diverse student body and faculty in relation to doctrinal positions. There are doctrines that are not specifically addressed in the following statement of faith, and it is felt that those are best left to the home and family church for discussion.

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (II Timothy 3:15, II Peter 1:21)
2. We believe there is one God eternally in three persons: the Father, the Son and the Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)
3. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4:15, Hebrews 7:26), His miracles (John 2:11), His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His resurrection (John 11:25, I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in salvation by faith through faith in God. (John 3:16-19, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5)
5. We believe in the present ministry of the Holy Spirit by who's in-dwelling the Christian is enabled to live a Godly life. (Romans 8:13-14, I Corinthians 3:16, I Corinthians 6:19-20, Ephesians 4:30, 5:18)
6. We believe that God is almighty and deserves our praise and worship. The method used to worship God is not as important as the fact that we do worship Him. We are created for the pleasure of God and to fulfill this purpose. God seeks true worshipers to worship Him in spirit and truth.
7. We believe in Creation, not evolution, that man was created by the direct act of God and in the image of God.

Church Membership: (Circle Here) Yes No

Attendance: (Circle Here)

Weekly

Frequent

Infrequent

Name of Church _____ Denomination _____

Address _____ Telephone _____

Minister's Name _____

TUITION PAYMENT PREFERENCE FORM 2024-2025

School Name: Aurora Tutoring Christian School

Responsible Party: _____

Address: _____

City: _____ Zip Code: _____

Student(s)

Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

For the 2024-2025 school year, I will pay my student's tuition using the payment option checked below. All monthly payments must be paid on or before the 1st of each month.

☐ **Full Tuition Payment** This payment must be paid directly to the school.

☐ **Monthly Payments by credit card (Visa, MasterCard, Discover or American Express)**

the payer will be charged an additional service fee for this option.

☐ **Monthly Payments by cash or check**

I agree to make tuition payments for the 2024-2025 school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy. If payment is not made for two consecutive months the account will be referred to a collection agency, and student(s) grades will be withheld until account is brought current.

Responsible Party's Signature _____ Date _____

FIELD TRIP RELEASE FORM

For and in consideration of being allowed to participate in field trips for the 2024-2025 school year and are described in more detail at the time of the event. I _____ (*parent name*), in full recognition and appreciation of the dangers and hazards involved in any activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this event and do hereby release and hold harmless Aurora Tutoring School, its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (*including attorney fees*) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which _____ (*name of child participating*) may sustain or suffer during or arising out of activities from any event participated in and during transportation to and from such event whether caused by negligence of Aurora Tutoring School, or persons acting on its behalf or otherwise.

I understand that Aurora Tutoring School does not, in any manner, serve as principal, agent, or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participants. I have read and understand this release and voluntarily sign this document to participate in field trips provided by the above-named school.

Please print legibly (block letters), and sign your name. Illegible forms will be rejected and returned.

I have read and understand this release and I voluntarily allow my son/daughter to participate in any event provided by Aurora Tutoring School and Resource Center unless otherwise stated.

_____/_____/20____

PARENT OR GUARDIAN SIGNATURE

CONSENT FOR ADMISSION AND TREATMENT

In the event of injury to my child _____, born on ____ / ____ / 20 ____.

I hereby authorize Aurora Tutoring School or representatives thereof to admit my child _____ to a facility for emergency medical treatment as may be deemed necessary to my child's health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, _____, and on behalf of my child _____, heirs, successors, assigns, and personal representatives, hereby release Aurora Tutoring School, its trustees, officers, faculty and employees from any and all claims arising from my child's admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of as emergency are listed below.

DATE: ____ / ____ / 20 ____

PARENT PRINTED NAME

PARENT SIGNATURE

In the event of an emergency, please contact:

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

Student Name _____

FINANCIAL AGREEMENT: A ***non-refundable and non-transferable*** new student application fee accompanies each application form and is a one-time fee for students that stay continually enrolled. **Please initial each of the following boxes after reading all of the information.**

☐ I/We agree to fulfill all financial obligations promptly. I/We also understand that unless tuition is paid in full by September 1, I/we must maintain current monthly payments as agreed upon and directed by Aurora Tutoring School and Resource Center. **FULL PAYMENT:** The following year's tuition, when paid in full by September 1, receives a 5% discount. **TUITION PAYMENT:** Payments are due on the 5th of each month. A \$50.00 late fee is charged if a payment fails for non-sufficient funds (NSF). One additional attempt to get payment will be made on the 15th. A final attempt to get payment will include the late tuition payment and the late Fee in the amount of \$50.00 for every week late. **DELINQUENT ACCOUNTS:** In order to continue attendance, all accounts must be kept current, including tuition, and school fees. **Students may not be permitted to continue attending school if the account becomes two months past due.**

☐ **GRIEVANCES:** I/We pledge my/our loyalty to the aims and ideals of the school and will bring all questions and concerns directly to the appropriate teacher/administrator so that those in authority may properly consider them.

☐ **LIABILITY:** I/We release Aurora Tutoring School and Resource Center from all liability, except negligence, while my/our student is under school care responsibility.

☐ **MEDICAL INSURANCE:** I/We understand that I/we are responsible to maintain adequate medical insurance to cover my/our student's medical needs or emergencies while attending ATSRC.

☐ **MEDICAL /SURGICAL CONSENT AND FIELD TRIP PERMISSION:** The Medical/Surgical Consent and Field Trip Permission form remains on file as long as my/our student is enrolled.

☐ **PARENTAL INVOLVEMENT:** I/We have the understanding that the philosophy of the school cannot be fulfilled without parental involvement. This involvement shall include but is not limited to: attendance at school functions and parent meetings, support of homework policy, reading information sent home from school, communication with my/our student's teacher(s), and participation in fundraising activities.

☐ **PHOTOGRAPHS AND VIDEO:** I/We hereby give permission to Aurora Tutoring School and Resource Center or authorized studio to photograph and/or video tape my/our student for internal and external publications, marketing tools, or publicity purposes.

☐ **PLACEMENT:** I/We understand that the school has full discretion in the class placement of my/our student and pledges to work closely with the parents in this placement.

☐ **REGISTRATION AND ENROLLMENT:** Upon acceptance and to ensure placement, unless you pay tuition in full by September 1, a payment agreement must be in place, and all registration and book fees must be received before the student starts his/her 1st day. If a student is not accepted to ATSRC, all but \$25.00 of the registration fee is refundable.

☐ **SCHOOL HEALTH POLICY:** I/We understand that in the event my/our student becomes ill or sustains an injury that is of emergency nature while in the care of ATSRC, 911 will be called and the student transported to the nearest hospital for care. If the illness or injury is of a serious nature, ATSRC personnel will evaluate, treat, if necessary (example: cleansing a wound), and notify the parent. NO medications will be given without written permission from the parents AND a physician. I/We understand that all medication brought to the school must be in the original labeled container. If medication is to be given on an extended basis, ATSRC will send home a form to be filled out and signed by the parent and the doctor. I/We give permission for ATSRC staff to administer first aid or CPR as deemed necessary.

☐ **STUDENT COMPUTER AND INTERNET USE POLICY:** I/We have received and read the Computer and Internet Use Policy. (See end of Enrollment Packet) The student understands that school computers and internet access are for school-related use and not for leisure activities such as personal shopping and/or playing games. The student agrees that he or she will uphold the moral and ethical standards of the school by accessing only wholesome sites. The student acknowledges that misuse of the computers or the internet could result in dismissal from the school.

☐ **WITHDRAWAL PROCESS AND WITHDRAWAL FEE:** In order to withdraw, families must follow the ATSRC withdrawal process. If a student withdraws after August 1 but prior to the start of school, a 10% withdrawal fee of the annual contract will be due. If a student withdraws after the start of school, tuition is prorated on a daily basis. A 10% withdrawal fee of the annual contract will be added to the prorated tuition, and the total is due. Requests for the transfer of student transcripts or records during the academic term will be processed only when a student's account with Aurora Tutoring School is current. [Year-end transcripts will not be sent until the family's account is paid in full.](#)

I/We have read this agreement carefully and hereby agree to its terms. Date _____

Signatures of both parents or guardians, if applicable, and students applying to 7th grade or above are required.

FATHER/GUARDIAN

MOTHER/GUARDIAN

STUDENT

(Applying to grade 7 or above)

**FERPA RELEASE FORM**

FERPA is the Family Educational Rights and Privacy Act that protects a parent and students privacy. A copy of the policy is available for review on the school districts website. This law allows the school district to designate as "directory information" any personally identifiable information in a student's educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent. In addition, upon their request, military recruiters and institutions of higher learning will have access to secondary students' names, addresses, and telephone listings.

The school district has designated the following information as directory information: student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, grade level, enrollment status, degrees and awards received, scholarship eligibility, and most recent previous school attended.

STUDENT INFORMATION

Last Name

First Name

Date

Home Phone Number

Cell Phone Number

Email Address

I give my permission to Aurora Tutoring School and Resource Center to release the selected information to the recipient for the purpose of _____ (i.e. providing academic information to other schools, scholarship application, employer or other source, etc.)

TYPES OF EDUCATION INFORMATION TO RELEASE

CHECK	NAME	DESCRIPTION
	ALL RECORDS	All records listed below.
	ACCOUNTING	Includes tuition and fee balances, financial bonds, and financial holds, mailing and billing address, payment plans, accounting statements, collections and debt information.
	REGISTRATION	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semester attended and mailing address information.
	ACADEMIC RECORDS	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degree(s) awarded.
	FINANCIAL AID	Includes all general financial aid information.
	ADMISSIONS	Includes dates of application, program selected, documents received, documents pending, dates of admission, admission status and conditions of admission.
	CANCEL PREVIOUS RELEASE	Cancels any previous requests.

SPECIFIC INDIVIDUAL TO RELEASE INFORMATION

LAST NAME

FIRST NAME

CONTACT NUMBER

RELATIONSHIP

This authorization is valid until cancelled. The parent may cancel this release at any time by submitting another FERPA form to Aurora Tutoring School and Resource Center.

PARENT SIGNATURE

DATE

OFFICE USE ONLY

Verified by: _____

Date: _____

ENROLLMENT REPORTING FORM FOR SCHOOL DISTRICT

FOR THE **2024 - 2025** SCHOOL YEAR**DO NOT SEND THIS FORM TO
THE DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT**

Alaska statute 14.45.110 requires parents or guardians to send this form **to the local public-school superintendent**. Submit a separate form for each child. You may duplicate this form.

Student's Name: _____

Address: _____

Street

City

Zip Code

Age: _____

Grade: _____

School student will be attending: AURORA TUTORING SCHOOL & RESOURCE CENTERSchool Address: 201 Old Steese Hwy., STE # 6 – Fairbanks, Alaska 99701**Signature of Parent or Guardian:** _____

Signature of Administrative Officer: _____

ALASKA STATUTE 14.45.110 REQUIREMENTS OF EXEMPT SCHOOLS.

(a¹) The parent or guardian of the child of compulsory school age enrolled in a religious or other private school that complies with AS 14.45.110 - 14.45.130 shall file an annual notice of enrollment in the school for the child **with the local public school superintendent for the area in which the child resides** on a form provided by the Department of Education & Early Development. The form shall be signed by the parent or guardian and the chief administrative officer of the school and returned to the local public school superintendent by the parent or guardian. The school shall notify the local public school superintendent within a reasonable time if the child is no longer enrolled in or attending the school.

*****Do not send this form to the Department of Education & Early Development. Send to your local public school superintendent. http://www.eed.state.ak.us/DOE_Rolodex/Qdistricts_1.cfm**