



ACADEMICS

- Student to teacher ratio average is 10.1
- Student to computer ratio is 1.5
- Stable, well-educated and experienced teaching staff
- A telescope and domed observatory on campus
- A newly expanded and enhanced science lab
- Carefully crafted and designed field trips that enhance and supplement learning

SPORTS & ACTIVITIES

- Winter athletic program, including swimming
- Year-round athletic program in conjunction with Orcas Public School district
- First-class, full-size gymnasium with locker rooms

FACILITIES

- Special space-age materials provide all buildings with quality acoustical conditions, maximizing a student's learning environment
- A reverse osmosis water purification system for drinking water
- An updated web page and internet site that highlights information and activities revolving around Orcas Christian School (www.oics.org)
- A generator system that provides supplemental power to multiple buildings during disruptions in the main power source
- A campus that is strategically located in the heart of Eastsound

LIFE & SOCIAL SKILLS

- A nutritious hot lunch program provided every Wednesday
- A variety of service and outreach activities are provided for students to connect with their community
- Students learn incredible stories from the Bible and discover a friend in Jesus



TUITION FEES 2010 - 2011

Elementary Grades Kindergarten through 8

Registration <i>(No Refund)</i>	Total Tuition	Plan 1 <i>Annual</i>	Plan 2 <i>Tri-Annual</i>	Plan 3 <i>Monthly</i>
\$403.00	\$4,250.00	\$4,080.00	\$1,417.00	\$425.00

High School Grades 9-12

Registration <i>(No Refund)</i>	Total Tuition	Plan 1 <i>Annual</i>	Plan 2 <i>Tri-Annual</i>	Plan 3 <i>Monthly</i>
\$507.00	\$5,250.00	\$5,040.00	\$1,732.50	\$525.00

PAYMENT PLAN DUE DATES

- Plan 1:** *Annual* - One payment due by June 30. (4% pre-payment discount)
- Plan 2:** *Tri-Annual* - Three payments, due June 30, November 1, and March 1 (1% prompt payment discount)
- Plan 3:** *Monthly* - Ten payments due on the 25th day of each month, August through May

REGISTRATION FEES

Registration fees are per student and due within seven (7) days of acceptance. Fees for both high school and elementary include books, some classroom supplies, internet fees, software, some field trips expenses, and insurance.

WEDNESDAY HOT LUNCH

\$ 4.00 Per Meal
 \$130.00 Annual Fee
 \$ 40.00 Lunch Card
 (10 meals)

FIELD TRIPS

\$ 20.00 Monthly Package Cost
 \$190.00 Annual Package Cost

 Field trip fees can also be paid on an individual basis prior to each trip

PAYMENT OPTIONS

Cash/Check Credit Card Auto Deduct/Checking Account

TUITION SCHOLARSHIP

Please call the school office at 360-376-6683 for scholarship application information.



**2010 – 2011
SCHOLARSHIP PROGRAM**

Scholarships are awarded on an annual basis. You must reapply each year to determine eligibility.

ELEMENTARY

- Full-pay tuition for grades K – 8 is \$425.00 per month for 10 months (August – May)

Tier I
\$110.00 per student
paid by parent
(15 scholarships awarded)

Tier II
\$210.00 per student
paid by parent
(15 scholarships awarded)

Tier III
\$300.00 per student
paid by parent
(15 scholarships awarded)

HIGH SCHOOL

- Full pay tuition for grades 9 – 12 is \$525.00 per month for 10 months (August – May)

Tier I
\$130.00 per student
paid by parent
(15 scholarships awarded)

Tier II
\$260.00 per student
paid by parent
(8 scholarships awarded)

Tier III
\$300.00 per student
paid by parent
(8 scholarships awarded)

Because many of our grade levels are near the preferred maximum enrollment, it is recommended that you submit your request for enrollment and scholarship at your earliest convenience.

The process for qualifying for enrollment each year via scholarship is:

1. Pick up your application from the school office.
2. If you are applying for Tier I or Tier II, you will need to work with FACTS Grant & Aid Assessment, an on-line scholarship eligibility program.
3. After applying on line, your paperwork will be reviewed by the scholarship committee.
4. An appointment will be arranged with you to review your application

If you have any questions regarding this program, please contact OCS principal Tom Roosma.



Please complete this application and return to the school or send to OCS, P.O. Box 669, Eastsound, WA 98245 Students attending OCS may be photographed and these photos may be used for publicity and marketing purposes. Additional applications are available online at www.oics.org

STUDENT APPLICATION

School Year 2010-11	Date of Application	Grade Entering	Nickname
First Name		Middle Name	Last Name
Date of Birth	Place of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State Zip
Mailing Address (if different)		Telephone	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Cell Phone		Family email for Newsletter	
Student email		Are you a member or affiliated with a church or denomination? (Please list)	

PARENT / GUARDIAN

Student lives with (check) List alternate home phone if different from above. Mother & Father Mother, only Father, only
 Mother & Stepfather Father & Stepmother Other If there are any custody restrictions, please furnish the Orcas Christian School with a copy of the legal document naming the person(s) restricted.

Father's Full Name	Mother's Full Name
Address (if different from above)	Address (if different from above)
Occupation	Occupation
Work Address	Work Address
Work Phone Cell	Work Phone Cell
Email	Email



PARTICIPATION IN EXCELLENCE (PIE)

*All families are asked and expected to commit 10 hours per semester in support of student life. This involvement may be in the form of classroom aid, field trips, parent lectures or presentations, crafts, hot lunches or other activities that may enrich the lives of your child and the student population. **If you are not able to provide your time, the school can bill you for this time.** If both parents work and schedules prevent this during class time, please work out after-hour contributions with the office that you can make to improve your school.*

Research indicates that parents' involvement in their children's education has a profoundly positive effect on students' success. In order to promote your child's self-esteem and encourage her or his best effort, the staff of Orcas Christian School invites you to become a partner in education. Please indicate your preferences of activity(ies) below and submit this form at the time of registration.

Office assistant Days & times available: _____

Drive on field trips Days & times available: _____

Room mother or father (Plan field trips / assist teachers) _____

Lead in classroom worship activities _____

Give classroom demonstrations or science experiments Please specify: _____

Assist staff with watering plants once a week _____

Playground recess supervision Days & times available: _____

Teach art or craft projects Please specify: _____

Days & times available: _____

My preference is to assist with preparation, serving, and clean-up for "Hot Lunch" program (approximately 10am-2pm) on the following Wednesday(s): _____

Teach & supervise a game for P.E., assist coaches in sports programs, referee or keep scores Please specify: _____

Days & times available: _____

Classroom instructional assisting Subject(s) in which you specialize: _____

Days & times available: _____

Computer assisting Days & times available: _____

Other _____

Please list additional electives that you would like OCS to offer: _____

PARENT NAME _____ **PHONE** _____

STUDENT NAME _____ **GRADE** _____



2010 - 2011 STUDENT and PARENT CONTRACT

This is a legal and binding document. Read it carefully and do not sign it if you feel that you can not meet these requirements and obligations.

Financial

OCS expects that each family will remain current on all financial obligations. The school limits class sizes to enhance each individual student's ability to master academics. As qualified students apply for classrooms, it is difficult to reserve a space for a student whose account is not current. If you are unable to meet this obligation, the school will work with you for an acceptable solution. It is our desire that each student who begins a school year has the opportunity to complete it with his or her classmates, and we will do anything within reason to accomplish this as long as you are partners with us to meet your commitment.

Student Initial Parent Initial

Motor Vehicle Use (High School Students)

As a student, if I drive a vehicle to school, I will provide the office administrator with proof of insurance and my driver's license. I understand that my vehicle will be parked in an acceptable space designated for parking and will not be accessed except to leave campus. Sitting in or loitering in or around vehicles during school is not permitted. I will drive safely and courteously at all times. My vehicle will not be used by any other student, and I will follow all guidelines in the OCS Handbook (p.16)

Student Initial Parent Initial

Internet Use

OCS has invested heavily in technology to enhance each student's ability to search, retrieve and manipulate information. While OCS has installed filters to protect undesirable content, it is the student's responsibility to avoid visiting sites that do not meet the conduct of a student attending a Christian school. The school reserves the right to visit sites each student may have explored for appropriateness. No student may delete, remove or install programs from the school's computers or servers. Abuse of this privilege may result in the technology's use being suspended or terminated for that student.

Student Initial Parent Initial

Attendance

I understand that I am allowed a maximum of five unexcused absences each semester and that three tardies equals one absence. I will do my best to meet the minimum state standards for attendance for certified schools. Unexcused absences exceeding five days per semester will require a conference with the student, teacher and parent. If, in the opinion of the teacher and school administrator, excessive absences affect the student's ability to meet grade requirements, the student may be asked to take standardized tests to evaluate their competency for grade advancement. The student will make every effort to notify teachers and staff of any absence, excused or unexcused, and will try to obtain work that may help in maintaining continuity with his or her class.

Accepted by Student

Accepted by Parent/Guardian

Date



2010-2011 ACADEMIC RECORDS

RELEASE FORM

Date:

Releasing school address, phone number, fax number & contact person:

Student Name: _____

Birth Date: _____

Grade: _____

Please send educational & medical records to:

Orcas Christian School

PO Box 669

Eastsound WA 98245

Authorized Signature

Mother _____

Address _____

() _____ () _____
 Home Phone Work Phone

() _____ () _____
 Cell Phone Fax

Emergency Contact Information

In case of emergency, call parents/guardians & relatives in this order:		NEXT, in case of emergency call LOCAL non-relatives in this order:	
1.	Phone:	5.	Phone:
2.	Phone:	6.	Phone:
3.	Phone:	7.	Phone:
4.	Phone:	8.	Phone:

Insurance Information (PLEASE ATTACH A COPY OF INSURANCE CARD)

Person(s) legally responsible for student's medical needs _____

Person(s) financially responsible for student's medical needs _____

Insurance Company:	Phone:	Fax:
Address:		
Policy Holder:	Policy Holder's Last 4 Digits of SSN:	
Policy Holder's Birth Date:	Employer:	
Group #:	Policy #:	
Is this a preferred Provider Plan?	Does this plan require a referral from a Primary Care Physician?	
Primary Care/Family Physician Name: _____ Phone: _____ Fax: _____		

**Medical Care Release
2009-2010**

Orcas Christian School
P.O. Box 669
Eastsound, WA 98245
(360) 376-6683

In the event of injury or illness, I hereby authorize the staff and volunteer staff of Orcas Christian School to administer emergency care and/or contact a medical care provider to examine the student named below and to arrange for any consultation and care by a specialist, including a surgeon, which the physician deems necessary to provide proper care of any injury or illness. I understand that an effort will be made to contact me in a timely manner to explain the nature of the injury/illness and update me on the care provided or anticipated.

Student: _____

Signature of Parent/Guardian: _____

Date: _____

Student Information

Name (Last, First, Initial) _____

Allergies _____

Date of last Tetanus _____

Medical Concerns _____

Medication taken regularly _____

Parent/Guardian Information

Father _____

Address _____

() _____
Home Phone

() _____
Work Phone

() _____
Cell Phone

() _____
Fax