



**2017-2018**

## **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 AND ACTIVITIES**

- Winter athletic program, including Elementary swimming
- High School athletic programs..... Women's Volleyball, Men's and Women's Basketball
- 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](http://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 AND SOCIAL SKILLS**

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



**2017-2018  
TUITION**

**Elementary Grades Kindergarten through 8**

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

**High School Grades 9-12**

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

**PAYMENT PROCEDURES**

**Plan 1:** One payment due by June 30 (4% pre-payment discount)

**Plan 2:** Three payments due by June 30, November 1 and March 1 (1% prompt payment discount)

**Plan 3:** Ten payments due on the 25<sup>th</sup> of each month, August-May

**REGISTRATION FEES**

Registration fees are per student. In order for your child's spot to be held, this non-refundable fee must be received and recorded in the finance office. Fees for both high school and elementary include books, some classroom supplies, internet fees, software, some field trip expenses, and insurance.

**WEDNESDAY HOT LUNCH**

\$ 4.50 Per Meal (\$4.00 for Kindergarten)

\$140.00 Annual Fee

\$ 45.00 Lunch Card (10 meals)

**PAYMENT OPTIONS**

Cash/Check \* Credit/Debit Card \* Auto Deduct from Checking/Savings Acct.



**2017-2018  
STUDENT APPLICATION**

*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](http://www.oics.org)*

School Year	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)		

<b>PARENT / GUARDIAN</b>	
<p>Student lives with (check) List alternate home phone if different from above. <input type="checkbox"/> Mother &amp; Father <input type="checkbox"/> Mother, only <input type="checkbox"/> Father, only <input type="checkbox"/> Mother &amp; Stepfather <input type="checkbox"/> Father &amp; Stepmother <input type="checkbox"/> 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.</p>	
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

**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](http://www.oics.org)**



**2017-2018  
PARENT VOLUNTEER PROGRAM**

*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 Wed(s):** \_\_\_\_\_

**Teach & supervise a game for P.E., assist coaches in sports programs, referee or keep score** Please specify: \_\_\_\_\_

**Classroom instructional assisting** Subject in which you specialize: \_\_\_\_\_  
Days & times available: \_\_\_\_\_

**Computer assisting** Days & times available: \_\_\_\_\_

Other \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_



**2017-2018  
STUDENT and PARENT CONTRACT**

**This is a legal and binding document. Read it carefully and do not sign it if you feel that you cannot 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.

\_\_\_\_\_  
Parent Initial    Student 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)

\_\_\_\_\_  
Parent Initial    Student 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.

\_\_\_\_\_  
Parent Initial    Student 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.

\_\_\_\_\_  
Parent Initial    Student Initial



**2017-2018**

**ACADEMIC RECORDS RELEASE FORM**

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

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

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

**Please send educational & medical records to:**

Orcas Christian School  
P.O. Box 669  
Eastsound, WA 98245

\_\_\_\_\_  
*Authorized Signature*



**2017-2018  
Medical Care Release**

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

**Parent/Guardian Information continued**

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 medical needs \_\_\_\_\_

Person (s) financially responsible for student's medical needs \_\_\_\_\_

Insurance Company:	Phone:	Fax:
Address:		
Policy Holder:	Policy Holders 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: _____		



**2017-2018**

## **TUITION SCHOLARSHIP REQUEST FORM**

Being committed to Christian education, Orcas Christian School, along with the Orcas Island Seventh-day Adventist Church and others, provide tuition assistance through the "Student Aid Fund." The annual amount of assistance available is strictly dependent upon donations to that fund. Scholarship assistance is a commitment for the current year only. Continuing scholarship funds through the year is contingent upon student academic participation, to be evaluated quarterly by school staff.

If you need tuition assistance from the "Student Aid Fund," please complete this form and return it confidentially to the principal at Orcas Christian School, PO Box 669, Eastsound, WA 98245-0669.

Parent(s) / Guardian(s) \_\_\_\_\_

Student(s) \_\_\_\_\_

Father's Occupation & Employer \_\_\_\_\_

Mother's Occupation & Employer \_\_\_\_\_

Annual Family Income\* \_\_\_\_\_ Number of people in the family \_\_\_\_\_

*(The average cost to the school to teach one student is approximately \$24 per day)*

How much are you able to contribute monthly to your child's tuition? \_\_\_\_\_

*(All families are asked to contribute to their child's tuition)*

Briefly describe why you desire to send your child to Orcas Christian School: \_\_\_\_\_

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In order to keep tuition and other costs to a minimum, the school relies on volunteers to accomplish as much as possible. There are many areas where assistance is needed, such as cleaning, student supervision, and helping with hot lunches. Please write down your areas of interest. (This does not affect the distribution of aid.)

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

***\*The Scholarship Committee will request a copy of your family budget for monthly income and expense verification.***