



XENOS CHRISTIAN **SCHOOLS**

KNOWLEDGE • CHARACTER • COMMUNITY

**Calumet Campus &
Central Administrative Office
Preschool through Eighth Grade
2774 Calumet Street
Columbus OH 43202
(614) 261-8136**

**North Campus
Preschool through Fifth Grade
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540**

**Harambee Campus
Kindergarten through Eighth Grade
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885**

2012-2013 Registration Packet New Student

www.xenosschools.org



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Campus
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

North Campus
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Campus
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

January 31, 2012

Dear Parent or Guardian,

The attached packet includes the necessary forms to register a new student at Xenos Christian Schools (XCS) for the 2012-2013 school year.

Open Registration begins February 13, 2012. Applications are accepted on a first come, first serve basis.

We mail Enrollment Confirmation letters in early April. When you receive the Enrollment Confirmation letter, you have until April 25 to decline enrollment without penalty. Any subsequent withdrawal after April 25 requires a one-month tuition penalty as described in the 2012-2013 Fee Schedule.

Important: New students are accepted on a conditional basis pending a review of school records and placement testing as determined by the school. New second through fifth grade students are required to attend Riggs Language Arts training in August. The cost is \$75.00 per student and we will mail a letter with the details by the end of May. If necessary, additional individual tutoring during the summer may be available.

After early April, we inform you of enrollment status at the time of registration.

Your prayers and support are invaluable for the continuing development and excellence of XCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have any questions, please call our administrative office at 261-8136.

Sincerely,

Jim Fulford
Principal Calumet Campus
Carole Bucklew
Principal North Campus

XENOS CHRISTIAN SCHOOLS 2012-2013 REGISTRATION INSTRUCTIONS

IMPORTANT: Parents or legal guardians must submit registrations in person between 9:00 a.m. and 4:00 p.m. at either the Calumet or the North campus. Please review your registrations carefully before submission. We do not process incomplete registrations.

Please include the following to register:

- **Registration Forms**
- **Registration Fees**
- **Voucher Application** (if applicable)
- **Birth Certificate:** The office must copy the original, certified document.
- **Student Records:**
 - i. **For Kindergarten:** Preschool Records if available. If we require more information or a readiness test, we will contact you concerning the time and location.
 - ii. **For students entering grades one through eight:** Please complete **Records Request Form** at the time of registration, which authorizes your student's current school to transfer copies of records. In addition, we will administer a **Placement Test**. We will contact you concerning the time and location.
- **Physician's Statement:** We require the **Physician Statement Form** (attached) of current immunizations and general health.
- **Title 1 Form**
- **2012-2013 Field Trip Permission Form**

Riggs Training: For students in second through fifth grades, we require Riggs training in August 2012. For more information on the Riggs language arts curriculum, check our website at www.xenoschools.org/xcs/curriculum.htm and www.riggsinst.org .

Open Registration begins February 13, 2012. During open registration we accept applications on a first come first serve basis. Anyone desiring to be on the waiting list must pay the non-refundable registration fee.

Important: Registering does not guarantee location preference. We attempt to accommodate families at the location they prefer but we cannot guarantee this.

A note about Electronic Funds Transfer (EFT): We highly encourage families to pay monthly tuition by EFT. Choosing this option provides a \$125.00 registration discount per child (\$75 for preschool), prevents late fees and greatly increases the school's administrative efficiency. We will mail EFT forms in May.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS AND STAFF

Xenos Christian Schools recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, Xenos Christian Schools is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

XENOS CHRISTIAN SCHOOLS

2012-2013 FEE SCHEDULE

REGISTRATION FEE

A non-refundable registration fee must accompany your Xenos Christian Schools (XCS) application. Registration fees cover the administrative costs of the application process including records requests, data entry, materials and assistance with bus transportation within your local school district. To receive the EFT discount you must check the EFT box on the Parent Data Sheet. We will mail the Authorization for Automatic Tuition Payments to EFT families in May, prior to the first tuition payment due July 2012.

Class	Registration Fee Without EFT	Registration Fee With EFT
Preschool Returning Student	\$ 100	\$ 25
Preschool New Student	\$ 125	\$ 50
K-8 Returning Student	\$ 200	\$ 75
K-8 New Student	\$ 275	\$ 150

TUITION SCHEDULE

With the exception of preschool students, we offer significant multi-child tuition discounts.

Grade	Annual Tuition	Monthly Tuition Payments Per Student		
		Oldest	Second Less 20%	Additional Less 40%
2-Day Preschool	\$1380	\$115		
3-Day Preschool	\$1968	\$164		
5-Day Preschool	\$3108	\$259		
Kindergarten Half-day	\$2988	\$249	\$199	\$149
Elementary 1 – 5	\$4608	\$384	\$307	\$230
Middle School 6 - 8	\$5304	\$442	\$354	\$265

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

A family pays tuition in twelve equal payments from July 2012 through June 2013. XCS strongly encourages all families choose Electronic Funds Transfer as their tuition payment method. For non-EFT families, we assess a \$20 late fee if an account has an unpaid balance on the fifteenth of the month. For all accounts, we charge a \$25 fee for insufficient funds. **IMPORTANT:** If two consecutive tuition payments remain due on the first day of the month, we can remove your student from class until receipt of at least one of the two months due. Additionally, we withhold student assessments and conferences until the account is current.

WITHDRAWAL PENALTY

We mail an Enrollment Confirmation letter in mid-April to families registering before that date indicating each child's acceptance. Those families have until April 25 to reject enrollment with no tuition penalty. For families enrolling after early April, the school will indicate conditional acceptance at the time of enrollment. Any subsequent withdrawal before the beginning of school requires a one-month tuition penalty. Students who withdraw after the start of school must provide a one-month notice. If not provided, tuition is due one month from the date of notice. When withdrawing during the school year, tuition is pro-rated based on the number of week days in the school year. Note that some official enrollments are *conditional* for new students. If the school cannot accept the conditional enrollment due to academic or other reasons, no penalty will be due.

LATE PICK-UP PENALTY

You must pick up your student no later than 15 minutes from the close of school. If a student remains on the premises after this period, a late pick-up fee applies as follows: \$10 per student for the first half-hour and an additional \$10 for each succeeding half-hour period.

XENOS CHRISTIAN SCHOOLS
2012-2013 FINANCIAL AID PROGRAMS

CALUMET AND NORTH CAMPUSES

The XCS Financial Aid Program

We offer tuition subsidy for qualifying, low-income families who attend the Calumet Campus and/or the North Campus, and who are active members of a Xenos Christian Fellowship home group. The school confirms home group membership with the leadership team of the specified home group. The Financial Aid Contract includes a commitment to student performance standards and parental participation.

You may request the Contract from either campus office when registering. You must complete and sign the Contract before receiving the Private School Aid Service (PSAS) Student Aid Form 2012-2013 packet. PSAS is an independent company that evaluates and ranks tuition subsidy requests by need. While a hard copy is available from either the Calumet Campus or North Campus office, we encourage receiving the PSAS packet in PDF form via e-mail, which allows a family to complete the forms on a computer. Ask how to do this at either school office.

Once the packet is complete, the family submits the following, in person, at the XCS Administrative Office, 2774 Calumet Street, by or preferably before, the March 29, 2012 deadline:

1. The PSAS packet with signatures and complete information. Incomplete forms result in disqualification.
2. 2011 Federal Income Tax return including all supplemental pages of the tax filing.
3. A \$34.00 check or money order processing fee made to the order of Xenos Christian Schools.

Do not send the forms directly to PSAS. Applying is not a guarantee of aid. The school will communicate the results by May 1. Families will have until May 9 to reject the financial aid offer and withdraw without tuition penalty.

Ohio EdChoice Scholarship Program

We accept students enrolling under this program. The State of Ohio's application period for the EdChoice Program is February 1 through April 13. You may apply for a State scholarship if your student is registering for the first time at XCS and currently attends, or would attend in the case of Kindergarten, a school rated by the State with an Academic Watch or Academic Emergency status for two of the last three years. Please check the Ohio Department of Education website for information: <http://edchoice.ohio.gov>.

XENOS CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION PARENT/GUARDIAN DATA SHEET

PLEASE PRINT

PRIMARY PARENT(S) or GUARDIAN(S) INFORMATION

Last Name: _____

First Name Father: _____

First Name Mother: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE CHECK ALL BOXES THAT APPLY	Phone Priority #1 <input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Dad Work <input type="checkbox"/> Mom Work #
	<i>Please use the above number for:</i> <input type="checkbox"/> Voice Mail Announcements <input type="checkbox"/> Text Message Announcements
	Phone Priority #2 <input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Dad Work <input type="checkbox"/> Mom Work #
	<i>Please use the above number for:</i> <input type="checkbox"/> Voice Mail Announcements <input type="checkbox"/> Text Message Announcements
	Phone Priority #3 <input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Dad Work <input type="checkbox"/> Mom Work #
	<i>Please use the above number for:</i> <input type="checkbox"/> Voice Mail Announcements <input type="checkbox"/> Text Message Announcements
	Phone Priority #4 <input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Dad Work <input type="checkbox"/> Mom Work #
	Phone Priority #5 <input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell <input type="checkbox"/> Dad Work <input type="checkbox"/> Mom Work #
	Email Priority #1 <input type="checkbox"/> Dad <input type="checkbox"/> Mom
	<i>Please use this e-mail for:</i> <input type="checkbox"/> General Announce Info
Email Priority #2 <input type="checkbox"/> Dad <input type="checkbox"/> Mom	
<i>Please use this e-mail for:</i> <input type="checkbox"/> General Announce Info	

Church Affiliation: _____

Marital Status (check all that apply): Married Separated Divorced Remarried Widowed Single Parent

Please note: If you have a shared custody agreement for the student, please provide a copy of your court documentation for our records.

Are you an active **member** of a Xenos Christian Fellowship home group: Yes No
If yes, please provide the home group name: _____

Are you a **member** of the Xenos Christian Fellowship Fiscal Support Team for 2012: Yes No

I/We agree to Electronic Funds Transfer (EFT) for Tuition Payments: Yes No

Note: Families choosing EFT receive a significant registration fee discount – see the 2012-2013 Fee Schedule.

SECONDARY PARENT(S) INFORMATION

Last Name: _____

First Name: _____ **Relationship to Student:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **E-Mail Address:** _____

Work Phone: _____ **Cell Phone:** _____

Church Affiliation: _____

Should this parent receive information regarding student progress (grades, conferences, etc.) Yes No

**XENOS CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION
STUDENT DATA**

PLEASE PRINT

NEW Student How did you hear about Xenos Schools? _____

RETURNING but Did Not Attend in 2011-2012

STUDENT INFORMATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Name in class: _____ **Date of Birth:** _____ **Gender:** Female Male

School District *: _____ **Local School *:** _____

* Please list the public school district and the elementary or middle school your child would attend.

Ethnic Origin: Alaskan Native/American Indian Asian Bi-racial (any two ethnic groups)
 Black/African American Hispanic White/Caucasian

Do you expect this student to ride the bus: Yes No

I/We give permission to publish student's address and phone on a class roster: Yes No

I/We give permission for my student's photo to be used in school promotional materials: Yes No

GRADE STUDENT ENTERING

Are you applying for the Ohio EdChoice Scholarship Voucher Program? Yes No

School Preference (Not Guaranteed): Calumet Campus, Pre-Eighth North Campus, Pre-Fifth

Preschool*: Two-day: 3 years old by 9-30-12 Three-day: 4 years old by 9-30-12 Five-day: 4 years old by 9-30-12

* Preschool is currently offered in the morning only at both campuses.

Elem/MS: K 1st 2nd 3rd 4th 5th 6th 7th 8th

* Kindergarten Half-day program (a.m. only) at the North Campus and (p.m. only) at the Calumet Campus.

STUDENT PICK-UP AND EMERGENCY CONTACTS [OTHER THAN PRIMARY PARENT INFO]

THESE CONTACTS SHOULD REMAIN THE SAME FOR EVERY CHILD IN THE FAMILY

Name	Phone	Relationship to Student
1.		
2.		
3.		

OFFICE USE ONLY ~ Date: / / Time: Reg Pd \$: Check#: Initials:

**XENOS CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION
STUDENT HEALTH INFORMATION**

PLEASE PRINT

Student Name: _____

GENERAL INFORMATION

Allergies/Disabilities/Chronic Health Problems: No Yes - please explain below:

Activity Restrictions: _____

Regular Medication: _____

PHYSICIANS INFORMATION

Name of **Physician**: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name of **Dentist**: _____ Phone: _____

Address: _____ City: _____ Zip: _____

The above physician information is required by the Ohio Department of Education.

Name of **Optometrist**: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

**XENOS CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION
EMERGENCY MEDICAL AUTHORIZATION**

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name: _____

PART 1 OR 2 MUST BE COMPLETED AND SIGNED

Part 1 – To Grant Consent – I hereby give consent for the following medical care:

1. **Administration of any treatment** deemed necessary by the physician, dentist, or optometrist designated on the Student Health Information form. In the event the designated practitioner is not available, then administration of any treatment deemed necessary by any other licensed physician, dentist, or optometrist; or
2. **The transfer of my child** to CHILDREN’S HOSPITAL or any hospital reasonably close. This authorization does not cover major surgery unless the medical opinions of two concurring licensed physicians, dentists, or optometrists are obtained before surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part 2 – Refusal to Consent – I do NOT give my consent for emergency medical treatment of my child. In the event of a serious illness or injury requiring medical treatment, **I instruct the school authorities to not take action and to:**

Parent/Guardian Signature: _____ **Date:** _____

2012-2013 PARENTAL COMMITMENT

1. I/We agree to the Xenos Christian Schools (XCS) financial obligations as specified in the 2012-2013 Fee Schedule. If two consecutive tuition payments are unpaid at the first of a month, I/we understand my/our student(s) cannot attend school until the prior month's tuition is paid. I/We further understand XCS will withhold student assessments, records and parent/teacher conferences for any amount due.

2. I/We agree to pay for malicious damage to XCS property caused by my/our student(s).

3. I/We agree to release the XCS Board, all XCS employees or representatives, and the Xenos Christian Fellowship (XCF), its board of Elders and employees, from all liability in connection with school activities and school-sponsored trips, and to hold them harmless for injury or damage caused by my/our student(s).

4. I/We have read the XCF Statement of Faith and XCS Preschool Handbook or Elementary Handbook or Middle School Handbook (as applicable), available on the web at <http://www.xenosschools.org>, and agree to have my/our student(s) trained in accordance with them.

Parent/Guardian Name (Please Print) ↑	
Parent/Guardian Signature ↑	Date ↑
Parent/Guardian Signature ↑	Date ↑



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Campus
 2774 Calumet Street
 Columbus OH 43202
 (614) 261-8136

North Campus
 1390 Community Park Drive
 Columbus OH 43229
 (614) 823-6540

Harambee Campus
 1000 Bonham Avenue
 Columbus OH 43211
 (614) 291-0885

Physicians Statement 2012-2013

I hereby verify that _____, whose date of birth is _____, is free from any communicable disease. I have found that the above child is in suitable condition to attend a preschool or kindergarten program based on their medical history and physical condition at the time of my examination. I further verify the above child has had the immunizations required by the statute for admission to school under Section 3313.671 of the Ohio Revised Code. These include the following:

Immunizations	Month / Day / Year				
DPT Series					
Polio Series					
MMR (Measles, Mumps, Rubella)					
Varicella #1 (Chicken Pox vaccine)					
Hepatitis B					
HIB Vaccine					

Physicians Name:			
Street:			
City/State/Zip:			
Phone:		Date of Exam:	
Signature:			

¹ For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HIB - 3 or 4, HEP B -3); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Campus
 2774 Calumet Street
 Columbus OH 43202
 (614) 261-8136

North Campus
 1390 Community Park Drive
 Columbus OH 43229
 (614) 823-6540

Harambee Campus
 1000 Bonham Avenue
 Columbus OH 43211
 (614) 291-0885

STUDENT RECORD REQUEST

Student:

Date of Birth: **Conditional Enrollment Date:**

Current School: **Phone:**

Address:

City: **State:** **Zip:**

The above student is not officially enrolled in Xenos Christian Schools until a review of their academic, psychological and health records are complete and, in certain situations, a placement test is administered.

Please mail the following information to our Administrative Office:

- ◆ Cumulative Records – grades, standardized test scores, and attendance records
- ◆ Health Data – including immunization records
- ◆ Psychological Reports
- ◆ Special Needs Information

Please send records to:

Xenos Christian Schools
Attention: Terri DiPietro
 2774 Calumet St.
 Columbus, Ohio 43202

Parent/Guardian authorization to release:

I hereby authorize the above named school to release to Xenos Christian Schools the requested information, which is for academic assessment and will be used in a confidential manner.

Parent/Guardian Signature	Relationship to Student	Date

XENOS CHRISTIAN SCHOOLS

Administrative Office 2774 Calumet Street Columbus OH 43202 (614) 261-8136 www.xenos.org

Calumet Christian School

2774 Calumet Street

Columbus OH 43202
(614) 261-8136

Xenos Christian School
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Christian School
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

Dear Parent/Guardian,

I have been informed that federal funds may be available to our school next year through Title I Public Law 103-302. However in order for us to receive these funds, we must follow certain instructions and gather specific information about our students. Federal guideline states that Title 1 funds are generated **only for those students** whose parents or legal guardians meet both of the following requirements:

- A. Family gross income is *below* the specified amount as shown in the following table;

<u>Household Size</u>	<u>Monthly</u>	<u>Annually</u>	<u>Weekly</u>
1	\$1,679	\$20,147	\$388
2	\$2,268	\$27,214	\$524
3	\$2,857	\$34,281	\$660
4	\$3,446	\$41,348	\$796
5	\$4,035	\$48,415	\$932
6	\$4,624	\$55,482	\$1,067
7	\$5,213	\$62,549	\$1,203
8	\$5,802	\$69,616	\$1,339

For each additional household member add

\$589	\$7,067	\$136
-------	---------	-------

- B. Live in the Columbus Public Schools District

If you plan to continue your child's education at a nonpublic school during the next school year, and if your child(ren) meets **both requirements A & B**, please complete the attached form. Be sure to complete the information for **each child** who meets the requirements above, and **return it to our school office by February 24, 2012.**

Thank you for your cooperation.

Sincerely,

Terri DiPietro
Administrative Assistant
Xenos Christian Schools

TITLE I FUNDING INFORMATION

Student names will **NOT** be shared with the public schools. We only need to report the addresses and grade levels of the children who would normally attend the public schools.

RETURN TO:

2774 Calumet St., Columbus, Ohio, 43202
Attn: Terri DiPietro

By February 24, 2012

Name of Child	Grade Level
	2012-2013
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Our family has a gross income less than the amount shown on the chart for our household size and we will continue to support our option to private school education.

Name of Parent/ Guardian

Signature of Parent/Guardian

Street Address & Zip Code



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Christian School
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

Xenos Christian School
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Christian School
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

Xenos Christian Schools Field Trip Form

Dear Parent(s),

There will be occasions during the 2012-2013 school year when your child's class will be taking educational and/or recreational field trips away from the school. These trips are usually taken during the school day, either by bus or by parent volunteers, with students arriving back at school in time to be dismissed. We must have your permission in order for your child to accompany the class on these trips.

Parents complete **one form** at the beginning of the school year, which will be kept on file in the school office, allowing your student to attend all field trips for that school year. Parents will still be notified of each upcoming field trip; the only difference is that you will not be required to send a permission slip back for each individual trip.

We are using this form, which gives your permission for your student to attend any Xenos Christian School field trips, for the 2012-2013 school year.

Normally, you will be informed of each trip by written note from your child's teacher. It is the responsibility of your child to make sure that this information is delivered to you.

Please return this form, properly filled out and signed, to your child's teacher as soon as possible. Your child will not be able to go on any trips unless this form is on file in the school office.

Thank you,

Xenos Administration

I give permission for my child, _____,
Grade ____ to participate in all field trips sponsored by Xenos Christian Schools during this 2012-2013 school year. I understand that I will be informed about each trip before it is taken, and that it is my child's responsibility to deliver that information to me when requested to do so by the teacher.

Date

Parent or Guardian Signature