



# SHEPHERD CHRISTIAN SCHOOL

425 S. Hamilton Road, Gahanna, OH 43230  
Phone: (614) 471-0859 FAX: (614) 471-3466

## 2016-2017 ENROLLMENT APPLICATION NEW STUDENT

PLEASE PRINT: All information requested must be complete.

### Office Use Only

\_\_\_\_ \*Enrollment Fee \_\_\_\_\$300 Dep \_\_\_\_\_ Amt FACTS  
1/15-4/8 \$450; 4/9 and after \$500  
\_\_\_\_ \*Testing Fee \$50.00  
*\*All fees are non-refundable.*  
\_\_\_\_ Discount: ShepNaz—Sibling—EMP—EDC—EDX  
\_\_\_\_ Birth Cert. \_\_\_\_M \_\_\_\_ Utility \_\_\_\_ EAPP  
\_\_\_\_ Date Received \_\_\_\_\_ Check/Receipt #

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

(City) (State) (Zip Code) (County)

Home Phone \_\_\_\_\_ Sex  M  F Student's Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Ethnicity:  African-American  American Indian/Alaskan Native  Asian/Pacific Islander  Caucasian  Hispanic Check all that apply.

Public school district in which you reside \_\_\_\_\_

Public school your child would attend if not attending SCS \_\_\_\_\_

### Parent Information:

Father / Stepfather / Guardian (Circle one)

Mother / Stepmother / Guardian (Circle one)

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address (if different from student info above) \_\_\_\_\_

Address (if different from student info above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Parents marital status: \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced

If parents are divorced, not married or separated, who has legal custody? \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both

*Please note*, a copy of the court-issued judgment relating to custody of childcare and decision making authority regarding school matters must accompany this application or be current on file.

List any siblings name, age, and if applicable, school attending: \_\_\_\_\_

Home Church \_\_\_\_\_

Are you a current member of Shepherd Church of the Nazarene? \_\_\_\_ Yes \_\_\_\_ No

In order for us to better promote our school, please let us know how you heard about Shepherd Christian School: \_\_\_\_\_

Shepherd Christian School recruits and admits students of any race, color, gender, or ethnic origin to all the rights, privileges, programs and activities available at the school. In addition, the school will not discriminate on the basis of race, color, gender, or ethnic origin in administration of its educational policies, scholarships, fee waivers, educational programs, and extracurricular activities.

PLEASE COMPLETE FINANCIAL AGREEMENT ON REVERSE SIDE



**SHEPHERD CHRISTIAN SCHOOL  
FINANCIAL COMMITMENT AGREEMENT**

Parent Agreement Form for: \_\_\_\_\_

I realize that I have made a financial commitment for the 2016/2017 school year. I agree to pay my tuition as follows:

**MONTHLY : August 1, 2016 through May 2017**

\_\_\_\_\_ **10 Month Plan : \$510.00**

**YEARLY: \_\_\_\_\_ One Annual Payment: \$4,998.00**

Families who pay the full tuition amount by August 1st or within two weeks of the student's enrollment date if enrolled after August 1st will receive a 2% discount on the annual tuition rate.

**Tuition Management:** All payments are handled through FACTS Management Company via automatic withdrawals from your financial institution. Additional fees from your financial institution may apply.

Sign up at <https://online.factsmgt.com/signin/3WRN2> or contact the school.

I understand that a late fee of \$20.00 is assessed each month if tuition installments, fees and/or aftercare payments are not paid by the due date. A returned check or draft results in a \$35.00 returned check charge. I realize that monthly payments not made in a timely manner could necessitate the disenrollment of my child.

LLCC Extended Care Program: \_\_\_ Needed \_\_\_ Not Needed (School Hours: 8:00 a.m. – 2:30 p.m. Doors open at 7:45 a.m.)

If you need extended care for your child, the enclosed Extended Care Registration Application for Little Lambs Children's Center must be completed and returned in order to enroll your child in this program.

This agreement may be cancelled by parents upon receipt of written request of at least 30 days. Please note that all enrollment fees are non-refundable.

Parent's Signature \_\_\_\_\_ SS# \_\_\_\_\_

Parent's Signature \_\_\_\_\_ SS# \_\_\_\_\_

Date \_\_\_\_\_

*NOTE: In case of divorced or separated parents: The parent registering the child will be responsible for all tuition payments.*