



XENOS
CHRISTIAN
SCHOOLS

KNOWLEDGE • CHARACTER • COMMUNITY

Calumet Christian School
Central Administrative Office
Preschool through Eighth Grade
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

Xenos Christian Preschool
Preschool *Only*
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Christian School
Kindergarten through Eighth Grade
1000 Bonham Avenue
Columbus, OH 43211
(614) 291-0885

2017-2018 Registration Packet
Harambee Christian School
New Student

www.urbanconcern.org

www.xenosschools.org



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

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2017 - 2018 STUDENT REGISTRATION HARAMBEE CHRISTIAN SCHOOL

January 17, 2017

Dear Parent or Guardian,

The attached packet includes the necessary forms to register your student in grades Kindergarten through Eighth for the 2017-2018 school year. The forms should be returned in person to Tyka Grant at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment.

Please read the 2017-2018 Registration Priorities carefully. **Priority registration for Returning Students and siblings ends January 27, 2017.**

Your prayers and support are invaluable for the continuing development and excellence of HCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have questions, please call the Harambee administrative office at 291-0885, extension 4150.

Sincerely,

Alex Steinman
Principal

XENOS CHRISTIAN SCHOOLS 2017-2018 REGISTRATION INSTRUCTIONS

HARAMBEE CHRISTIAN SCHOOL

IMPORTANT: Please submit all registrations in person to Tyka Grant at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment. Please review your registrations carefully before submission. We will not process incomplete registrations.

Please include the following to register:

- **Registration Forms**
- **Voucher Application** (if applicable)
- **Birth Certificate:** The office must copy an original, certified document.
- **Student Records:**
 - i. **For Kindergarten:** Preschool Records if available. We require a readiness test; we will contact you concerning the time and location.
 - ii. **For students entering grades one through eight:** We require a signed **Records Request Form** (attached) at the time of registration, which authorizes your student's current school to transfer copies of records. A **Placement Test** is necessary for all new students. We will contact you to schedule your child's placement test.
 - iii. **Previous school or Day Care Reference**
- **Physician's Statement:** We require the **Physician Statement Form** (attached) of current immunizations and general health.
- **2017-2018 Field Trip Permission Form**
- **Speech/Hearing Evaluation Form**
- **Over-the-Counter Medication Permission**
- **New Student Background Info**

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.

X E N O S C H R I S T I A N S C H O O L S
2 0 1 7 - 2 0 1 8 R E G I S T R A T I O N
P R I O R I T I E S
PLEASE READ CAREFULLY

H A R A M B E E C H R I S T I A N S C H O O L

Please submit registrations for Harambee Christian School (HCS) in person to Tyka Grant at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m., or by appointment.

The priority system below determines enrollment when applications exceed class size. Because Urban Concern, Inc. (UC) supports HCS, the UC Target Area* is given priority. When class space is less than an individual priority category, we fill seats by first come first serve. We place the remaining registered students on a waiting list. If a slot opens, we contact the first family, who has three business days to claim the slot before we contact the next family in line.

Registration applications received after the priority deadlines have no priority status. We fill openings on a first come, first serve basis.

HCS REGISTRATION PRIORITIES

	When	Who
#1	By January 27	All currently enrolled Harambee Christian School students.
#2	By January 27	Sibling of currently enrolled Harambee Christian School students.
#3	By Apr 28	Students who participate in a youth ministry of Urban Concern and/or Xenos Christian Fellowship, including Renegade or cell group.
#4	By Apr 28	New Target Area* students.
#5	By Apr 28	All other new students.

* The UC Target Area is within the 43211 zip code.

XENOS CHRISTIAN SCHOOLS 2017 - 2018 FEE SCHEDULE

HARAMBEE CHRISTIAN SCHOOL

TUITION SCHEDULE

HCS tuition is \$6672 for families not qualifying for financial aid. Due to small class sizes, we do not offer a multi-child discount.

Families attending Xenos Christian Fellowship that participate in the XCF Fiscal Support Team with students attending HCS for ministry related reasons pay the same tuition and registration fee as the Calumet Christian School of Xenos Christian Schools.

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

Tuition payments are due on the first day of the month. The school assesses a \$20 late fee if an account has unpaid tuition on the fifteenth of the month and a \$25 fee if a payment is returned for non-sufficient funds. If two consecutive tuition payments remain due on the first day of the month, we can remove the student from the classroom until the prior month's tuition is paid and, additionally, withhold student assessments.

FINANCIAL AID PROGRAM

Financial aid is available through Xenos Christian Fellowship.

To apply, submit the following to Tyka Grant at the school office:

1. The complete 2017-2018 Financial Aid Application. Incomplete applications result in disqualification.
2. 2016 Federal Income Tax return including all supplemental pages of the tax filing.
3. A \$25.00 check or money order processing fee paid to the order of Xenos Christian Schools.

Families that qualify for and accept full tuition aid are required to fulfill a volunteer commitment of two hours per month. Tuition charges apply when the monthly volunteer commitment is not fulfilled.

OHIO EDCHOICE or EDCHOICE EXPANSION SCHOLARSHIP PROGRAM

We accept students enrolling under the Ohio EdChoice and EdChoice Expansion Programs. Please check the Ohio Department of Education website for information: <http://edchoice.ohio.gov> or inquire at the school office for eligibility.

LATE PICK-UP PENALTY

Parents must pick up students no later than 15 minutes from the close of school. If a student remains on the premises after this period, we assess a late pick-up fee as follows: \$1 per student for each minute.

HARAMBEE CHRISTIAN SCHOOL 2017-2018 STUDENT REGISTRATION

Student Enrollment Page 1

PLEASE PRINT

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

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

Applying for Voucher: Yes No If Yes, choose type: Ed Choice Expansion

Student SS# (last 4): _____

Grade Entering: _____ **School District:** _____

Assigned Local School in Your District: _____

MOTHER	First Name: _____	Last Name: _____	
	Home Address: _____		
	City: _____	State: _____	Zip: _____
	Church Affiliation: _____		

FATHER	First Name: _____	Last Name: _____	
	Home Address: _____		
	City: _____	State: _____	Zip: _____
	Church Affiliation: _____		

The student lives with: Mother Father Both Both Separately (shared custody)

Other: _____

Permission for the release of student's photo: YES NO (for promotional reasons, child not identified)

PHONE AND EMAIL CONTACT INFO
Primary Phone: _____ - _____ - _____ <small>REQUIRED FOR EMERGENCIES / SCHOOL MESSAGES</small>
Landline: _____ - _____ - _____ N/A <input type="checkbox"/>
Mom Cell: _____
Mom Work: _____

CONTACT INFO CONTINUED...
Mom Email: _____
Dad Cell: _____
Dad Work: _____
Dad Email: _____

HARAMBEE CHRISTIAN SCHOOL **2017-2018** STUDENT REGISTRATION
Student Enrollment Page 2

Authorized Emergency and Pick Up Contacts Someone other than the parent(s)	
#1 Name	
#1 Phone _____ - _____ - _____	
#1 Relation to student:	
#2 Name	
#2 Phone _____ - _____ - _____	
#2 Relation to student:	
#3 Name	
#3 Phone _____ - _____ - _____	
#3 Relation to student:	

HCS REGISTRATION PRIORITIES

- #1 All currently enrolled Harambee Christian School students.**
- #2 Sibling of currently enrolled Harambee Christian School students.**
- #3 Students participating in a UC/Xenos ministry** (Renegade, cell group)
- #4 New Target Area* students.**
- #5 All other new students.**

*The Urban Concern Target Area is within the 43211 zip code.

HCS TUITION

If you are NOT applying for an EdChoice Scholarship please check one box below to indicate how you will pay tuition each month.

- I/We will be paying our monthly tuition by check/cash/money order.**
- I/We agree to Electronic Funds Transfer (EFT) for tuition payments.**

⓪ OFFICE USE ONLY ⓪

Entry Status: New Returning 1617 student Returning from a previous year
Student ID# _____ Enroll Date: _____

HARAMBEE CHRISTIAN SCHOOL 2017-2018 STUDENT REGISTRATION
Student Enrollment Page 3

Student's Ethnic Origin: Alaskan Native/American Indian Asian Hispanic

Bi-racial (any two ethnic groups) Black/African American White/Caucasian

Student's Native Language: English or _____

Student's Birth Country: _____

Physician/Dentist Information is REQUIRED by state law.

Name of Physician :	Phone:	
Address:	City:	Zip:

Name of Dentist :	Phone:	
Address:	City:	Zip:

OPTIONAL

Name of Optometrist:	Phone:	
Address:	City:	Zip:

Does your student have any allergies? YES NO If yes, please list:

Does your student require assistance or activity restrictions at school? YES NO

If YES, please describe below:

Does your student have a medical condition (including disabilities or chronic health problems)?

YES NO If YES, please describe below:

Does your student require medication at school? YES NO

If YES, please see the school nurse for the proper medical authorization form allowing the school to dispense the medication. A physician's signature is required along with the original prescription container.

**HARAMBEE CHRISTIAN SCHOOL 2017-2018 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:** _____

HARAMBEE CHRISTIAN SCHOOL **2017-2018** STUDENT REGISTRATION **NEW STUDENT BACKGROUND INFO**

The following questions will help the school administration to determine to what extent the staff at Harambee is able to meet the needs of your child. Please use additional paper if necessary.

<p>Has your child ever been diagnosed with a learning or behavior disability?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please describe and include the most recent IEP or 504 Plan.</p>
<p>Does your child exhibit behaviors at home or school that concern you?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please describe.</p>
<p>Does your child take any medication for behaviors?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please list the child's condition and medication.</p>
<p>Has your child participated in counseling services?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please describe when, where and for what reason.</p>
<p>Has your child experienced trauma of any kind?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please indicate when the trauma took place and the nature of the trauma.</p>
<p>Is there anything else you would like for the school to know about your child as we consider his or her enrollment at Harambee?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If yes, please describe.</p>

I have answered these questions truthfully to the best of my ability.

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

**HARAMBEE CHRISTIAN SCHOOL 2017-2018 STUDENT REGISTRATION
Previous School or Daycare Reference**

Parents who are seeking enrollment for a child at Harambee Christian School must solicit at least one reference from the child's classroom teacher or administrator from the prior school year. For students entering Kindergarten, the teacher or administrator may be from a preschool or daycare center.

A) Name of Student

B) Name of Previous School or Daycare

C) Name of Classroom Teacher or Administrator (person filling out this form)

D) I am the student's School Administrator / Classroom Teacher (Circle One).

QUESTIONS:

1) How would you describe the student's character, conduct and behavior at school during the last year?

Above Average Average Below Average

Comments:

2) How often is the student absent or tardy from school?

RARELY SOMETIMES OFTEN

Comments:

3) How would you describe the student's academic ability?

Above Average Average Below Average

Comments:

4) How would you describe the student's academic effort?

Above Average Average Below Average

Comments:

Continued...

**HARAMBEE CHRISTIAN SCHOOL 2017-2018 STUDENT REGISTRATION
Previous School or Daycare Reference con't.**

5) How would you describe the parent's support of school discipline and policies?

Above Average Average Below Average

Comments:

6) How would you describe the parent's involvement at the school through parent conferences and volunteer opportunities?

Above Average Average Below Average

Comments:

Signature

Date

Phone Number

Email Address

Please fax (614-298-7776), mail (1000 Bonham Ave, Columbus, OH 43211) or email (steinmanal@urbanconcern.org) the reference directly to Harambee Christian School.

Please feel free to contact Alex Steinman at Harambee Christian School to provide any additional information.

614-291-0885 x 4120

steinmanal@urbanconcern.org

X E N O S C H R I S T I A N S C H O O L S
2 0 1 7 - 2 0 1 8 P A R E N T A L
C O M M I T M E N T

HARAMBEE CHRISTIAN SCHOOL

1. I/We agree to the Harambee Christian School financial obligations as specified in the 2017-2018 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 HCS will withhold student assessments, records and parent/teacher conferences for any amount due.
2. I/We agree to pay for malicious damage caused by my/our student(s) to Urban Concern, Inc (UC), owner of the Harambee facility.
3. I/We agree to release the XCS and UC Boards, all XCS and UC 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 Harambee Parent Handbook, and agree to have my/our student(s) trained in accordance with them.
5. I/We agree to bring our child(ren) to school on time each day. I/We understand that the school administration has the right to withdraw a student from enrollment that is excessively tardy or absent.
6. I/We agree to be supportive of the school discipline policies and procedures. I/We will resolve any disagreement with the teachers or principal in a peaceful manner. I/We understand that failure to be supportive or resolve disagreements peacefully may result in my/our student being dismissed from Harambee Christian School.

Parent/Guardian Name ↑ PLEASE PRINT ABOVE	
Parent/Guardian Signature ↑	Date ↑
Parent/Guardian Signature ↑	Date ↑

