

Harris Private School

_____ - _____ **School Year**

Family Registration Form

(PLEASE PRINT)

Student's Full name: _____ Grade _____ Date of Birth: _____
Student's Full name: _____ Grade _____ Date of Birth: _____
Student's Full name: _____ Grade _____ Date of Birth: _____
Student's Full name: _____ Grade _____ Date of Birth: _____
Student's Full name: _____ Grade _____ Date of Birth: _____

Parent/Guardian Contact information

Father's Name _____ Employer _____
Email _____ Do you want to receive school information at this address? _____
Home #: _____ Work #: _____ Cell #: _____
Father's Address w/city & zip: _____

Mother's Name _____ Employer _____
Email _____ Do you want to receive school information at this address? _____
Home #: _____ Work #: _____ Cell #: _____
Mother's Address if different: _____

Emergency Contact Information –Who would you like HPS to call In case of emergency, should we not be able to reach you? If you check the “pick up” box, this means that you have informed your contact person that they may be called should your child need a ride home from school,

Name: _____ Relationship: _____ Phone: _____ Pick up
Name: _____ Relationship: _____ Phone: _____ Pick up
Name: _____ Relationship: _____ Phone: _____ Pick up
Name: _____ Relationship: _____ Phone: _____ Pick up

Medical Insurance Information

Health insurance carrier: _____ Policy/ID #: _____
Health Insurance Phone # _____ Group # _____
Under the name of: _____ Relationship: _____
Preferred hospital: _____

All parents of new students will be scheduled for an interview with the Superintendent and Principal before the enrollment process is complete.

The registration fee is due at the time of registration. This fee covers curriculum and yearly standardized testing and will secure your child's enrollment as long as all the other requirements are met.

\$250.00	High School
\$225.00	6 -8th Grades
\$200.00	K-5 th Grades
NONE.....	REGISTRATION FOR PRESCHOOL

Please sign other side/next page

Harris Private School

Family Agreement

- I Support the mission, vision, and policies of HPS as outlined in the Handbook, understanding that while I may not always agree with a rule or policy, my support is still necessary and doing so will teach my children to respect the authority placed in their lives by God.
- I give HPS full responsibility for placing my child in the proper grade and class.
- I will attend parent meetings and conferences scheduled by the school.
- I will make it my first priority to attend all school activities in which my child is involved (programs, field days, etc.) thereby assuring him/her my loving support.
- I realize that HPS is a supplement, not a substitute, for a Godly home and family. HPS highly promotes regular church attendance and a personal relationship with Jesus Christ for all their students and families.
- I will support HPS with prayer, and volunteer service. I understand that all parents are expected to participate in addition to tuition as outlined in "Volunteer Commitment" in the Handbook.
- I will understand and support the virtues taught each week at HPS and I will encourage the application of these virtues at home as well.
- I will pay tuition on time. Tuition is due on the FIRST of the month. I agree to the penalties of late payments as outlined in the Handbook.
- I will pay for assessed damage to HPS property made by my student or family.
- I will support HPS in all matters of discipline and dismissal as outlined in the Handbook.
- I agree to share any problem or concern directly with the people (teacher, volunteer, Principal, etc.) who are directly apart of the problem or directly responsible for the solution. Gossip is destructive and divisive. I will not encourage it by listening to the offense of another person. (Matthew 18:15-16)
- I will refrain from taking my child out of school unnecessarily. Consistent attendance is important. I understand that HPS will assign makeup work but I must take the initiative in helping my child get caught up from an absence.
- I agree to adhere to all rules and issues noted in this Handbook & will read and sign all forms required for registration.
- I will contact the administration of the school directly by phone or in person with any reasons for withdrawal from the school.
- I waive any right to civil litigation regarding any dispute with HPS and to accept the School Board's decision as final in all such matters.
- I will submit to a criminal check if I volunteer to work directly with students.
- I will give proof of valid driver's license and insurance if at any time I choose to transport students to or from a school sponsored event- or to complete the Volunteer Driver Form.
- I will see that my child is at school on time and following the appropriate dress code as outlined in the Handbook.

Father/Guardian's Signature

Printed Name

Date

Mother/Guardian's Signature

Printed Name

Date

Harris Private School

_____ - _____ School Year

Emergency Medical Release & Annual Field Trip Release

(PLEASE PRINT)

I give my permission for:

Student's Full name: _____ Grade _____ Date of Birth: _____

Student's Full name: _____ Grade _____ Date of Birth: _____

Student's Full name: _____ Grade _____ Date of Birth: _____

Student's Full name: _____ Grade _____ Date of Birth: _____

Student's Full name: _____ Grade _____ Date of Birth: _____

...to participate in all school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision.

I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Harris Private School, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. **If the child lives with both parents, the release must be signed by both parents/guardians.**

I understand that this medical information and the consent for treatment will be used for field trips and on-campus activities. I also understand that this Medical Consent shall remain in affect while the student is enrolled at Harris Private School until revoked in writing and delivered to any officer, employee or agent of Harris Private School.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Harris Private School
Pre-School Tuition & ACH Form
2011-2012 School Year

GRADE	ANNUAL TUITION	Monthly TUITION
Pre-School	\$900.00	100.00

**Every student is paid through Direct Payment (ACH), unless otherwise authorized by the Superintendent. ACH will be processed on the selected day of the month or the following business day. A fee of \$35.00 per family will be charged on balances late beyond 14 days.*

STUDENT NAME	TYPE (annual or monthly)	TUITION due Sept

Authorization Agreement For Direct Payment (ACH debits)

I (we) hereby authorize **Harris Private School** to initiate debit entries to my (our) account at the financial institution named below. I also authorize **Harris Private School** to make credit entries to this account in the event that a debit entry is made in error.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This agreement will remain in effect until **Harris Private School** receives a written notice of cancellation from me (us) or my financial institution, or until I submit a new authorization agreement for direct payment (ACH debits) to **Harris Private School**.*

*Language derived from www.electronicpayments.org and 2009 ACH rules Corporate Edition published by NACHA

Name of Financial Institution: _____
 Routing Number: _____
 Account Number: _____
Checking Savings

Payment Date: 7th Day of the month OR 16th Day of the month In the amount of \$ _____

Name (Please Print): _____ Title: _____

Authorized Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to Harris Private School.

For Office Use Only:

Annual _____ 9 month _____ ACH Paperwork _____ Processed by _____

Staple Check Here