

STATEMENT OF FAITH

Paideia Classical School

The following is the foundation of beliefs on which Paideia Classical School is based. They are also the key elements of Christianity that will be unapologetically taught in various ways through all grade levels. The substance of these statements is that which will be considered primary doctrine in Paideia Classical School.

We believe the Bible alone to be the Word of God, the ultimate and infallible authority for faith and practice.

We believe that there is one God, externally existent in three Persons: Father, Son and Holy Spirit. He is omnipotent, omniscient, and omnipresent.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.

We believe that salvation is by grace through faith alone.

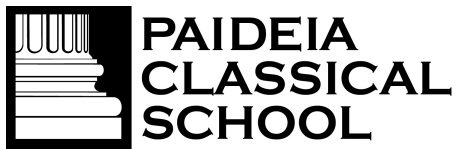
We believe that faith without works is dead.

We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

We believe in the resurrection of both the saved and the lost, they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.

We believe in the spiritual unity of all believers in our Lord Jesus Christ.

Secondary or divisive doctrines and issues will not be presented as primary doctrine. When these types of doctrine or issues arise they will be referred back to the family and local churches for final authority (see Secondary Doctrine Policy).



Application

Student Information

Student's Name: _____ Grade _____
 (Last) (First) (Middle) (Name Used) (applying for)
 (Please print name exactly as it should appear on all permanent records)

Date of Birth ___/___/___ Place of birth: _____ M ___ F ___ Social Security # ___ - ___ - ___

Name of Parents or Guardian: _____

 _____ E-mail address

Present Address: _____

 _____ Home Phone

_____ City State Zip Cell Phone

Applicant lives with: (check all that apply) Check any that apply: Applicant's
 Father Stepfather Grandparent Father deceased Parents divorced
 Mother Stepmother Guardian Mother deceased Parents Separated

Father's Name: _____ Mother's Name _____
 Last First Last First

Father's Occupation: _____ Mother's Occupation: _____

Firm Name: _____ Firm Name: _____

Service/Business Product: _____ Service/Business Product: _____

Telephone: _____ Telephone: _____

School applicant is attending or last attended: _____

_____ Name School District

Address City State Zip Phone Number

Please List Siblings below:

Name	M/F	Age	School or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religious Information

Do you agree to have your children taught in accordance with the attached Statement of Faith?

Are there any points in it which are inconsistent with your convictions? _____

If so, please explain _____

Is either parent, step-parent, or guardian opposed to a Christian education? _____

If yes, please explain.

Family's Church: _____ Pastor _____

Though not required to be Christians, the parents of students in Paideia Classical School should have a clear understanding of the biblical philosophy and purpose of Paideia Classical School. This understanding includes a willingness to have their child exposed to the clear teaching (not forced indoctrination) of the schools Statement of Faith in various and frequent ways within the schools program.

Parent Questions:

How do you think the parents should participate in the education of their children?

Paideia Classical School is greatly helped by parents who regularly and enthusiastically serve as volunteers. Do you have skills that could be of assistance _____

Have you read the school handbook? _____ Are there any points of philosophy or school policy which are inconsistent with your goals for your family? _____

If so, please explain

Do you know of families who plan on attending Paideia Classical School? _____ If so, Please list some names here: _____

Medical Information

Does the applicant have any physical disabilities? _____ If yes, please explain. _____

Does the applicant regularly require medication? _____ If yes, please explain

Scholastic Information

Paideia Classical School is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. Further elaboration on your answers may take place during an interview.

Has the applicant ever skipped a grade? _____ Ever repeated a grade? _____

Has he/she ever been suspended, dismissed, or refused admission to another school? _____

If yes, please explain _____

Did the applicant have any disciplinary problems in his/her previous school? _____

If yes, please explain _____

Has the applicant ever been diagnosed for or enrolled in any special education program (e.g. resource room, LD placement, attention deficit, etc.)? _____ If yes, please describe.

Do you suspect or have you been told that your child might have dyslexia? _____

TO MAKE THIS APPLICATION COMPLETE,
PLEASE INCLUDE THE FOLLOWING:

- :A \$30.00 non-refundable enrollment fee per student
- :A copy of the most recent achievement test scores
- :Report Cards from the most recent quarter and previous year

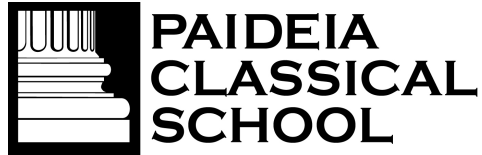
After the school receives the completed application and other required materials, we will contact you to arrange an interview. If it is determined that an entrance exam may be helpful, the school will arrange that with you as well.

PARENTAL SIGNATURE

I certify that this application is correct. I understand my financial commitment and the dates of payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the appropriate handbooks.

I (we) authorize mutual disclosure of info between Paideia Classical School and other institutions or individuals which may be deemed necessary in the application process.

Signature _____ Date _____
Signature _____ Date _____



Enrollment Agreement

2018-2019 Academic Year

I wish to enroll _____ as a student in grade _____ for the 2018-2019 academic year under the following terms and conditions.

The school cannot guarantee a place unless this enrollment agreement and a non-refundable Registration Fee of \$250.00 are returned to the school by June 1, 2018.

(Registration Fee will be \$300 after June 1st)

Students are enrolled for the entire academic year. In accepting a student for enrollment, the school makes financial commitments and assumes expenses that are not reduced by the student's decision not to attend and/or to withdraw during the school year. The undersigned hereby acknowledges that Paideia Classical School is relying on payment of tuition to meet its budgetary requirements. The school (specifically the Administrator, See policy 8.4) must approve any deviation from the payment schedule, described on the Tuition Payment Schedule in writing. In the event of withdrawal or dismissal, tuition obligation remains in accord with the cancellation policy set forth on bottom of Tuition Payment Schedule.

The school reserves the right to dismiss any student who, in the judgment of the administration, has not consistently demonstrated a commitment to learning and a willingness to behave in accordance with the school's academic and disciplinary standards (See Policy 10.1 and 10.4).

Without terminating the obligation of the undersigned to pay tuition as set forth below, Paideia Classical School can refuse to allow students to attend or continue to attend (pursuant to policy 8.4) in the event that the undersigned fails to comply with the tuition payment obligations set forth in this agreement.

Transcripts of a student's work or credits will not be sent to another school until all payments and other financial commitments have been met.

Enrollment for the 2018-2019 school year will be void and registration fee forfeited if all charges for the 2017-2018 school year have not been paid in full by July 31, 2018.

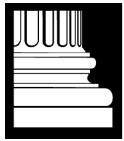
I agree to the above terms and condition, and to the PAYMENT SCHEDULE and CANCELLATION POLICY.

Signed,

_____ Date: _____
Parent/Guardian who is financially responsible for this student

Billing Address: _____ Phone: _____ (Home)
_____ (Work)

Paideia Classical School admits students of any race, color, national and ethnic origin to all the rights, privileged, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic in administration of its educational policies, admission policies, scholarship and loan programs and athletic or other school-administered programs, as well as areas of personal/employment concerns.



**PAIDEIA
CLASSICAL
SCHOOL**

Tuition Schedule
2018-2019 School Year

Registration/Curriculum Fee Due June 1st:

\$250.00

This fee includes all of the student's books and classroom supplies.

The fee is non-refundable.

(There is a maximum fee of \$500.00 per family / after June 30 \$600 maximum.)

Annual Tuition:

Kindergarten - Eighth Grade \$5300.00

Paideia Classical School offers **2 types of payment** options for tuition:

1. Annual (1 payment), due September 1st
2. Automatic Deduction Monthly Payments (9 or 12 payments)

Paideia Classical School gives a **15% discount** to the second (and any additional) child enrolled from the same family. For example, if you had a 2nd grader and a 4th grader enrolled, the 4th grader would be enrolled for \$5300.00 and the 2nd grader would be enrolled for \$4505.00. Please note that the 15% discount applies to the child in the **lower** grade.

<u>Kindergarten - 8th Grade</u>	<u>Annual</u>	<u>Monthly</u>
1st child	\$5300.00	\$5512.00
2nd child	\$4505.00	\$4685.00

Registration will be considered final after the Registration Fee has been paid.

Registration for current families are due by June 1st.

(Registration Fee will be \$300.00 after June 30th).

After that date, they will be accepted on a space-available status.

Tuition Payment Schedule

Please indicate how tuition payments will be made by checking the appropriate line.

_____	Annual	\$5300.00 (K-8th grade)	Payment due in full by Sept 1 st
_____	Monthly	\$ 612.00 (payment)	Nine (9) equal payments beginning September 1 st through May 1 st
_____	Monthly	\$ 459.00 (payment)	Twelve (12) equal payment beginning June 1 st through May 1 st

(Monthly payments are required to be set up on automatic withdrawals)

Any charges, including tuition, fees (e.g. book fees) and other costs chargeable for the student, if not timely paid, will be subjected to a delinquency payment charge at a rate of 1% per month (12% per year). The

financially responsible parent of guardian whose signature appears on this form agrees to pay all costs of collection of amounts due under this agreement, including, without limitations, reasonable attorney's fees, arbitration costs, and other costs.

Credit cards are accepted with a processing fee charged (4%).

Cancellation and Refund Policy

Because Paideia Classical School makes financial commitments in reliance on signed enrollment agreements and on student enrollments, in the event of cancellation prior to enrollment, or withdrawal after enrolling, the following liquidated damages will apply:

Cancellation through June 30	Loss of Registration Fee
Cancellation July 1 through July 31	Loss of Registration Fee plus 10% of full year's tuition
Cancellation Aug 1 through Labor Day	Loss of Registration Fee plus 30% of full year's tuition
Withdrawal after school begins	Loss of Registration Fee plus full balance of tuition for any semester in which the student has begun enrollment

Please sign and return this form.

Parent/Guardian Signature _____ **Date**

Paideia Classical School

Medical Information and Release Form

Student's Name: _____ Grade: _____

Emergency Contacts:

1) _____ Phone _____
Name/Relationship

2) _____ Phone _____
Name/Relationship

Parents Phones', Daytime _____ Evening _____ Cell Phone _____

Please list any medical problems: _____

List any prescriptions your child is taking _____

List any allergies your child has and what reactions they cause:

Medications _____

Food _____

Insect bites/bees stings _____ Other _____

Dietary Restrictions _____

Swimming Ability _____

A change in your child's health status should be reported to the School as soon as possible!

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Company: _____

Policy Number: _____

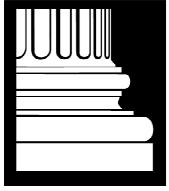
Family Doctor: _____ Phone Number: _____

I hereby authorize Paideia Classical School, faculty, staff and/or volunteers to act on my behalf in any emergency requiring medical attention and to attend to any health problem or injury to my child that may occur. I hereby release and hold harmless

Paideia Classical School, faculty, staff or volunteers from any liability, injuries, illnesses or expenses that may arise. I

acknowledge that I am responsible for any and all medical expenses or other charges in connection with my child's/ward's attendance at Paideia Classical School.

Parent/Guardian Signature: _____ Date: _____



**PAIDEIA
CLASSICAL
SCHOOL**

Permission Slip and Release of Liability Form
For Academic Year 2018-2019

I gave my permission for my child, _____, to participate in activities, field trips, and all other school-sponsored programs, and to be transported as authorized by Paideia Classical School. I hereby waive all rights and release all claims, actual or potential, known or unknown, which might otherwise exist against Paideia Classical School; its hired or contracted instructors, and its employees and volunteers, due to injury to person or property which might occur as a result of use of any equipment, facilities, or participation in the activities. I do further release and hold harmless Paideia Classical School and such waiver and release is made freely and voluntarily as to any claim, demand, injury or damages whatsoever which might be brought against Paideia, and/or its officers or agents. Such waiver and release is made on behalf of not only myself and my child, but on behalf of my executors, administrator, assigns and successors, and will inure to the benefit of not only Paideia, but its successors and assigns as well as its officers and agents.

Signed, _____

Date _____

Declaration of Intent to Provide Home-Based Instruction

This statement must be filed annually by September 15 or within two weeks of the beginning of any public school quarter, trimester, or semester. Send this form to the superintendent of the public school district within which you reside, or the district that accepts the transfer.

Public School District: San Juan Island
Address: P.O. Box 458, Friday Harbor, WA 98250

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of 8 and 18 and as such are subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

Child(ren)'s Name(s)

Age

Child(ren)'s Name(s)	Age
_____	_____
_____	_____
_____	_____

- The home-based instruction will be supervised by a person certificated in Washington State pursuant to chapter 28A.410 RCW.

Parent/Guardian Signature

Date

Street Address: _____

City, State Zip: _____

The Law,

RCW 28A.200.010 Home-based instruction — Duties of parents.

Each parent whose child is receiving home-based instruction under RCW 28A.225.010(4) shall have the duty to:

- (1) File annually a signed declaration of intent that he or she is planning to cause his or her child to receive home-based instruction. The statement shall include the name and age of the child, shall specify whether a certificated person will be supervising the instruction, and shall be written in a format prescribed by the superintendent of public instruction. Each parent shall file the statement by September 15 of the school year or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides or the district that accepts the transfer, and the student shall be deemed a transfer student of the nonresident district. Parents may apply for transfer under RCW 28A.225.220;