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## **Enrollment Packet**

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**\*Only one form needs be completed per family; however, pages 4 and 6 must be completed separately for each student you wish to enroll at Rudyard Christian School.**

**\*\*Complete only if applicable**

**\*\*\*New Students Only**

## Statement of Beliefs

It is our belief that God has made Himself known in the Bible and in the world that He created and now sustains and governs by His almighty power and unchanging law.

We believe that the Bible teaches that God has established a special relationship and covenant with Christians. By a saving faith in Jesus Christ as Savior and Lord, Christians participate in the special relationship with God in all aspects of their lives.

We also believe that there is a close connection between this covenant relationship and the education of our children. Christian parents bear the responsibility of instructing their children in God's truth that touches every realm, sphere, and activity of life. We believe that the Rudyard Christian School is an extension of Christian homes, and therefore, is dedicated to educating the children of Christian parents from this perspective.

## Statement of Purpose

Our purpose is to confront students with the important realities of life so that they may learn how to evaluate them in the light of the eternal principles taught in the Bible. At the Rudyard Christian School, we seek to uphold the discipline and values of the Christian home. Students attending are required to obey rules that we believe are in harmony with rules found in well-ordered Christian homes. The Rudyard Christian School is open to students from homes where Christ is honored.

Our purpose is not to serve as an alternative to public schools, nor to serve those students whose parents are dissatisfied with the public schools. We wish to be a school of "first choice" for those parents desiring to provide their children with a Christ-centered education. If your basis for wishing to send your child to our school is because of difficulties experienced with another school, or if your child has special needs that require special attention, please re-examine your desire to send your child to our school.

## Basis of Instruction

The basis of instruction for the Rudyard Christian School is to provide:

- A basic education for students at the elementary level.
- An education in an atmosphere of Christian love and discipline.
- A biblical focus not available in public schools.

# Admission

To apply for entrance into the Rudyard Christian School. The following application packet must be filled out and returned along with the following documentation:

- Immunization records and a hearing/vision screening must be provided to complete enrollment for all Kindergarteners.
- All new students are required to provide a copy of immunization records regardless of grade level.

**Kindergarten students must be 5 years old by September 1st** of the year they intend to enter Kindergarten. Exceptions are made for children whose birthday falls on or before December 1<sup>st</sup> and show readiness, verified by a formal assessment with our Kindergarten teacher.

**Transfer students:** All necessary health records, immunizations records, academic records, etc. will be requested from the previous school.

## Process

Application for admission to the Rudyard Christian School is done through a paper application. When the application has been received and the information reviewed, the family will be notified of the acceptance and current tuition rate.

Parents of potential new students will be required to meet with the School Board prior to acceptance at the school. The purpose of the interview is two-fold; first, to allow the Board to assess the parent's motives and expectations; second, to allow the Board to inform the parents of their duties and responsibilities that the Board is placing on them, should their child be accepted.

A student is officially enrolled when the application is completed, the Board has approved the application, and a payment of 10% of the student's tuition has been received. If there is a need for tuition assistance, please contact the school's administrative assistant ([rudyardchristianschool@gmail.com](mailto:rudyardchristianschool@gmail.com)) for more information.

The Rudyard Christian School admits students of any race, color, national and ethnic background to all of the rights, privileges, programs, and activities generally made available to students at the school. The school does not discriminate on the basis of race, color, sex, national and ethnic background in administration of its educational policies or other school-administered programs.

The Board reserves the right to refuse acceptance of any child to the Rudyard Christian School.

## Enrollment

To enroll children at the Rudyard Christian School, parents must read the Student/ Parent Handbook and agree to abide by its provisions.

- Re-enrollment for the next school year should occur at the fall Parent Meeting or within one week following the meeting. This is done to help with the planning process for the upcoming school year.
- It is **required** that 10% of tuition is to be paid no later than 2 weeks before school starts. If the tuition is not paid, your child(ren) may not be able to start school on time.
- A student is officially enrolled when the application is completed, the Board has approved the application (for new students), and a payment of 10% of the student's tuition has been received. If there is a need for tuition assistance, please contact the school's administrative assistant for more information.

**\*Please fill out  
1 PER child**



## Registration Form

### Student Information

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Child's DOB \_\_\_\_\_

Sex: Male  Female

Grade in Fall: K  1  2  3  4  5  6

Address \_\_\_\_\_

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

\*New students please attach a copy of **immunization records and/or certified waivers**.

\*Kindergartners must also attach a copy of a **hearing/vision screening**. Screenings can be done at the Chippewa County Health Department. You can call and make an appointment (906.635.1566).

### Photograph/Video Policy

The Rudyard Christian School communicates with parents, grandparents, and other community members who support our school. This communication may be in the form of email, newsletter, posts on the school's website, and displays at the school and the Christian Reformed Church. We like to use photographs or video in these communications because we believe that parents and school supporters enjoying seeing the students engaging in the classroom and other school activities and/or documenting their child receiving special recognition for an achievement he or she earned.

The Rudyard Christian School requests that parents read and indicate below whether they consent to use images of their child(ren) for the purposes described above. Consent must be given annually.

The consent information is logged on a list available to all applicable staff to indicate which children are permitted to be photographed and which children are not. Photographs may be taken by teachers, volunteers, parents, other students, or a designee approved by the School Board.

Once photographs are taken, the administrative administrator or website administrator(s) will review the photograph(s) and compare it/them to the photograph/video log to determine if parental consent has been provided. If consent has been provided, then the photographs may be posted or printed for others to view. We will not use your child's photograph as the school's cover page or any other page that is generally available to the public unless we request and obtain your separate consent.

I hereby **CONSENT** to use of my child's photograph or a video of my child on the school's website, in a newsletter, on a bulletin board or display at the school or at the Christian Reformed Church, or via email.

I DO **NOT** **CONSENT** to use of my child's photograph or a video of my child on the school's website, in a newsletter, on a bulletin board or display at the school or at the Christian Reformed Church, or via email.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Please fill out  
1 PER family**



## Family Information Form

Family Last Name: \_\_\_\_\_

Students Attending Rudyard Christian School

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Family Information

#### **Parent/Guardian**

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

Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

Religion \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Email \_\_\_\_\_

#### **Parent/Guardian #2**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Email \_\_\_\_\_

### Church Affiliation

Current Church \_\_\_\_\_

Address \_\_\_\_\_

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

### Family Information

Please list any special interests, talents or skills that you would like to make available to the school (ie teaching a specials class (music, art, gym, etc), participating in our community helpers lessons, volunteering for recess coverage)

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\*Please fill out 1  
PER child

**Health Record/Medical Treatment Release Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Office Phone

My child is current on all immunizations  Yes  No

RCS has a copy of my child's immunization record?  Yes  No

Does your child wear glasses or contacts? \_\_\_\_\_ Date of last eye exam \_\_\_\_\_

Does your child have trouble hearing? \_\_\_\_\_ Date of last hearing exam \_\_\_\_\_

Please check all that apply to your child

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Nose bleeds      |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Frequent Colds      | <input type="checkbox"/> Sensitive Skin   |
| <input type="checkbox"/> Convulsions    | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sinus Infections |
| <input type="checkbox"/> Ear Aches      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tonsillitis      |
| <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Motion Sickness     | <input type="checkbox"/> Other _____      |

Please note any health problem(s), physical handicap, emotional difficulty, learning disability, behavioral problem, or anything else that may limit full participation at school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anything else we should be aware: \_\_\_\_\_

Please list any allergies and/or special medications:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Release Authorization:**

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Please fill out  
1 PER family**



Last Name: \_\_\_\_\_

Students : \_\_\_\_\_

**TUITION RATES for 2023-2024\***

<b>1 Child</b>	<b>2 Children</b>	<b>3 Children</b>
\$2,500	\$4,300	\$5,300

\*The 4th student in a family is free. Families with 4 students will pay the 3 children rate.

For the **2023-2024** school year, I commit myself to pay the tuition and fees as follows:

Total Tuition (due by August 31) – 10% Total \$ \_\_\_\_\_

Tuition (due by the 15<sup>th</sup> of each month) – 10% \$ \_\_\_\_\_

Book Fees (will be calculated once books are ordered). All book fees are capped at \$350 per family.

\*If you are unable to pay the minimum 10% payment because you are experiencing a hardship, please talk to the school administrative assistant for assistance.\*

**ACKNOWLEDGMENT**

Having completed the information portion of this form and having read the previously stated material in this packet, I/We sign this form indicating my/our acknowledgment and agreement with its principles.

I/We expect my/our child(ren) to abide by the Rudyard Christian School’s rules, policies, and procedures.

I/We pledge to pay the tuition required and to support the Rudyard Christian School with my/our prayers and gifts as God prospers me/us.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent, Guardian or Person who is Financially Responsible

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent, Guardian or Person who is Financially Responsible

**\*Please fill out  
1 PER family**



## EMERGENCY CONTACTS

Last Name: \_\_\_\_\_

Students name(s):

Grade:


### Parental Information

#### Mother's Contact Information

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

If we need to contact you which do you prefer?

Voice Call     Text Message     Email

#### Father's Contact Information

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

If we need to contact you which do you prefer?

Voice Call     Text Message     Email

### Additional Emergency Contacts

Name(s)	Relationship to Student	Phone Number

\*Please email the school at [rudyardchristianschool@gmail.com](mailto:rudyardchristianschool@gmail.com) to update your emergency contacts.\*



**\*Please fill out  
1 PER child**



## **Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize Rudyard Christian School to release my child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

**\*Please fill out  
1 PER child**



**ADMINISTRATION OF EMERGENCY MEDICATION FORM**

I authorize the Rudyard Christian School’s staff permission to administer the following emergency/life-saving medications if necessary. Medication must be sent unopened, in the original container, with the label intact. I understand the Student Medication Policy governs any emergency/life-saving medications, and I have read and understand that policy.

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

**Please email the administrative assistant at [rudyardchristianschool@gmail.com](mailto:rudyardchristianschool@gmail.com) to add or remove any medications.**