



XENOS
CHRISTIAN
SCHOOLS

KNOWLEDGE • CHARACTER • COMMUNITY

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

North Campus
Preschool through Fifth Grade
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Campus
Kindergarten through Fifth Grade
1000 Bonham Avenue
Columbus, OH 43211
(614) 291-0885

2009-2010 Registration Packet
Harambee Christian School
New Student

www.xenosschools.org



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

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2009 - 2010 STUDENT REGISTRATION HARAMBEE CHRISTIAN SCHOOL

January 12, 2009

Dear Parent or Guardian,

The attached packet includes all the necessary forms to register a new student at Harambee Christian School for the 2009-2010 school year. The forms should be returned in person to Danielle McKnight at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment, by leaving a message at 291-0885 extension 150.

Please read the 2009-2010 Registration Priorities carefully. **Priority registration for all currently enrolled students ends Monday, February 9, 2009. Priority registration for new Target Area students ends Thursday, April 9, 2009.** See the Registration Priority page for a definition of Target Area.

Important: if we accept your new student, the enrollment remains *conditional* pending either record review or testing as determined by the school.

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 150.

Sincerely,

Alex Steinman
Principal

X E N O S C H R I S T I A N S C H O O L S

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

While it is important to read carefully all of the instructions included in this registration packet, please note the following most commonly asked questions:

- **When does the Priority Registration Period end?**

HCS has two Priority Registration Periods. The first is for all currently enrolled students and ends at 4:00 p.m. February 9, 2009. The second Priority Registration Period is for new Target Area students and ends at 4:00 p.m. April 9, 2009. In keeping with the mission of HCS and Urban Concern, Inc., new students who reside in the Urban Concern Target Area have priority status over other applications. Please read the 2009-2010 Registration Priorities page for a detailed explanation.

- **Do we accept students wishing to enroll under the Ohio EdChoice Scholarship Program [school vouchers]?**

Yes, we gladly accept students enrolling under this program. The State of Ohio's application period for the Ed Choice Program is February 2 through April 17. You may apply for a State scholarship if your student is registering for the first time at Harambee and currently attends, or would attend in the case of Kindergarten, a school rated by the State on Academic Watch or Academic Emergency for two of the past three years. See the list of eligible schools in the school office. Please check the Ohio Department of Education website for information: <http://edchoice.ohio.gov>.

- **Is financial aid available?**

The Columbus Stewardship Foundation, an independent non-profit organization, offers scholarships for qualifying low-income families. Private School Aid Service, an independent company, evaluates need. Please see the 2009-2010 Columbus Stewardship Foundation Scholarship Fund Program instructions.

- **When do monthly tuition payments begin and end?**

Most low-income families qualify for a nine-month tuition schedule, which begins August 2009 and ends April 2010. Other families use a twelve-month schedule beginning July 2009 and ending June 2010.

- **What is the policy for removing my child from the classroom for non-payment?**

For a student to remain in the classroom, a family cannot owe more than a single tuition payment at any point in time. Tuition is due on the first of each month. If a family does not pay a monthly tuition payment by the last day of the month, then on the first day of the following month, the family will owe two payments and be outside of policy. At that point, the school can remove the student from the classroom until the family pays one of those two tuition payments. We charge a \$20 late fee on the fifteenth of the month if tuition remains unpaid at that time.

XENOS CHRISTIAN SCHOOLS 2009 - 2010 REGISTRATION INSTRUCTIONS

HARAMBEE CHRISTIAN SCHOOL

IMPORTANT: please submit all registrations in person to Danielle McKnight at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment, by leaving a message at 291-0885 extension 150. Please review your registrations carefully before submission. We will not process incomplete registrations.

NOTE: for students enrolled at HCS in 2008-2009, the registration forms include some pre-printed data. Please check this data carefully, making corrections where necessary, and manually complete the remainder of the form.

- **ALL FAMILIES:** the following must be included to register:
 - a) **Student Data Sheet:** one per student.
 - b) **Parent/Guardian Data Sheet:** one per student.
 - c) **Student Health Information:** one per student.
 - d) **Emergency Medical Authorization:** one per student.
 - e) **Parental Commitment:** one per family.
 - f) **Registration Fees**

- **NEW STUDENTS:** the following additional requirements must be included to register:
 - a) **Birth Certificate:** the office must copy an original, certified document.
 - b) **Kindergarten Readiness Test or Preschool Records:** if we require a readiness test, we will mail instructions separately concerning the time and location.
 - c) **School Records:** we require a signed **Records Request Form** (attached) at the time of registration, for students registering in first through eighth grade, which authorizes your student's current school to transfer copies of records. A **Placement Test** is necessary for students scoring at or below the 50th percentile on standard achievement tests. We will mail instructions separately concerning the time and location.
 - d) **Physician's Statement:** (attached) we require a physician statement of current immunizations and general health.

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
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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 Danielle McKnight at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m., or by appointment by leaving a message at 291-0885, extension 150.

Note: new students must register by appointment only. 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 lottery. We place the remaining registered students on a waiting list.

Registration applications received after the priority deadlines have no priority status. We fill openings on a first-come, first-served basis. If a slot opens, we contact the family who has three business days to confirm the slot.

HCS KINDERGARTEN THROUGH FIFTH GRADE PRIORITY SYSTEM

First Priority By February 9	All currently enrolled Harambee Christian School students.
Second Priority By April 9	New Target Area* student and a sibling of a currently enrolled student.
Third Priority By April 9	New Target Area* student of a family currently involved in Urban Concern programs.
Fourth Priority By April 9	New Target Area* student of a family not currently involved in Urban Concern programs.
Fifth Priority After April 9	New Non-Target Area* student of a family currently involved in Urban Concern programs.
Sixth Priority After April 9	New Non-Target Area* student of a family not currently involved in Urban Concern programs.

* The UC Target Area is the area in Columbus, Ohio within the following boundaries:

- North of 5th Avenue.
- South of Hudson Street.
- East of Interstate 71.
- West of Joyce Avenue.

XENOS CHRISTIAN SCHOOLS 2009 - 2010 FEE SCHEDULE

HARAMBEE CHRISTIAN SCHOOL

REGISTRATION FEE

For currently enrolled students and new Target Area students there is no registration fee before April 9, and \$35 per student thereafter. For new, non-Target Area students, registration is \$50. The registration fee is non-refundable.

TUITION SCHEDULE

HCS tuition is \$5,160 for families not qualifying for any level of financial aid. Due to the small class sizes, we do not offer a multi-child discount. See the [2009-2010 Columbus Foundation Scholarship Fund Program](#) instructions for a description of available financial aid. We may require families receiving financial aid to volunteer at the school.

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 as both the Calumet and North Campuses of Xenos Christian Schools. They may also apply for financial aid through Xenos Schools financial aid program.

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 are unpaid at the first of the month, we can remove the student from the classroom the prior month's tuition is paid and, additionally, withhold student assessments.

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 five-minute period if the violation is either the initial occurrence or not closer than 30 days from the previous violation. For violations that occur within 30 days of the previous one, the rate increases to \$2.

WITHDRAWAL PENALTY

After official enrollment, if a student is withdrawn prior to the beginning of the school year, a one-month tuition penalty is due. For withdrawal after the start of school, we require a one-month notice. We prorate tuition to one month from the date of notice. A family must submit all withdrawals in writing.

X E N O S C H R I S T I A N S C H O O L S
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HARAMBEE CHRISTIAN SCHOOL

The Harambee Christian School Financial Aid Program offers tuition subsidy for qualifying, low-income families, first to families living in the Urban Concern Target Area and secondly to families living outside that area. Because Harambee is an integral part of Urban Concern's mission in the South Linden community, the Urban Concern Target Area receives priority.

Neither, Urban Concern nor Harambee offers financial aid. The Columbus Stewardship Foundation Scholarship, an independent agency, offers scholarships to qualifying families who attend Harambee. Private School Aid Service(PSAS), an independent company, evaluates and ranks request by need.

The following steps are necessary to apply for a scholarship:

1. Request, complete and sign the Financial Aid Contract form.
2. Provide a \$21.00 check or Money Order processing fee made to the order of Private School Aid Service.
3. Pick up from the Harambee office the Private School Aid Service Student Aid Form 2009-2010 packet.
4. Complete the PSAS packet. The packet requests very specific data. It is important that the family complete the packet in full. Missing data disqualifies the application.
5. Bring the PSAS packet along with the family's complete 2008 Federal Income Tax return to the Harambee office on or before March 31, 2009.

The Harambee office mails all PSAS packets for processing. The school provides the results to the Columbus Stewardship Foundation who determines scholarships according to the funds available. The school will inform families in early May of the results.

HARAMBEE CHRISTIAN SCHOOLS 2009-2010 STUDENT REGISTRATION PARENT/GUARDIAN DATA SHEET

PLEASE PRINT

PRIMARY PARENT(S) or GUARDIAN(S) INFORMATION

Last Name: _____

#1 First Name: _____

Relationship to Student: _____

#2 First Name: _____

Relationship to Student: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

E-Mail Address: _____

#1 Wk/Cell Phone: _____

Other Wk/Cell Phone: _____

#2 Wk/Cell Phone: _____

Other Wk/Cell Phone: _____

Church Affiliation: _____

Marital Status (check all that apply): Married Separated Divorced Remarried Widowed Single Parent

Please note: If you have a shared custody agreement for the student, please provide a copy of your court documentation for our records.

I/We agree to Electronic Funds Transfer (EFT) for Tuition Payments: Yes No

SECONDARY PARENT(S) INFORMATION

Last Name: _____

#1 First Name: _____

Relationship to Student: _____

#2 First Name: _____

Relationship to Student: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

E-Mail Address: _____

#1 Parent Wk/Cell Phone: _____

Other Wk/Cell Phone: _____

#2 Parent Wk/Cell Phone: _____

Other Wk/Cell Phone: _____

Church Affiliation: _____

Should this parent receive information regarding student progress (grades, conferences, etc.) Yes No

STUDENT PICK-UP AND EMERGENCY CONTACTS [OTHER THAN PRIMARY PARENT INFO]

Name

Phone

Relationship to Student

1. _____

2. _____

3. _____

Parent/Guardian Signature: _____ Date: _____

HARAMBEE CHRISTIAN SCHOOLS 2009-2010 STUDENT REGISTRATION STUDENT DATA SHEET

PLEASE PRINT

NEW Student RETURNING Student RETURNING but Not Attending 07-08

STUDENT INFORMATION

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

Likes to be called: _____ **Date of Birth:** _____ **Gender:** _____

*** School District:** _____ *** Local School:** _____

* Please list the district name and the name of the elementary or middle school your child would otherwise attend.

Ethnic Origin: Alaskan Native/American Indian Asian Bi-racial (any two ethnic groups)
 Black/African American Hispanic White/Caucasian

Do you expect this student to ride the bus: Yes No

Are you applying for the Ohio EdChoice Scholarship (State Voucher Program)? Yes No

GRADE STUDENT ENTERING

Elementary Grade Entering: K 1st 2nd 3rd 4th 5th

REGISTRATION PRIORITY STATUS

Currently Enrolled Student Applications **Received By February 9, 2009**

#1 All currently enrolled HCS students.

New Target Area Student Applications **Received By April 9, 2009**

#2 Target Area* student and a sibling of a currently enrolled students.

#3 Target Area* student of a family currently involved in Urban Concern programs.

#4 Target Area* student of a family not currently involved in Urban Concern programs.

New Non-Target Area Student Applications **Received After April 9, 2009**

#5 Non-Target Area* student of a family currently involved in Urban Concern programs.

#6 Non-Target Area* student of a family not currently involved in Urban Concern programs.

*The Urban Concern Target Area is the area in Columbus, Ohio within the following boundaries:

North of Fifth Avenue.	South of Hudson Street.	East of Interstate 71.	West of Joyce Avenue.
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OFFICE USE ONLY ~ Date:

Reg Pd \$:

Check#:

Initials:

HARAMBEE CHRISTIAN SCHOOLS 2009-2010 STUDENT REGISTRATION
STUDENT HEALTH INFORMATION

PLEASE PRINT

Student Name: _____

Parent(s) Name: _____

Date of Birth: _____

GENERAL INFORMATION

Allergies/Disabilities/Chronic Health Problems: No Yes, please explain below:

Activity Restrictions: _____

Regular Medication: _____

PHYSICIANS INFORMATION

Name of **Physician**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

Name of **Dentist**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

The above physician information is required by the Ohio Department of Education.

Name of **Optometrist**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

**HARAMBEE CHRISTIAN SCHOOLS 2009-2010 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: _____ **Parent(s) Name:** _____

Home Phone: _____ **#1 Work/Cell:** _____ **#2 Work/Cell:** _____

#1 Emergency Contact Name: _____ **Phone:** _____

#2 Emergency Contact Name: _____ **Phone:** _____

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:** _____

X E N O S C H R I S T I A N S C H O O L S
2 0 0 9 - 2 0 1 0 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 2009-2010 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 XCS Code of Conduct, available on the web at <http://www.xenos.org/students/xcs/policies/index.htm>, and agree to have my/our student(s) trained in accordance with them.

Parent/Guardian Name	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date



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

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 2774 Calumet Street
 Columbus OH 43202
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Physicians Statement 2009-2010

I hereby verify that _____, whose date of birth is _____, is free from any communicable disease. I have found that the above child is in suitable condition to attend a preschool or kindergarten program based on their medical history and physical condition at the time of my examination. I further verify the above child has had the immunizations required by the statute for admission to school under Section 3313.671 of the Ohio Revised Code. These include the following:

¹ Immunizations	Month/Day/Year				
DPT Series					
Polio Series					
MMR (Measles, Mumps, Rubella)					
Varicella #1 (Chicken Pox vaccine)					
Hepatitis B					
HIB Vaccine					

Physicians Name:			
Street:			
City/State/Zip:			
Phone:		Date of Exam:	
Signature:			

¹ For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HIB - 3 or 4, HEP B -3); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.



Administrative Office located at the Calumet Campus ~ www.xenosschools.org
Calumet Christian School **Xenos Christian School** **Harambee Christian School**
 2774 Calumet Street 1390 Community Park Drive 1000 Bonham Avenue
 Columbus OH 43202 Columbus OH 43229 Columbus OH 43211
 (614) 261-8136 (614) 823-6540 (614) 291-0885

STUDENT RECORD REQUEST

Student:

Date of Birth: **Conditional Enrollment Date:**

Current School: **Phone:**

Address:

City: **State:** **Zip:**

The above student is not officially enrolled in Xenos Christian Schools until a review of their academic, psychological and health records are complete and, in certain situations, a placement test is administered.

Please mail the following information to our Administrative Office:

- ◆ Cumulative Records – grades, standardized test scores, and attendance records
- ◆ Health Data – including immunization records
- ◆ Psychological Reports
- ◆ Special Needs Information

Please send records to:

Xenos Christian Schools
Attention: Kay Lipovsky
 2774 Calumet St.
 Columbus, Ohio 43202

Parent/Guardian authorization to release:

I hereby authorize the above named school to release to Xenos Christian Schools the requested information, which is for academic assessment and will be used in a confidential manner.

Parent/Guardian Signature	Relationship to Student	Date