



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
New Student

www.xenosschools.org



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

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2 0 0 9 - 2 0 1 0 S T U D E N T R E G I S T R A T I O N

January 12, 2009

Dear Parent or Guardian,

The attached packet includes all the necessary forms to register a new student at Xenos Christian Schools (XCS) for the 2009-2010 school year.

Priority registration ends at **4:00 p.m. Monday, February 9**. Registrations received after February 9 are accepted on a first come, first served basis.

We mail Enrollment Confirmation letters in mid-March. When you receive the Enrollment Confirmation letter, you have until March 27 to decline enrollment without penalty. Any subsequent withdrawal after March 27 requires a one-month tuition penalty payment as described in the 2009-2010 Fee Schedule.

Important: if we accept your new student in grades kindergarten through eight, the enrollment remains *conditional* pending either record review or testing as determined by the school. If we permanently enroll your new second through fifth grade student, after records review or testing, we require that he or she attend Riggs Language Arts training in August. The cost is \$75.00 per student and we will mail a letter with the details by May 29. Additional individual tutoring during the summer may be available if necessary.

After mid-March, we inform you of enrollment status at the time of registration.

Your prayers and support are invaluable for the continuing development and excellence of XCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have any questions, please call our administrative office at 261-8136.

Sincerely,

David M. Glover
Superintendent

XENOS CHRISTIAN SCHOOLS 2009-2010 FREQUENTLY ASKED QUESTIONS

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?**

The Priority Registration Period ends at 4:00 p.m. February 9, 2009. After February 9, registrations are accepted on a first come, first served basis and the student's priority status is forfeited.

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

The twelve monthly tuition payments for the 2009-2010 school year begin July 2009 and end June 2010.

- **Why use Electronic Funds Transfer (EFT) for tuition payments?**

Choosing this option saves a family \$100.00 per child for registration (\$50 for preschool), prevents late fees and greatly increases the school's administrative efficiency. EFT forms will be mailed at a later date. Last year, 95% of our families used EFT.

- **What is the withdrawal penalty?**

We mail an enrollment confirmation letter in mid-March to families registering before that date indicating each child's acceptance. Those families have until March 27 to reject enrollment with no tuition penalty. For families enrolling after mid-March, the school will indicate acceptance at the time of enrollment.

Any subsequent withdrawal before the beginning of school requires a one-month tuition penalty. Students who withdraw after the start of school must provide a one-month notice. If not provided, tuition is due one month from the date of notice. When withdrawing during the school year, tuition is pro-rated based on the number of days in the school year.

Note that some official enrollments are *conditional* for new students. If the school cannot accept the conditional enrollment due to academic or other reasons, no penalty will be due.

- **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 XCS and currently attends, or would attend in the case of Kindergarten, a school rated by the State with an Academic Watch or Academic Emergency status for two of the last three years. Please check the Ohio Department of Education website for information: <http://edchoice.ohio.gov>.

- **What about a financial aid program?**

XCS offers financial aid to qualifying low-income families who have active membership in a Xenos Christian Fellowship home group. Private School Aid Service (PSAS), an independent company, evaluates and ranks requests for tuition subsidy by need. Please see the 2009-2010 XCS Financial Aid Program instructions.

XENOS CHRISTIAN SCHOOLS 2009 - 2010 REGISTRATION INSTRUCTIONS

IMPORTANT: parents or legal guardians must submit registrations in person between 9:00 a.m. and 4:00 p.m. at either the Calumet or the North campuses. Please review your registrations carefully before submission. We do not process incomplete registrations.

NOTE: for students enrolled at Xenos Christian Schools in 2008-2009, our database fills in some data automatically. Please check this pre-printed data carefully, making corrections where necessary. You must provide the remainder of the data not completed by the database.

- **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.
 - e) **Riggs Training:** for students in second through fifth grades, we require Riggs training in August 2009. For more information on the Riggs language arts curriculum, check our website at www.xenoschools.org/xcs/curriculum.htm and www.riggsinst.org .

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 0 9 - 2 0 1 0 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

Early registration ends at 4:00 p.m. on Monday, February 9, 2009. If applicants in the early registration period exceed class size, the Xenos Christian Schools Board will determine priorities. We will place others on a waiting list according to the wishes of the family.

Registration applications received after 4:00 p.m. February 9 are accepted on a first come, first served basis. Anyone desiring to be on the waiting list must pay the non-refundable registration fee.

We will delay enrollment for any family enrolled at XCS in 2008-2009 whose tuition account is not current on February 9. This could result in the loss of priority status for returning students and enrollment would then be on a first come, first served basis.

Note: registering in the early priority period does not apply to location preference. We attempt to accommodate families at the school location they prefer, but we cannot guarantee this.

XENOS CHRISTIAN SCHOOLS 2009 - 2010 FEE SCHEDULE

REGISTRATION FEE

A non-refundable registration fee must accompany your Xenos Christian Schools (XCS) application. Registration fees cover the administrative costs of the application process including records requests, data entry, materials and assistance with bus transportation within your local school district.

Families choosing Electronic Funds Transfer (EFT) for tuition payments receive a \$100 registration discount per student for kindergarten through eighth grade and \$50 for preschool. The "EFT" box must be checked on the Parent Data Sheet. We will mail the form Authorization for Automatic Tuition Payments to EFT families prior to the first tuition payment due July 2009.

Class	Registration Fee Without EFT	Registration Fee With EFT
Preschool Returning Student	\$ 75	\$ 25
Preschool New Student	\$ 100	\$ 50
K-8 Returning Student	\$ 175	\$ 75
K-8 New Student	\$ 250	\$ 150

TUITION SCHEDULE

XCS maintains tuition at the lowest possible level without compromising educational excellence. Since the 1992-1993 school year, the average annual compounded tuition increase has been only 2.6% for elementary and 3.3% for middle school. This increase additionally includes the absorption of activity fees and curriculum-related supplies into the tuition rates. With the exception of preschool students, significant multi-child tuition discounts are granted.

Grade	Annual Tuition	Monthly Tuition Payments Per Student		
		Oldest	Second Less 20%	Additional Less 40%
2-Day Preschool	\$ 1248	\$ 104		
3-Day Preschool	\$ 1788	\$ 149		
5-Day Preschool	\$ 2820	\$ 235		
Kindergarten Half-day	\$ 2724	\$ 227	\$ 182	\$ 136
Elementary 1 - 5	\$ 4188	\$ 349	\$ 279	\$ 209
Middle School 6 - 8	\$ 4812	\$ 401	\$ 321	\$ 241

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

A family pays tuition in twelve equal payments from July 2009 through June 2010. XCS strongly encourages all families choose EFT as their tuition payment method. EFT provides many advantages: 1) a large registration fee discount 2) you avoid late fees and 3) tuition payments are not due until the sixteenth of the month or the following Monday should the sixteenth fall on a weekend. In addition, it greatly simplifies the school's accounting practices. Paying by check or cash requires payment on the first day of the month. For non-EFT families, we assess a \$20 late fee if an account has an unpaid balance on the fifteenth of the month. For all accounts, we charge a \$25 fee for insufficient funds. **IMPORTANT:** if two consecutive tuition payments remain due on the first day of the month, we can remove your student from class until receipt of at least one of the two months due. Additionally, we withhold student assessments and conferences until the account is current.

WITHDRAWAL PENALTY

For withdrawal after mid-March and prior to the beginning of the school, a one-month tuition penalty is due. Some exceptions can apply when withdrawal is unavoidable. For withdrawal after the start of school, we require a one-month notice. Without such notice, tuition is due one month from the date of notice. All withdrawals must be submitted in writing.

LATE PICK-UP PENALTY

You must pick up your student no later than 15 minutes from the close of school. If a student remains on the premises after this period, a late pick-up fee applies as follows: \$10 per student for the first half-hour and an additional \$10 for each succeeding half-hour period.

CALUMET AND NORTH CAMPUSES

The XCS Financial Aid Program offers tuition subsidy for qualifying, low-income families who attend the Calumet Campus and/or North Campus, and who are active members of a Xenos Christian Fellowship home group. The school confirms home group membership with the leadership team of the specified home group. The Financial Aid Contract includes a commitment to student performance standards and parental participation.

A family may request the contract from either campus office when registering. It must be completed and signed before receiving the Private School Aid Service (PSAS) Student Aid Form 2009-2010 packet. PSAS is an independent company that evaluates and ranks tuition subsidy requests by need. While a hard copy is available from either the Calumet Campus or North Campus office, we encourage receiving the PSAS packet in PDF form via e-mail, which allows a family to complete the forms on a computer.

Once the packet is complete, the family must submit the following, in person, at XCS Administrative Office, 2774 Calumet Street, by or preferably before March 31, 2009:

1. The PSAS packet with signatures and complete information. Incomplete forms result in disqualification.
2. 2008 Federal Income Tax return including all supplemental pages of the tax filing.
3. A \$21.00 check or money order processing fee made to the order of PSAS.

Do not send the forms directly to PSAS. Applying is not a guarantee of aid. The school will communicate the results in early May. Families will have approximately two weeks to reject the financial aid offer and withdraw without tuition penalty.

XENOS 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 Parent Wk/Cell Phone: _____

Other Wk/Cell Phone: _____

#2 Parent 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.

Are you an active **member** of a Xenos Christian Fellowship home group: Yes No

If yes, please provide the home group name: _____

Are you a **member** of the Xenos Christian Fellowship Fiscal Support Team for 2009: Yes No

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

Note: Families choosing EFT receive a significant registration fee discount – see the 2009-2010 Fee Schedule.

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

Parent/Guardian Signature: _____ Date: _____

**XENOS CHRISTIAN SCHOOLS 2009-2010 STUDENT REGISTRATION
STUDENT DATA**

PLEASE PRINT

NEW Student RETURNING Student RETURNING but Not Attending 08-09

STUDENT INFORMATION

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

Nick Name: _____ **Date of Birth:** _____ **Gender:** Female Male

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

* Please list the public school district and the elementary or middle school your child would 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

I/We give permission to publish student's address and phone on a class roster: Yes No

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

GRADE STUDENT ENTERING

School Preference (Not Guaranteed): Calumet Campus, Pre-Eighth North Campus, Pre-Fifth

Preschool: Two-day: 3 years old by 9-30-09 Three-day: 4 years old by 9-30-09 Five-day: 4 years old by 9-30-09

Elem/MS: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Preschool/Kindergarten Preference (Not Guaranteed): AM PM

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

THESE CONTACTS SHOULD REMAIN THE SAME FOR EVERY CHILD IN THE FAMILY

Name	Phone	Relationship to Student
1.		
2.		
3.		

OFFICE USE ONLY ~ Date: _____ Reg Pd \$: _____ Check#: _____ Initials: _____

**XENOS 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:** _____

**XENOS 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

1. I/We agree to the Xenos Christian Schools (XCS) 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 XCS will withhold student assessments, records and parent/teacher conferences for any amount due.

2. I/We agree to pay for malicious damage to XCS property caused by my/our student(s).

3. I/We agree to release the XCS Board, all XCS 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 (Please Print)	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date



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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.



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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