



1909 Homedale Rd. Klamath Falls, OR 97603 Office 541-884-6467 Fax 541-882-1468

Application & Enrollment Process

Thank you for your desire to enroll your student(s) in New Horizon Christian School. The following is some vital information concerning the application process.

Please review the following Admission Guidelines:

The students who are considered for enrollment are students who:

- ☐ Fellowship at a Bible-believing church. *
- ☐ Have at least one custodial parent who has accepted Jesus Christ as their personal Savior, is attending church on a **weekly** basis and whose doctrinal position supports the New Horizon Christian School *Statement of Faith* (as listed in the *Parent & Student Handbook*). Handbooks are available in the School Office. *
- ☐ Have a satisfactory citizenship record in the school they are presently attending. *
- ☐ Desire to attend New Horizon Christian School and willingness to comply with the school's standards as printed in the *Parent & Student Handbook*.

Follow these steps to begin the Student Enrollment Process:

- ☐ Complete the *Student Application, copy of the official Birth Certificate and Immunization Record* for each student you are applying for enrollment. In order to streamline the process, your application must be filled out in its entirety, prior to submittal.
- ☐ Submit the Pastor and Teacher Recommendations to your pastor and student's teacher. They will return them directly to NHCS. *
- ☐ Submit your application and other documents to the school office Monday – Friday between the hours of 7:30 am - 4:00 pm. Along with your completed application, you will be required to pay the non-refundable Registration Fee. **Please refer to the fee schedule.** Fees must be submitted by cash, check, money order or credit card (2.85% apply). The Application Fee is non-refundable and does not guarantee your student's acceptance into the school.

NHCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, athletics, and other school-administered programs. NHCS acknowledges that there is no preferential treatment with GOD. As mentioned in Acts 10:34-35.

***We ask that you submit your application in person. Additional instructions and information will be given to you at that time. After initial review of your application you will be contacted by a school representative who will schedule your family interview with the school Administrator & Board Member. ***

Not required for Pre-school/Kindergarten *

"Therefore, put on the whole armor of God that ye may be able to withstand in the evil day, and having done all, to stand." Ephesians 6:13



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Student Application

Application Date: _____

Student Information

Student's Full Name _____ Grade entering in Fall _____

Age _____ Birthdate _____ Sex _____ Social Security Number _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (_____) _____ Cell Phone (_____) _____

1. Please describe how you perceive your child's spiritual life: _____

2. Has your child to your knowledge been involved with alcohol, drugs, tobacco, cheating, stealing or sexual immorality? _____

3. Are there any unusual factors in your child's life and/or home situation? () Yes () No

If yes, please explain: _____

4. Describe your child's strengths: _____

5. Describe your child's weaknesses: _____

If you would rather describe any of the above during a personal interview, please indicate below:

() Yes, I would rather meet concerning question number(s) _____

School History

If your child has ONLY attended NHCS, check here _____

Previous Schools Attended:

School Name	City/State	Phone	Grades Attended	Year
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please give full details to any "yes" answer below or on a separate sheet of paper, including the principal's name, date of the incident, the school, and the grade in which the incident occurred.

1. Has your child ever repeated a grade? () Yes () No If yes, what grade? _____

2. Has your child ever received a detention? () Yes () No

If yes, please explain: _____

3. Has your child ever been suspended or expelled from any school? () Yes () No

If yes, please explain: _____

4. Has your child ever been enrolled or recommended for any of the following special classes?

() Gifted/Talented () Learning Disability () Speech () Discipline

5. Does your child currently have an IEP? () Yes () No

6. Has your child ever been evaluated for a learning disability or has your child ever had an IEP in the past? () Yes () No

Medical Information

1. Does your child have any health conditions? () Yes () No

If yes, please explain: _____

2. Does your child have any physical handicaps or other conditions that might affect his or her schoolwork, including physical education? () Yes () No

If yes, please explain: _____

3. Does your child have any evidence of hearing or vision difficulties? () Yes () No

If yes, please explain: _____

4. Does your child currently take prescription medications? () Yes () No

If yes, please explain: _____

5. Will this be administered during school hours? () Yes () No

6. Has your child ever been diagnosed with any physical/physiological or medical condition (i.e. ADHD, Autism, PDD, etc. () Yes () No

If yes, please explain: _____

Parent Information

Parent / Guardian #1: _____ Relationship _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Occupation _____ Employer _____

Work Address _____

Work Phone (_____) _____

Parent / Guardian #2: _____ Relationship _____

Physical Address _____

Mailing address (if different than above) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Occupation _____ Employer _____

Work Address _____

Work Phone (_____) _____

Marital Status of Parents: () Married () Widowed () Separated () Divorced () Single

If widowed or divorced, is either parent remarried? () yes () no

If parents are divorced or separated, who has legal custody of the child? _____

Please list parenting schedule _____

Is either parent forbidden by court order from having equal access to the child or the school records?

() yes () no (please attach copies of legal documents stating such)

Please list all persons living in the home with the child and their relationship to the child:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you financially able to meet the monthly tuition requirement? () yes () no

Comments: _____

What do you see as part of your child's education? _____

How did you learn about our school? _____

Why would you like your child to attend NHCS? _____

Church Information and Christian Walk

Please describe your (parent/guardian) walk with the Lord at this present time: _____

Do you attend church? () yes () no If so, what church? _____

Please list your Pastor's name: _____ Phone # _____

Please list your child's youth Pastor/Leader _____ Phone # _____

How long have you attended your current church? _____

Please describe your current involvement in church, including volunteer experiences: _____

What services/Bible studies do you attend? _____

How often do you attend services/Bible studies? _____

Please give your (parent/guardian) personal testimony of your relationship with Jesus Christ and when you asked Him to be your Lord and Savior. Attach an additional sheet of paper if necessary.

Parent / Guardian #1 _____

Parent / Guardian #2 _____

Parent Signatures

It is my intent to enroll my child in New Horizon Christian School and in submitting this application, comply with the standards, policies, and procedures set forth in the Parent/Student Handbook. It is understood that this is an application only and does not guarantee enrollment into NHCS.

I certify that the information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for denial of admission or dismissal from this school.

Signature of Parent / Guardian #1 _____ Date _____

Signature of Parent / Guardian #2 _____ Date _____



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Application

Office Use Only: Date Received _____ Received By _____

Paid by cash receipt #: _____, check#: _____, CC receipt #: _____



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Student Questionnaire for Middle School

To be filled out by the **student** applying for 6th grade and above.

Student's Full Name _____ Grade entering Fall 20____: _____

When did you ask Jesus Christ to be your Lord and Savior? Briefly describe your experience. _____

Do you want to attend NHCS? ____ Yes ____ No. Why or Why not? _____

What church do you attend? _____

Who is your youth Pastor/Leader? _____

How long have you attended your current church? _____

Do you regularly attend Sunday Morning Service? _____

Do you regularly attend Youth Group? _____

Do you currently have a Facebook, twitter or Instagram account? _____

If you answered yes, what is your user name for any/all accounts listed? _____

I certify that the information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for denial of admission or dismissal from this school.

Student Signature _____ Date _____



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MS

Office Use Only: Date Received _____ Received By _____ Paid _____



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Medical Liability and Emergency Contact Information

Student Information

Student's Full Name _____ Birthdate _____ Grade _____

Parent Information

Parent / Guardian #1: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Parent / Guardian #2: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Medical Information

Physician _____ Clinic or Hospital _____

Address _____ Phone (_____) _____

Medical Insurance Carrier _____ Policy # _____

Address _____ Phone (_____) _____

Health History

Please list any allergies or health conditions (include name of student if more than one child is registered at NHCS):

Name and dosage of any medication that must be taken (include name of student if more than one child is registered at NHCS):

Activity Restrictions (include name of student if more than one child is registered at NHCS): _____

Emergency Contact / Authorized Pickup Person

Please list in the order NHCS should contact in case of an emergency. We will always try to contact parents first.

#1 Name: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

#2 Name: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

#3 Name: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

#4 Name: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

#5 Name: _____ Relationship _____

Physical Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Medical and Liability Release

I agree on behalf of myself, my heirs and successors and assign to hold harmless New Horizon Christian School, its employees and officers, chaperones, leaders, organizers, sponsors and persons transporting my child to and from school activities, from any liability for illness, injury or death arising from or in connection with my child attending school events beginning the ____ day of _____, 202__ through ____ day of _____, 202__.

Every activity sponsored by New Horizon Christian School is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by New Horizon Christian School. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to New Horizon Christian School to hospitalize, to secure proper treatment and/or to order injections, X-ray, laboratory, anesthesia, or surgery for my child as deemed necessary by the attending physician and/or paramedics and waive my right to informed consent of treatment. I realize that I will be contacted at the earliest possible moment in case of such an emergency

I authorize the persons listed on this form to pick up my child(ren) from school. In case of an emergency, if I am unable to be contacted, please try to contact one of these people in the order in which they are listed.

I have read this release, understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature of Parent / Guardian #1 _____ Date _____

Signature of Parent / Guardian #2 _____ Date _____



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Authorized Pick-Up List

Please place a checkmark next to authorized EMERGENCY pickups.

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

☐ Name: _____

Relationship to Student: _____

Home #: _____ or Cell _____

I give authorization for the above listed to pick-up my child from school.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/ Guardian's Signature: _____ Date: _____



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Photo Release

I hereby authorize **New Horizon Christian School** to photograph my student(s) and myself while at school and during school events. I further authorize New Horizon Christian School in its sole discretion to use any photographs taken of my student(s) or myself for promotional purposes in any manner deemed appropriate by New Horizon Christian School and hereby waive any and all claims related thereto, including, but not limited to intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on New Horizon Christian School's website, they can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims related to the use of any image photographed, published or used in any way by New Horizon Christian School, its officers and directors, owners, agents, landowners, affiliated companies and employees.

Student Name: _____

Signature of Parent / Guardian #1: _____ Date: _____

Signature of Parent / Guardian #2: _____ Date: _____



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Teacher Recommendation

To be completed by student's parent before giving to teacher:

Student's Name: _____ Current Grade _____

I hereby authorize the designated representative of my child's current school to disclose freely information regarding my child in the context of admission into New Horizon Christian School.

I understand this information will be kept strictly confidential between both schools.

Parent Signature: _____ Date: _____

Parent Printed Name: _____

To be completed by your student's current academic teacher and returned directly to:

New Horizon Christian School
1909 Homedale Rd.
Klamath Falls, OR 97603
Office 541-884-6467 • Fax 541-882-1468

The person named above is applying for enrollment at NHCS. We exist to make disciples through a biblical school environment that prepares students to glorify God spiritually, academically and socially. We seek to create a healthy school setting in which students, parents, volunteers and teachers work together to accomplish this goal. Therefore, it is very important for us to properly evaluate each prospective student as part of our process. We trust that you will complete the form in a quick and timely manner.

I have taught this person for _____ years _____ months.

	1	2	3	4	5	Ratings
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below Average:	Questionable candidate	
				___ marginal ability		
				___ lacks motivation		
Personal Qualities	Outstanding: leads and participates	Generally strong	Average	Below average, immature	Very immature for age	

Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	__ excitable	__ hyper-emotional	
				__ unresponsive	__ apathetic	
				__ distractible	__ apathetic	
Summary	Outstanding	Above Average	Average	Below Average	Poor	

Please comment on the applicant's attitude toward school. Use an additional sheet if necessary.

Has the applicant ever been suspended or expelled If yes, please explain. _____

To your knowledge, has the applicant had any history of conduct or behavior problems? If yes, please explain. _____

Does the candidate have any history of learning disability or has he/she required any special help to meet academic requirements? If yes, please explain. _____

Is there anything special about this applicant that you would like to share with us? _____

Is there any additional information you can share to help us better know this applicant? _____

Signature _____ Position _____

Print Name _____ Phone # _____

School _____ Phone # _____

Date Completed _____

Thank you for your valuable time in completing this form. All information will be kept confidential and will not be shared with any other school, church, group or other organization.

"All your children shall be taught by the LORD, And great shall be the peace of your children."
Isaiah 54:13



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Pastoral Reference

This form can be faxed, mailed or hand delivered to the school office.

This portion to be completed by applicant:

Father's Name

Mother's Name

Home Address _____ City _____ Zip _____

Cell # _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Our school believes that in order to become a Christian and inherit eternal life, one must:

- 1) Realize he is a sinner (Romans 3:10, 23)
- 2) Believe that Jesus died for his sins (John 3:16; Romans 10:9,10)
- 3) Ask Jesus Christ to come into his life and take away his sins (John 1:12)

Do you believe these steps are necessary for salvation? Yes _____ No _____

Do you believe there is anything additional which a person must do in order to receive salvation?

Yes _____ No _____

If yes, please explain _____

I give my permission to release the reference information below to New Horizon Christian School.

Parent/ Guardian Signature _____ Date _____

This portion to be completed by Pastor:

How long have you known this family? _____ →

How well do you know the student (s)? _____

Parent's relationship to your church? Active participant _____ Non-active _____

Family's attendance at your church? Regular _____ Occasional _____ Seldom _____

Which members of the family are, to the best of your knowledge, born again Christian?

Father: Yes _____ No _____ Student's Name _____ Yes _____ No _____

Mother: Yes _____ No _____ Student's Name _____ Yes _____ No _____

Which church activities do the applicants participate in? _____

Please provide your general recommendation as to the applicant's qualifications for admission to NHCS.

Highly Recommend _____ Recommend _____ Hesitate to Recommend _____ Do Not Recommend _____

Signature _____ Date _____ Position _____

Church Name _____ Church Phone _____

Church Address _____ City _____ State _____ Zip _____



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