

# EVERGREEN CHRISTIAN SCHOOL

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Dear Families,

Thank you for considering Evergreen Christian School. Here you will find a solid Christian education system that goes hand in hand with Christian character. Our vision is to *Integrate Excellent Education with Devotion to Jesus Christ*. Since 1974, we have worked with parents to ensure their children receive an excellent education while guiding them in a growing relationship with Jesus Christ through teaching God's Word. Each child has a God-given plan for their life and, it is our privilege to partner with you to help them find what that is as they prepare for life outside our walls.

We know that sending your child(ren) to ECS is a sacrifice on many levels. Be assured that what they gain at ECS is priceless.

Our goal is to provide an enriching environment that stimulates the whole child; physically, mentally, emotionally, and socially, while maintaining a strong spiritual emphasis throughout. Our preschool through eighth grades are accredited by Northwest Accreditation Commission (NWAC) an accreditation division of AdvancEd. We are also members of ACSI and WFIS.

In addition to an excellent academic environment, we offer - but are not limited to - curricular and extracurricular activities at different grade levels (K-8), Band, Orchestra, Choir, General Music, Spanish, Technology, Educational Field Trips, Sports, ASB, Community Service, Physical Education, Spelling Bee, Young Authors and Fine Arts Festival, Science Fair, and Math Olympics.

We encourage you to become a part of our Parent Teacher Ministry (PTM), which is active in organizing fundraisers to enhance the school and partnership events such as Skate Night, Fun Run, Father-Daughter Dance, and Mother-Son Bowling.

We would love for you to be part of our growing family. Please do not hesitate to call with any questions you may have or if you would like further information, please visit our website at [www.ecsolympia.com](http://www.ecsolympia.com)

Sincerely,

Angela Flores  
Principal

## Enrollment Procedures Checklist

*Thank you for your interest in Evergreen Christian School and for giving us the privilege of supporting you in pursuing an excellent Christian education for your children.*

Please follow the steps below to complete your enrollment:

### **1. Complete entire Application Packet:**

- ⇒ 2019-2020 Enrollment Application (front and back)
- ⇒ Parent Agreement
- ⇒ Financial Agreement
- ⇒ Student Emergency Form
- ⇒ General Statement of Faith

### **2. Attach the following documents to your Application Packet:**

#### **Preschool / Kindergarten:**

- ⇒ Completed immunization form
- ⇒ Copy of birth certificate
- ⇒ **(Preschool)** A non-refundable/non-transferable registration fee of \$160 is required to secure your student's spot
- ⇒ **(Kindergarten)** A non-refundable/non-transferable registration fee of \$350 is required upon acceptance

#### **Grades 1-8:**

- ⇒ Completed immunization form
- ⇒ Copy of birth certificate
- ⇒ Copy of student's most recent transcripts and achievement tests
- ⇒ 2 Academic References from previous year's Teacher and Administrator
- ⇒ Once completed application is turned in to the school office, an appointment will be set for an academic placement test and interview with Administration.
- ⇒ Upon acceptance, a non-refundable/non-transferable registration fee of \$350 is required to secure your student's spot.

# EVERGREEN CHRISTIAN SCHOOL

2019 - 2020

**Non-Refundable, Non-Transferable  
Registration Fees:**

Preschool & Pre-K \$160.00  
Kindergarten – 8<sup>th</sup> Grade \$350.00

**Consolidated Activity/Supply Fees – Due by 9/4/19:**

Kindergarten \$65.00	Preschool \$38.00
1 <sup>st</sup> Grade \$80.00	
2 <sup>nd</sup> Grade \$85.00	Middle School (6 <sup>th</sup> – 8 <sup>th</sup> ) \$90.00
3 <sup>rd</sup> Grade \$35.00	<i>Note: Middle School Electives, including P.E., may have an additional fee.</i>
4 <sup>th</sup> Grade \$40.00	
5 <sup>th</sup> Grade \$50.00	

## YEARLY TUITION

Preschool (2 Day)	\$1,557.00
Preschool (3 Day)	\$1,953.00
Preschool (5 Day Pre-K)	\$3,411.00
Kindergarten – 5 <sup>th</sup> Grade	\$6,740.00
Middle School (6 <sup>th</sup> – 8 <sup>th</sup> )	\$7,030.00

*For your convenience, the yearly tuition fee can be divided into 10 (K-8) or 9 (Preschool) equal installments.*

Refunds are allowed for withdrawal or expulsion only. The parent must give written withdrawal notice to the school thirty (30) days before the withdrawal date. If the child withdraws from the school, the school will calculate the final payment owed by the parent. This payment will be calculated on a prorated basis, taking into consideration annual tuition and the 180-day school year, and the number of days the child has remained enrolled at the school through the appropriate withdrawal date.

	1st Child	2nd Child	3rd Child	4th Child	5th Child
Preschool (2-day)	\$173	\$156	\$138	\$130	\$121
Preschool (3-day)	\$217	\$195	\$174	\$163	\$152
Preschool (5-day)	\$379	\$341	\$303	\$284	\$265
Kindergarten – 5 <sup>th</sup>	\$674	\$607	\$539	\$506	\$472
Middle School (6 <sup>th</sup> -8 <sup>th</sup> )	\$703	\$633	\$562	\$527	\$492

### Other Fees

**EXTENDED CARE (ages Kindergarten – 8<sup>th</sup> Grade)**

**Before School Care (7:00-8:30 am):** \$111.00 Full-time / \$84.00 Part-time  
\$60.00 Drop-in Punch Card (5 punches at \$12.00 per day)

**After School Care (3:15-6:00 pm):** \$207.00 Full-time / \$140.00 Part-time  
\$100.00 Drop-in Punch Card (5 punches at \$20.00 per day)

**Special Extended Care Options:** \$12.00/day Late Start (8am-10am)  
\$40.00/day Half Day (12pm-6pm)  
\$60.00/day Holiday, In Service, or Conference (8am-5pm)

**SPORTS FEE \$90.00 per sport      MUSIC FEE \$50.00 per instrument**

*Monthly cash or check installments are due on the 1<sup>st</sup> of each month.*

*Payment by debit or credit card can be made through our website (a processing fee applies to all card payments).*

*ACH installments are generally drawn on the 3rd or 20th of each month depending on payment date selected.*

*Late fees will be assessed on Tuition and Extended Care payments received after the 5th of each month.*

*The late fee is \$20.00 per enrolled child.*

*In addition to the late fee, \$20.00 will be charged for NSF checks.*

Evergreen Christian School

Preschool-8th Grade Application  Re-enrollment  New Enrollment

Date: \_\_\_\_\_ Grade Applying for: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male  Female

\* Children must be 5 years of age on or before September 1 to be eligible for admittance to Kindergarten in August of that year.

**Student Name:** \_\_\_\_\_

Last                      First                      M.I.                      Prefers to be called

**Home Address:** \_\_\_\_\_

Street                      City                      State                      Zip

**Home Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Daytime Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**Ethnic Origin:**  Black (not of Hispanic origin)  Asian or Pacific Islander  American Indian or Alaskan Native  Hispanic  
 White (not of Hispanic origin)  Other

**Student's home address above is also the address of:**

Father  Stepfather  Other \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Mother  Stepmother  Other: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Joint-Custodial or Non-Custodial Parent Information:**

Father  Stepfather  Other: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Mother  Stepmother  Other: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preschool Class Preference (please check one)**

<u>3 Year Old Class</u>	<u>4 Year Old Class</u>	<u>Pre-K 5 Year Old Class</u>
T-TH am <input type="checkbox"/>	T-TH am <input type="checkbox"/> MWF am <input type="checkbox"/>	5 Day am <input type="checkbox"/>
T-TH pm <input type="checkbox"/>	T-TH pm <input type="checkbox"/> MWF pm <input type="checkbox"/>	MWF pm <input type="checkbox"/>

Siblings Name: \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Not attending at this time  In the process of looking for a church

Is there a restraining order in effect?  Yes  No WA SSID #: \_\_\_\_\_

Restraining order is against  Mother  Father  Other

(If Yes, plan must be on file with the school for enforcement.)

Is there a parenting plan in effect?  Yes  No WA SSID #: \_\_\_\_\_

(If Yes, plan must be on file with the school for enforcement.)

Family or student concerns:

\_\_\_\_\_

\_\_\_\_\_

Please list the person(s) responsible for payment of tuition and fees:

Name	Relationship	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Note: All financial matters concerning your account will only be discussed with the parent(s)/person listed as the individuals responsible for payment of fees. Thank you.

In case parent cannot be reached, list two individuals we may contact and are authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Verification of information: The information on this form is true and accurate as of this date:

Legal Parent/Guardian's Signature: \_\_\_\_\_

Evergreen Christian School, a ministry of Evergreen Christian Community, does not discriminate in the admission of students based on race, color, gender, or national origin as required by federal and state laws (to the extent applicable to the School). The School complies with all federal and state disability laws as applicable to the School. The School reserves the right to select and dismiss students on the basis of the student's academic performance and the student and his or her family's spiritual commitment, commitment to the Biblical mission, purposes and standards of the School, and other considerations including a willingness to cooperate with School administration.

Evergreen Christian School

Student Emergency Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Alternate persons to be notified in case of emergency:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. \_\_\_ Yes \_\_\_ \*No If the parents and authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment in the judgment of the school authorities, do you authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible?

2. \_\_\_ Yes \_\_\_ \*No Do you agree to be financially responsible for all expenses incurred for the treatment under the circumstances described above?

3. \_\_\_ Yes \_\_\_ \*No If an ambulance is called, do you agree to be financially responsible for the expenses incurred?

\* Please explain what action you desire the school authorities to take: \_\_\_\_\_

Does your child have:

Vision problems: \_\_\_ Yes \_\_\_ No Glasses: \_\_\_ Yes \_\_\_ No Contact Lenses: \_\_\_ Yes \_\_\_ No

Hearing problems: \_\_\_ Yes \_\_\_ No Speech problems: \_\_\_ Yes \_\_\_ No

Please check if your child is being treated for any of the following:

\_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Epilepsy

Check if your child uses one of these items: \_\_\_ Inhaler \_\_\_ Epi-Pen

\*If so, who will keep the item: \_\_\_ Student \_\_\_ Teacher \_\_\_ Office

Allergies (please describe): \_\_\_\_\_

List any medications your child is allergic to: \_\_\_\_\_

\*PERMISSION FOR EMERGENCY MEDICAL TREATMENT\*

In the event the student mentioned above becomes ill or sustains an injury while in the care or under the supervision of authorized personnel of Evergreen Christian School, permission is given to administer first aid for his/her relief. If it is not practical to return him/her to us or to receive our instructions for his/her care, consent is hereby given to admit him/her to any hospital; consent is also given to any licensed physician and/or surgeon called upon or to whom he/she is taken for treatment, procedures as he/she shall think the existing emergency requires for the relief of pain and to preserve both life and health. Authorization is given for such other measures or procedures as may be required.

Signature of Parent or Guardian

Date

**Evergreen Christian School**  
**New Student Information**

**Please respond to the following questions:**

1. How did you hear about Evergreen Christian School? \_\_\_\_\_  
\_\_\_\_\_

2. What are your primary reasons for seeking to enroll your child at Evergreen Christian School?\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School History**

3. Is this your child's first school experience?  Yes  No

4. List all schools applicant has attended (include preschool)

5. Has your child ever been suspended, expelled, or asked to withdraw?  Yes  No

If yes, please explain: \_\_\_\_\_

Name of School	Address	Grades	Reason for Leaving

6. Has your child ever repeated a grade?  Yes  No If yes, state grade: \_\_\_\_\_

**Learning/ Social Information:**

7. Child's academic strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have difficulty with any of the following? If yes, check appropriate area and explain:

Behavior  Attention  Work Habits  Oral Expression  Written Expression  Socialization

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

As a parent or guardian, I/we understand and give permission to Evergreen Christian School to contact third persons including but not limited to current pastor and schools attended by the applicant in order to obtain information related to my/our child's educational experience and the ECS admission evaluation.

\_\_\_\_\_  
Father's Signature (or guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature (or guardian)

\_\_\_\_\_  
Date

Evergreen Christian School

2019-2020 Parent Agreement  
(one signed form per family)

Student name	Grade	Student name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

**Parent Commitment**

- 1) The undersigned parent(s) or legal guardian(s) ("parent") understands, affirms, and will support Evergreen Christian School's (the "school") "General Statements of Faith".
- 2) The parent agrees to support the child(ren)'s ("child") spiritual and academic program by accomplishing the following:
  - a) Review the child's academic and spiritual growth and give positive support to encourage his/her best performance.
  - b) Maintain open communication with the teacher and administration.
  - c) Actively participate in school-sponsored programs such as Parent-Teacher Ministry (PTM), parent-teacher conferences, and other scheduled family/school activities.
  - d) Provide for the welfare of the child through proper rest, diet, attire, and an environment at home conducive to learning and spiritual growth.
  - e) Support the Family Stewardship Program.
- 3) The school shall have authority to discipline the child in accordance with the ECS Parent/Student Handbook, and the parent will require the child to comply with the school's regulations and policies including those found in the Parent-Student Handbook. The parent further agrees to support the school in discipline matters and to uphold school standards.
- 4) The parent understands and agrees that the school has full discretion in class placement.
- 5) The parent will endeavor to reconcile all grievances with school staff members quickly, and will communicate honestly, directly and respectfully to those involved.
- 6) The parent understands and agrees to repay the school for any loss it incurs if the child damages school property or the property of others on the school premises.
- 7) The parent understands and agrees that the school cannot guarantee a student's eligibility for continued enrollment after his or her initial admittance to the school. The school reserves the right to admit or dismiss students in its sole and absolute discretion. Likewise, the school may amend, supplement or rescind its policies at any time.

**Financial Commitment**

The parent agrees to pay the tuition and fees for the child as outlined below. The parent agrees to make payments as follows (check applicable option):

- Payment of full tuition by the date(s) specified by the school; or
- Payment with automatic deduction from a bank account (ACH) in monthly installments
- Payment in nine monthly installments at the school office by cash or check for preschool
- Payment in ten monthly installments at the school office by cash or check for K-8; or
- Payment on school website with debit/credit card. (processing fees apply)



Payment terms include:

- a) Monthly cash or check payment installments are due on the 1<sup>st</sup> of each month. ACH payments are generally drawn on the 3<sup>rd</sup> or 20<sup>th</sup> of each month depending on the payment date selected.
- b) Late fees will be assessed on payments received after the 5<sup>th</sup> of each month. These late fees are \$20 per enrolled child.
- c) If the parent is unable to make the required monthly payments by the 1<sup>st</sup> of the month, the parent agrees to contact the school office or financial department prior to the 5<sup>th</sup> of the month. The parent understands that the school may be willing to negotiate an alternate payment plan.
- d) If the parent's account becomes 30 days past due, and the parent has not complied with (or negotiated) an alternate payment plan, the school may terminate the child from the school. (This does not alter the school's right to terminate a student in its sole and absolute discretion.) The parent further agrees to pay any and all charges accrued, including collection fees as necessary. Collection fees include, but are not limited to, attorney's fees and all costs incurred by the school (directly or indirectly) to collect or enforce the parent's payment obligations to the school. All school records and report cards will be held until balance on account is paid in full.
- e) The parent must give written withdrawal notice to the school thirty days before the withdrawal date. If the child withdraws from the school, the school will calculate the final payment owed by the parent. This payment will be calculated on a pro-rata basis, taking into consideration annual tuition and the number of days in the school year and the number of days the child has remained enrolled at the school through the appropriate withdrawal date.

#### **Release, Payment of Expenses, Medical Consent, Mediation/Arbitration**

1. *Activity and Photograph Release.* The undersigned parent(s) or legal guardian(s) ("parent") grants permission for the child(ren) ("child") to use all playground equipment and participate in all of the school's activities including field trips off of the school's grounds. The Parent grants permission to the school to use photographs of the child for school-related publicity purposes.

2. *Medical Consent.* The parent grants permission for the school to take the child to a physician or hospital for medical treatment, or to call 911 for emergency medical aid, if in the school's sole and absolute discretion, the child becomes ill, sustains an injury, or otherwise requires medical treatment. The parent gives consent to any physician or emergency aid responder to administer drugs or medicine or to perform such medical treatment as the physician or responder determines necessary for the relief of pain or to preserve the child's life or health. The parent assumes full responsibility for all medical, rescue transportation, and other expenses incurred on behalf of the child and will fully and immediately reimburse the school for any of these expenses that the school, in its sole and absolute discretion, chooses to advance.

3. *Release of Claims.* The parent releases the school and its directors, officers, employees and agents from and against any and all Claims. "Claims" means all claims, demands, damages, actions, fees, costs, expenses, liabilities, awards, or judgments – known or unknown, foreseen or unforeseen – related to or arising from the school's acts or omissions regarding the child and all other losses or damages (except those caused entirely by the school's gross negligence or intentional misconduct) that the child or the parent may suffer as a result of the child's enrollment and/or participation at the school. This release of Claims ("release") is binding upon the parent and any other person who asserts any Claim through the parent or on the parent's behalf. To the extent that the law may allow at any time in the future, this Release is also binding upon the child and any other person who asserts any Claim through the child or on the child's behalf.

4. *Indemnification.* To the extent the Release is not abided by or is held to be ineffective, in whole or in part, the parent agrees to indemnify and defend the school and its directors, officers, employees and agents from and against all Claims – of the parent and of the child – including, without limitation, paying all attorney fees and costs that the school incurs related to a Claim.

5. *Mediation/Arbitration.* All disputes and claims related to the child's participation and/or enrollment at the school including, but not limited to, any statutory or common law claims for discrimination, breach of contract, negligence, emotional distress, and all other claims, shall be resolved by mediation and binding arbitration. Mediation and arbitration shall be before a mutually acceptable person who: is a practicing attorney with a minimum of 10 years of experience or a retired judge and a member of an Assemblies of God church. In the event that the parties cannot agree on such a person, each shall appoint a qualified person and the two shall agree on a third qualified person to be the sole mediator or arbitrator. The arbitrator shall not be the same person as the mediator. The parties hereby incorporate and the arbitration shall follow the procedures of Chapter 7.04 RCW. The laws of the State of Washington shall govern.

6. *Free Act.* The parent acknowledges that the parent has read this Agreement, understands it, and signs it voluntarily. The parent also acknowledges that apart from this Agreement itself, in entering the Agreement, the parent is not relying on any representations or statements by the school. The parent executes this Agreement having received full, adequate, and complete consideration and intends to be bound by the Agreement.

7. *Severability; Not Revocation.* If any portion of this Agreement is construed by a court or arbitrator to be contrary to law, then the remainder of the Agreement shall be valid in all respects. This Agreement does not revoke, in whole or in part, any agreement regarding assumption of risk, permission to assist, medical consent, release of claims, or indemnification that already exists between the school and the parent. Instead, this Agreement provides additional protection to the school.

**Please read carefully. This document contains a release and waiver of liability.**

**I/We have read the above Parent Agreement, fully understand and agree to its provisions.  
I/We have also read and understand the:**

Parent-Student Handbook, Dress Code, Student Technology Contract and Campus Parking Lot Safety Procedures.

I understand that these are statements of general policies and are not intended to be an implied agreement or promise of specific treatment. I also understand that the School may modify, supplement, rescind or revise any policy, benefit or provision at any time as it deems necessary in its sole discretion.

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Father (or Legal Guardian) Signature

Date

Mother (or Legal Guardian) Signature

Date

## General Statements of Faith

(one signed form per family)

*Evergreen Christian School believes it is especially important for non-parochial schools, such as ECS, to publish their Statements of Faith. This is important for parents and students who attend other area churches which may have differing doctrines. Board members, faculty, and staff subscribe without reservation, to the following doctrinal statements:*

- 1) We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit, immutable and infinite in wisdom, holiness, power, justice, goodness, and truth. (Deut. 6:4; Matt. 28:19)
- 2) We believe that God, in the beginning, created the heavens and the earth and that He still upholds them in His providence. (Gen. 1:1; Matt. 28:19)
- 3) We believe in the deity of Jesus Christ, in His virgin birth, in His sinless life, in His miracle-working power, in His vicarious and atoning death, in His resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory. We believe that for each of us personally He was "made to be sin" and died for our sins. He suffered the judgment of divine justice, voluntarily shedding His precious blood and dying on Calvary's cross, "the just for the unjust, that He might bring us to God." We must confess Him as our personal Savior and Lord in order to receive eternal life. (John 1:1; Matt. 26:63; Heb. 4:14; Rom.10:9,10)
- 4) We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life. We believe that God has called us "unto holiness" to walk not after the flesh but after the spirit, to live the victorious Christian life, yielded and separate unto God, in constant subjection to our Lord and Savior Jesus Christ and to be a living witness before others for His all sufficient grace, power and peace. (1 Cor. 2:10-14; Gal. 5:15; 1 Cor. 6:19,20)
- 5) We believe that the Bible comprises the totality of verbally inspired revelation from God to man and that in the original documents is inerrant and infallible. It is profitable for teaching, rebuking, correcting and training in righteousness. (2 Tim. 3:16; Heb. 4:12)
- 6) We believe in the spiritual unity of believers in Christ and the resurrection of the saved unto eternal life only through Jesus Christ. (John 17:20-23; Eh. 4:1-4; 1Cor. 15)

I understand these General Statements of Faith and voluntarily agree to refrain from any conduct in violation of the School's Biblical teachings or Statements of Faith on the ECS Campus.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Family Stewardship Program

Evergreen Christian School is committed to providing an exceptional Christ-centered education. We continue to grow and develop through our fifth decade of ministry. We do this with a partnership between the leadership of our ECC Executive Board, administration, faculty, staff, PTM (Parent Teacher Ministry), and families who work cooperatively to implement improvements required to keep up with other Christian, private, and secular schools, and keep up with today's educational needs. The *Family Stewardship Program* creates that partnership and is aimed at utilizing the strengths of our students' families by increasing participation in order to defray costs and improve our community.

What does *Family Stewardship* mean for you? Similar to many private institutions like ECS, we require each family to commit 20 hours of work related to the activities of ECS each year. ECS encourages the gifts and talents with which each of our families are blessed with, meaning that this significant output can be accomplished in many different ways by any or all members of each family. Families unable to participate in the *Family Stewardship Program* will be charged \$10.00 per unfulfilled hour. Late entrance families will have pro-rated required hours. Additional hours of service would be, of course, greeted with enthusiasm and greatly appreciated!

Families with ONLY preschoolers at ECS are asked to complete 5 hours per family. If you have a preschooler and a student in K-8th grade at ECS, the 20 hour requirement applies.

Below is a list of potential opportunities in which students and parents can participate during the upcoming school year. You will be surprised at how fast your hours add up.

We are happy to record your hours for you as you report them on our website. On the main page of our website, select "Parent Information," then choose "Stewardship Hours Reporting." Here you will help us to accrue the hours you have dedicated to ECS. Hours for the 2019-2020 school year can be recorded from June 16, 2019 through the last day of the 2019-20 school year. If you do not have regular access to a computer, our office staff would be happy to assist you with the recording.

We know that many hands make light work and are excited to continue this program. Thank you for blessing our staff and faculty; we know you will feel the blessings upon you as well.

Below are many of the potential opportunities your family will have to serve.

Sign-up sheets and details of each of the following will be outlined on Back to School Night at the PTM table. We look forward to seeing you there!

- ❖ Back to School Night
- ❖ Family Fall Festival
- ❖ PTM
- ❖ Advertising/Public Relations
- ❖ Veterans Day
- ❖ Field Day Hot Dog Lunch
- ❖ Spring Fundraiser
- ❖ Teacher Appreciation Week
- ❖ Father-Daughter Dance
- ❖ SCRIP Sales
- ❖ Office
- ❖ Spring Program

There are many other opportunities that will be advertised throughout the year as well.

"God has given each of you a gift from his great variety of spiritual gifts. Use them well to serve one another." 1 Peter 4:10

Evergreen Christian School

## **A Note from the Nurse**

I wanted to update you on some housekeeping items regarding medications and vaccinations.

- Please pick up any Medications from the school office no later than the last day of school
  - Any unclaimed medications will be discarded
- New Medication Authorization forms must be signed by your Pediatrician by first day of the new school year and the medications provided to the office
- Inhalers and Epipens need a “self-carry” authorization from your Pediatrician
- Care Plans are a requirement for students with any allergies, diagnoses and or prescription medications. IF you have already filled one out for your student, there is no need to fill out a new one.

If you have any other questions, please contact me at the office at 360-357-5590.

Thank you and have a great summer!

Bria Colby, RN BSN



**VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12**  
**July 1, 2019 – June 30, 2020**

VACCINE	Kindergarten - 5 <sup>th</sup> Grade	6 <sup>th</sup> - 8 <sup>th</sup> Grade	9 <sup>th</sup> - 12 <sup>th</sup> Grade
<b>Hepatitis B</b>	<p align="center"><b>3 doses</b>  Dose 3 must be given on or after 24 weeks of age</p>		
<b>Diphtheria, Tetanus, and Pertussis (DTap)</b>	<p align="center"><b>5 doses (4 doses only IF 4<sup>th</sup> dose given on or after 4<sup>th</sup> birthday)</b></p>		
<b>Diphtheria, Tetanus, and Pertussis (Tdap)</b>	<p><b>Not Required</b></p>	<p align="center"><b>1 dose Tdap if 11 years of age or older</b>  <i>(see page 2 for more details)</i></p>	
<b>Polio (IPV, for OPV see page 2)</b>	<p><b>4 doses (3 doses only IF 3<sup>rd</sup> dose given on or after 4<sup>th</sup> birthday)</b></p> <ul style="list-style-type: none"> <li>The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.</li> </ul>		<p><b>4 doses (3 doses only IF 3<sup>rd</sup> dose given on or after 4<sup>th</sup> birthday)</b></p>
<b>Measles, Mumps, and Rubella</b>	<p align="center"><b>2 doses</b></p>		
<b>Varicella</b>	<p align="center"><b>2 doses</b>  OR  Healthcare provider verified disease history</p>		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information:  
<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization>

## Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	Dose 1	Birth	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>2 doses acceptable if both doses are adult dose of Recombivax HB® given between ages 11 and 15 and separated by at least 4 months.</li> </ul>
	Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	Dose 3	24 weeks (K-11 <sup>th</sup> )	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis DTaP	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>DTaP: for children through age 6.</li> <li>6 month interval is recommended between Dose 3 and Dose 4, but minimum interval of 4 months is acceptable.</li> <li>Students 7-10 years of age not fully immunized with DTaP should get one Tdap followed by additional doses of Td if needed.</li> <li>DTaP given after age 7 counts for the Tdap dose; no Tdap required at 11-12 years of age.</li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	-	
Tetanus, Diphtheria, and Pertussis Tdap	Dose 1	11 years recommended. See notes for exceptions	-	<ul style="list-style-type: none"> <li>Tdap: for children 7 years of age or older.</li> <li>If no DTaP doses given before age 7, students must get Tdap followed by 2 doses of Td.</li> <li>Tdap given between 7-10 years of age is valid and meets the grade 6<sup>th</sup>-12<sup>th</sup> requirement</li> <li>Can be given regardless of the interval between DTaP or Td.</li> </ul>
Polio IPV or OPV	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>OPV on or after 04/01/16 cannot be accepted as a valid dose</li> <li>Not required for students 18 years and older.</li> <li>Please see Individual Vaccine Requirements Summary for more details: <a href="https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization">https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization</a></li> </ul>
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	-	
Measles, Mumps, and Rubella MMR	Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines.</li> <li>Must get the same day as Varicella <b>OR</b> at least 28 days apart.</li> <li>4-day grace <b>DOES</b> apply between doses of the same live vaccine such as MMR and MMR. The 4 day grace period <b>DOES NOT</b> apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.</li> </ul>
	Dose 2	13 months	-	
Varicella (chickenpox) VAR	Dose 1	12 months	3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older)	<ul style="list-style-type: none"> <li>Recommended: 3 months between varicella doses, but minimum interval of 28 days acceptable</li> <li>Minimum age of 13 months also acceptable.</li> <li>Must get the same day as MMR <b>OR</b> at least 28 days apart.</li> <li>4-day grace <b>DOES</b> apply between doses of the same live vaccine; <b>DOES NOT</b> apply between doses of different live vaccines, such as between MMR and Varicella or between Varicella and live flu vaccine.</li> </ul>
	Dose 2	15 months	-	





# Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ Sex: \_\_\_\_\_

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
♦ Required for School and Child Care/Preschool					
♦ Required Only for Child Care/Preschool					
<b>Required Vaccines for School or Child Care Entry</b>					
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)					
♦ Tdap (Tetanus, Diphtheria, Pertussis)					
♦ Td (Tetanus, Diphtheria)					
♦ Hepatitis B					
<input type="checkbox"/> 2-dose schedule used between ages 11-15					
♦ Hib ( <i>Haemophilus influenzae</i> type b)					
♦ IPV / OPV (Polio)					
♦ MMR (Measles, Mumps, Rubella)					
♦ PCV / PPSV (Pneumococcal)					
♦ Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV / MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider.

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below (lab report(s) for titers MUST also be attached).

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MD, DC, ND, PA, ARNP)

Printed Name: \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

To print with Immunization Information System (IIS): Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. You must provide lab reports with this CIS.

**Reference guide for vaccine abbreviations in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/coir/web/homepage/completestovaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
Dif	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV/MCV4	Meningococcal Conjugate Vaccine	OrPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV/PCV7/13	Pneumococcal Conjugate Vaccine	VAR/VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	Haemophilus influenzae type b	MPSV/MPSV4	Meningococcal Polysaccharide Vaccine	PPSV/PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IV)	Influenza	HRV (3valPV/4valHPV/9valHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rot (RV1/RV5)	Rotavirus		
HIBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/coir/web/homepage/completestovaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHib®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Reliant®	DTaP + Hep B + IPV	Rotateq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibDTITER®	Hib	RotavaxHib®	Hib	Tenivac®	Td
Bexsero®	MenB	Fujimix®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Trivirix®	Hep A + Hep B
Cervarix®	2vHPV	Fuzone®	Flu	Klinix®	DTaP + IPV	Provent®	PCV	Vagis®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engix®B®	Hep B	Gardasil 9®	9vHPV	Manomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



# Certificate of Exemption - Personal/Religious

From School, Childcare, and Preschool Immunization Requirements Complete the box for the desired exemption type



Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from some or all vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

## Personal/Philosophical or Religious Exemption

Exemption Type:  Personal/Philosophical  Religious

I am exempting my child from the requirement that my child be vaccinated against the following diseases to attend school or child care:

- Diphtheria       Hepatitis B       Hib       Measles       Mumps       Pertussis (whooping cough)
- Pneumococcal       Polio       Rubella       Tetanus       Varicella (chickenpox)

### Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner below. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

### Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

MD     ND     DO     ARNP     PA

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

## Religious Membership Exemption

Complete this section **ONLY** if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

### Parent/Guardian Declaration

I am the parent or legal guardian of the above named child. I affirm that I am a member of a church or religion whose teaching preclude health care practitioners from providing medical treatment to my child. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

Name of Church or Religion of which you are a member: \_\_\_\_\_



# Certificate of Exemption - Medical



From School, Childcare, and Preschool Immunization Requirements *Complete the box for the desired exemption type*

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from some or all vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases that vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

**Medical Exemption** *Licensed Health Care Practitioner (MD, ND, DO, ARNP, PA) completes this section.*  
A health care practitioner may grant a medical exemption to a vaccine antigen required by rule of the state board of health only if in his or her medical judgment, the vaccine antigen is not advisable for the child. When it is determined that this particular vaccine antigen is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.htm>

*Please indicate which vaccine antigen(s) the medical exemption is referring to:*

Disease	Permanent	Temporary	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that vaccination for the disease/s checked above is not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

MD  ND  DO  ARNP  PA

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

## Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date



**Academic Reference**  
Evergreen Christian School  
1010 Black Lake Blvd. SW  
Olympia, WA 98502

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name of School Completing this form: \_\_\_\_\_

**Parent or Guardian** - Please write your child's name in the space above and read and sign the following statement before giving this form your child's teacher. Please include an addressed/stamped envelope to the address above.

*I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher** - Please complete this confidential form and return it to the school listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment (optional)
Listens and follows teacher's directions						
Contributes appropriately in group activities/discussions						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works Cooperatively						
Ability to transition from one activity to another						

Demonstrates ability to focus						
Ability to complete work in a timely manner						
Ability and willingness to express thoughts/ideas verbally						
Clarity of writing						
Grammar/Mechanics skills						
Reading rate and fluency						
Reading Comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Problem-solving skills						
Willingness to take risks						
Reads for pleasure						
Numbers sense <i>(if applicable)</i>						
Spatial sense <i>(if applicable)</i>						
Academic curiosity						
Academic drive or pursuit <i>(if applicable)</i>						

<b>Social Skills</b>	<b>Consistently</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>	<b>Please Comment (optional)</b>
Responds positively to constructive criticism					
Establishes friendships easily					
Responds to social cues					
Is comfortable working in a group					
Respectful of property (personal and others)					
Accepts responsibility for actions					
Demonstrates self-control					

Takes responsibility for belongings					
Demonstrates appropriate energy level					
Exhibits emotional maturity					
Takes pride in appearance					
Demonstrates care for others					

**Circle the words that best describe this applicant:**

- |            |                    |                 |                  |              |
|------------|--------------------|-----------------|------------------|--------------|
| Aggressive | Disobedient        | Honest          | Oppositional     | Shy          |
| Anxious    | Easily discouraged | Immature        | Over-protected   | Self-reliant |
| Cheerful   | Flexible           | Impulsive       | Perfectionist    | Spirited     |
| Confident  | Follower           | Manipulative    | Positive leader  | Well-liked   |
| Curious    | Helpful            | Negative Leader | Self-disciplined | Other: _____ |

Has this student ever been served by an IEP (Individual Education Plan), 504 plan or any other special education services program? If so, please circle any areas the student has received support:

- Math
- Reading
- Oral language (speech)
- Occupational therapy
- Physical therapy
- Behavioral therapy

Does the student have any cognitive, behavioral, academic or social challenges which the school should be aware of so that we can best serve the student's unique educational needs? If so, please explain:

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**OPTIONAL:**

Please describe the student's academic/social strengths, assets and gifts:

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Please describe the student's academic/social challenge and areas of support:

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Please add any additional information that would provide a more complete picture of the student and family:

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**This applicant is (circle one):**

Strongly Recommended      Recommended      Recommended with Reservation      Not Recommended

**I would (circle one):**    like to                      be willing to                                      discuss this applicant by telephone.

Teacher Verification

Teacher Signature:	Date:
Print name:	School Address:
Teacher email:	
Phone:	

Director/Principal Verification:

	Consistently	Usually	Seldom	Not observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Principal:	Date:			





**Academic Reference**

Evergreen Christian School  
1010 Black Lake Blvd. SW  
Olympia, WA 98502

Name of Applicant: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name of School Completing this form: \_\_\_\_\_

**Parent or Guardian** - Please write your child's name in the space above and read and sign the following statement before giving this form your child's teacher. Please include an addressed/stamped envelope to the address above.

*I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants, parents, or anyone outside the Admissions Committee, and I waive any right that I may have to see it.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher** - Please complete this confidential form and return it to the school listed above in the envelope provided by the student/parent. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office.

Skills Ratings	Exceeds Expectations	Area of Strength	Age Appropriate	Progressing	Area of Concern	Please Comment (optional)
Listens and follows teacher's directions						
Contributes appropriately in group activities/discussions						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works Cooperatively						
Ability to transition from one activity to another						

Demonstrates ability to focus						
Ability to complete work in a timely manner						
Ability and willingness to express thoughts/ideas verbally						
Clarity of writing						
Grammar/Mechanics skills						
Reading rate and fluency						
Reading Comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Problem-solving skills						
Willingness to take risks						
Reads for pleasure						
Numbers sense <i>(if applicable)</i>						
Spatial sense <i>(if applicable)</i>						
Academic curiosity						
Academic drive or pursuit <i>(if applicable)</i>						

<b>Social Skills</b>	<b>Consistently</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never</b>	<b>Please Comment (optional)</b>
Responds positively to constructive criticism					
Establishes friendships easily					
Responds to social cues					
Is comfortable working in a group					
Respectful of property (personal and others)					
Accepts responsibility for actions					
Demonstrates self-control					

Takes responsibility for belongings					
Demonstrates appropriate energy level					
Exhibits emotional maturity					
Takes pride in appearance					
Demonstrates care for others					

**Circle the words that best describe this applicant:**

- |            |                    |                 |                  |              |
|------------|--------------------|-----------------|------------------|--------------|
| Aggressive | Disobedient        | Honest          | Oppositional     | Shy          |
| Anxious    | Easily discouraged | Immature        | Over-protected   | Self-reliant |
| Cheerful   | Flexible           | Impulsive       | Perfectionist    | Spirited     |
| Confident  | Follower           | Manipulative    | Positive leader  | Well-liked   |
| Curious    | Helpful            | Negative Leader | Self-disciplined | Other: _____ |

Has this student ever been served by an IEP (Individual Education Plan), 504 plan or any other special education services program? If so, please circle any areas the student has received support:

- Math
- Reading
- Oral language (speech)
- Occupational therapy
- Physical therapy
- Behavioral therapy

Does the student have any cognitive, behavioral, academic or social challenges which the school should be aware of so that we can best serve the student's unique educational needs? If so, please explain:

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**OPTIONAL:**

Please describe the student's academic/social strengths, assets and gifts:

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Please describe the student's academic/social challenge and areas of support:

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Please add any additional information that would provide a more complete picture of the student and family:

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**This applicant is (circle one):**

Strongly Recommended      Recommended      Recommended with Reservation      Not Recommended

**I would (circle one):**    **like to**                      **be willing to**                                      **discuss this applicant by telephone.**

Teacher Verification

Teacher Signature:	Date:
Print name:	School Address:
Teacher email:	
Phone:	

Director/Principal Verification:

	Consistently	Usually	Seldom	Not observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				
Signature of Principal:	Date:			