



Strickland Christian School

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February 5, 2010

Dear Parents,

My, how quickly children grow! How quickly they increase in wisdom, knowledge and reverence for God! Jesus said that we would know the truth and be set free *if* we continued in His Word (Jn.8:31, 32). This is indeed our hope for every child in his elementary years for then each will be prepared to be a true follower of Jesus for a lifetime. What a great privilege it is to announce another enrollment season for Strickland School.

You have accessed registration forms for enrollment. Print and complete all enrollment forms for registration and return them with the registration fee and facilities fee where applicable, to the school office. If you are in need of a printed version, contact the office. Returning families, please plan to register by the **March 7** deadline to insure favored status for your child.

The registration fee is the same as last year, and the increase in tuition rates is slight. A tuition comparison chart is available in the handbook and on the back of this letter for your convenience.

In an effort to simplify our uniform selections and avoid confusion, some styles or colors will be eliminated after the 2010-2011 school year. Our survey in October indicated that parents like all the polo shirt colors we have been using so they have been retained. However, some other items, including turtle necks and some skirt varieties will be eliminated. Please apprise yourself of the changes before ordering for next year. You will find a link on our website to the new Lands' End catalogue made expressly for Strickland families to make the ordering process easier.

Returning students receive a **\$50** discount on registration if the enrollment process is completed by **March 7** so mark your calendars and file your paperwork promptly!

With great expectations for an incredible new year,

Doug Rigdon, Director

Lori Petty, Admissions Director

Registration

All students presently registered at Strickland Christian School who plan to return next year must re-register by March 7, 2010 for the 2010/11 school year or lose the registration fee discount and preferred status to new enrollees. The contract and all forms needed for enrollment are available to download from the school's website. You may re-register your child by signing a new contract, completing the registration forms, and paying the registration fee. All signed contracts, registrations forms, and checks must be given to your child's teacher or to the school office by March 7, 2010. All contracts and chosen tuition payments are subject to approval by the office. Returning students who register after the March 7th deadline must pay the full **\$350.00** registration fee. Students may not register unless any balance owed to the school, including tuition, late fees, Extended Care tuition and lunch fees is paid. Siblings of returning students will be honored with a preferred status over new students if they register by March 7th. The registration fee for siblings who have never attended is **\$350.00** since they are new students. A one-time facilities fee of **\$225.00** must also be paid for each new student at the time of registration or added to the monthly tuition payments.

All new students may secure tentative enrollment by signing a contract, completing the enrollment application, and submitting the registration payment in the amount of **\$350.00**. If space is not available on or after March 7, then the **\$350.00** becomes refundable. If you then wish to remain on a waiting list for the first available space, you may leave the **\$350.00** on deposit and retain a preferred status. If space for your child is available, the check becomes non-refundable upon notification by the school office. A one-time facilities fee of **\$225.00** must also be paid for each new student at the time of registration or added to the monthly tuition payments.

Upon notification that your contract has been approved, the registration fee and the facilities fee become non-refundable, and payment of the full year's tuition becomes due on September 7th, unless the director agrees to an alternative payment schedule or you have to move. If you move a distance of at least thirty miles from the school for employment purposes and furnish a letter from your employer, the outstanding tuition balance will be forgiven.

To reserve a place on the waiting list prior to open enrollment, a prospective new student must submit an enrollment application and a non-refundable application fee of **\$100**. The application fee is credited to the student's account upon registration. See the enrollment application on our website for all the details.

Tuition

The full year's tuition must be paid by September 7th unless an alternate payment schedule is agreed to by the director. You may choose from the following available options; however, timely payments must be made.

PAYMENT OPTIONS*

Grade Level Due May 7th Due Sept. 7th Due Monthly June 7th – Feb. 7th Due Monthly June 7th – May

K-4, K-5 Half Day	1 Payment of \$2818	1 Payment of \$2875	9 Payments of \$333 for a total of \$2997	12 Payments of \$258 for a total of \$3096
K-4, K-5 Full Day	1 Payment of \$4136	1 Payment of \$4220	9 Payments of \$489 for a total of \$4401	12 Payments of \$380 for a total of \$4560
1st - 3rd Grade	1 Payment of \$3264	1 Payment of \$3330	9 Payments of \$385 for a total of \$3465	12 Payments of \$299 for a total of \$3588
4th - 8th Grade	1 Payment of \$3480	1 Payment of \$3550	9 Payments of \$410 for a total of \$3690	12 Payments of \$320 for a total of \$3840
Extended Care	1 Payment of \$1642	1 Payment of \$1675	9 Payments of \$195 for a total of \$1755	12 Payments of \$152 for a total of \$1824

*** Tuition payment schedules are subject to the following provisions and requirements:**

- The contract is an agreement to pay the full year's tuition. Only under circumstances mentioned in the handbook will tuition payments be forgiven.
- When a monthly payment schedule is approved, timely payments are due on the 7th of the months indicated.
- A late enrollment plan is available for students who register after August 15th. Please contact the director of admissions for details.
- After September 1st, a **\$25.00** change fee will be charged for each change in a child's enrollment or extended care status or payment schedule. Please see the discount section of the handbook below for possible reductions in registration or tuition amounts.
- Your acceptance letter will inform you of your family's total payment due.

Discounts

1. Families with more than one child enrolling receive a \$50 discount for each registration fee paid.
2. Returning students receive a \$50 registration discount if they register by March 7, 2010.
3. Families with more than one child attending receive the following tuition discounts:

Second child – **\$250.00** annually.

Third child – **\$500.00** annually

Fourth child – **\$1000.00** annually

For office use only: Reg. pd: \$ _____ Date recd. _____ Ck # _____ Ck date _____ EC reg. _____ Accept. Ltr. _____

Facility Fee: \$ _____ Date recd. _____ Ck # _____ Ck date _____ Add monthly \$ _____

Multi-child discount: \$ _____ # of payments: _____ Total Family Tuition Pmt.: \$ _____ AS Pmt.: \$ _____



Strickland Christian School Enrollment Contract 2010-2011

Student's Name: _____ D. O. B. ____/____/____ Grade Entering: _____

I, (please print) _____, as parent or legal guardian, do hereby enroll the above named child in Strickland Christian School of Austin, Texas, for the 2010-2011 school year.

I understand that the tuition is \$ _____ and is due in full on the first day of school and is non-refundable except as stated in the handbook. As a convenience I elect to pay said tuition in _____ equal installments of \$ _____ each, for a total of \$ _____, as stated in the handbook, subject to the approval of the office. If applicable I will pay extended care tuition by ____ May 7, 2010, ____ by September 7, 2010, ____ on the same schedule as tuition, or ____ on the September through May plan. I agree that should any monthly installments remain delinquent beyond the twelfth day of the month, said child may not remain in school until payment of \$20 late fee and unpaid installments are paid. I understand that no academic records will be released until all accounts are cleared, including the payment of all installments in full, even if my child does not complete the school year.

I understand that the school reserves the right to insist on the immediate withdrawal of any student whose presence in the school is considered detrimental either to the students' or to the school's best interest; and if the school requires the withdrawal of my child, I will be obligated to pay tuition accrued to the date of withdrawal. I have read the section on rules, policies, procedures and discipline in the handbook, and I agree to insist that my child submit to the program of academic and disciplinary regulations, and to all other requirements instituted by the director and carried out by the faculty. I am aware that the Bible relegates to me the duty and responsibility to educate and counsel my own child, but in delegating a portion of that responsibility to the school I agree to cooperate by urging my child to remain diligent in study and to strive toward moral excellence in a manner prescribed by the Bible. I understand the forms of discipline administered at the school and hereby give full discretion to the principal and faculty, including the administering of corporal punishment.

I further understand that the school offers participation in competitive sports and activities using playground equipment in which there is involved the normal amount of physical danger attendant upon such sports and activities, and that the school cannot, and therefore does not, assume responsibility for injuries which may result there from.

I hereby request that my child, named above, be allowed to ride in a car operated by a member of the faculty of Strickland School or by a driver approved by the faculty on school sponsored or approved trips, and hereby warrant and represent to Strickland School and its employees, that said method of transportation is safe and reasonable for said purpose, and hereby waive any requirements that said driver be bonded, or that said method of transportation be supervised in any manner by Strickland School. Furthermore, I hereby waive, release, and discharge Strickland School from any claim, demand, or cause of action arising out of the transportation of my child by the car, above named, and agree Strickland School is exercising due discretion herein and is not guilty of negligence, nonfeasance, or malfeasance in allowing said method. I also waive, release, and discharge any driver or vehicle owner from any claim, demand, or cause of action arising out of said trip. I am satisfied that the driver of the car is a responsible, careful, and considerate driver and will exercise good judgment.

Accompanying this contract is a registration fee that becomes non-refundable upon notification of acceptance of my contract. I have read, and do understand and agree to support and abide by the conditions explained in this enrollment contract, and in the Strickland School Handbook of the current year, and do declare that the information supplied on the application for enrollment is true and accurate to the best of my knowledge. I also agree to keep the school informed of any pertinent changes in my contact information.

Date Signed

Signature of Parent or Legal Guardian

For office use only: Interviewed: _____ Accepted on: _____ Grade: _____ Teacher: _____



Strickland Christian School Application for Enrollment 2010-2011

Student's Full Name: _____ Preferred Name: _____

Street Address: _____ City: _____, TX 78_____

Home Phone #: (_____) _____ Date of Birth: ____/____/____ Age (as of Sept. 30, 2010): _____

Male ___ Female ___ If Kindergarten: Half Day ___ Full Day ___ Staying in After School: No ___ Yes, until _____

Student lives with (check one):

Both parents ___ Mother only ___ Father only ___ Someone other than parent ___

If your family is new to Strickland, recommended by: _____

Reason for Applying: _____

Information that could be helpful to our faculty in working with your child: _____

Previous School Attended: _____ City _____ State ___ Zip _____

Siblings attending Strickland School in the 2010-11 school year: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parents or Guardians

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Home Address (if different): _____ City: _____, TX 78_____

Home Phone (if different): _____ Work Phone: _____ Cell Phone : _____

E-mail: _____

In the case of an emergency when parents cannot be reached, contact:

Name: _____ Relationship: _____ Phone #1: _____ #2: _____



Medications Permission Form

Student's Name: _____ Grade _____ Date _____
Last First

By signing this form I give my permission for any Strickland School staff member to administer the following medications or medical treatments to my child when deemed necessary. The staff member will record the name of the medication, date, time, and the amount given. This form will be kept on file. Medications will be administered according to pre-stated parental directions or according to medication label. We cannot be responsible for medications that the student takes without the knowledge of the teacher or that is self-administered.

Please initial all medications that you will approve in the boxes provided.

First aid for cuts, skin irritations, insect bites and stings:

Alcohol solutions Antibiotic ointment Benadryl ointment

First aid for minor pain, headaches or allergies:

Acetaminophen (Tylenol) Ibuprofen (Advil or Motrin) Benadryl Other _____

Medications that my child takes daily or on a regular basis (inhalers, insulin, etc.):

Name of medication: _____ Dosage: _____

Time Taken: _____ Reason for medication: _____

Allergies to medications: _____

Serious Conditions or Illnesses: _____

Please sign below if the above first aid measures and medications indicated are acceptable. You are giving permission for our staff to administer these medications.

Signature of parent or guardian _____

Printed name _____ Date _____

CONSENT FOR EMERGENCY TREATMENT FOR STUDENTS

I, _____, the parent or guardian of _____, do hereby give my permission to Strickland Christian School, its teachers, administrators and staff to request medical treatment for the above named child in the event of an emergency.

Signature Date

Doctor's Name Address Phone

Pick-up Authorization Sheet

Child's Full Name: _____ Grade _____ Home phone _____

My child will be picked up at _____ 12:00 _____ 3:00 _____ Later Please specify time: _____

Only the following authorized persons may pick up my child from school:

Name	Phone #	Alternate Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are divorced, we must know who has custody of your child. Please also indicate if any parent is not permitted to pick up your child. Please provide any additional information that may be beneficial for your child's teacher to know regarding your family circumstance.

Please use the reverse side of this sheet to add any other information you wish.

Printed Name Signature Date

Strickland School Media Release

I, _____(parent name), custodial parent or legal guardian of _____ (student's name), understand that Strickland Christian School does from time to time record images and audio of students and their families during school hours and at school-related events. I understand that these may include video recordings, photographs and audio recordings. I hereby give permission for Strickland Christian School to use the above mentioned images and recordings of my child and my family in newsletters, yearbooks, brochures, DVD's and on the school's and the Parent/Teacher's web sites for advertising, recruiting new students and other school-related purposes.

Parent Signature _____ Date _____

PARENT AND VOLUNTEER AGREEMENT

Last, First

Child(ren)'s Name(s)

The purpose of this agreement is to inform all parents and volunteers about the school's policies and procedures and to insure a safe environment for our students, staff, parents, and volunteers. Please read the agreement and sign where indicated. The form must then be returned to the school office. If you have any questions, the teacher or principal will be happy to help.

1. Volunteers work with and for the teachers and principals and must follow their directions. Volunteers work at the discretion of Strickland Christian School, its director, administrators, and faculty and may be dismissed at any time for any reason.
2. Volunteers must not talk to children about personal family matters nor give advice about those affairs or problems which are normally the responsibility of the family.
3. Volunteers must call 911 in the event of an emergency and inform the teacher or staff member on duty immediately.
4. Volunteers must report suspected child abuse to the principal and to the child abuse hotline, which is posted near each school telephone.
5. Volunteers must be aware of the rules and procedures for discipline and safety found in the current school handbook and safety standards and must abide by those rules and procedures and encourage the children to abide by them also.
6. Volunteers must report discipline problems to the teacher in charge and must not prescribe punishment.
7. Volunteers must not be in the vicinity of the children or the school if they have any communicable diseases. Food service volunteers, including lunch monitors, must not work if they have any open cuts or wounds.
8. Drivers for field trips assure the school that their vehicles are mechanically safe and well maintained. Drivers will operate their vehicles only when they are physically and mentally capable of doing so and with proper regard for all traffic laws, signals, markings, and weather conditions, with respect for other drivers and pedestrians, with seatbelts worn by all persons in the vehicle, and with insurance limits which meet or exceed those required by law in Texas. Each driver declares that his license has never been suspended or revoked and that he has no mental or physical limitations or disability which might cause his driving to be unsafe.
9. Volunteers must never have been convicted of a felony or be guilty of any indecency with a child. A parent who was convicted more than ten years before for certain felonies may be admitted as a volunteer on a limited basis at the discretion of the director if full disclosure of the facts is available.

I, the undersigned volunteer, have read and understand and agree to support and abide by the conditions in this agreement. I further certify that I have not been convicted of a felony or indecency with a child.

_____ Parent Signature	_____ Printed Name	_____ Date
_____ Parent Signature	_____ Printed Name	_____ Date
_____ Grandparent Signature	_____ Printed Name	_____ Date



Credit Card Authorization For School Year 2010-2011

Please accept this form as official notification that I authorize Strickland Christian School to automatically charge the credit card account specified below and in the months noted below to satisfy the monthly tuition or lunch payments for the student or students listed herein. I agree that any other fees that have accrued and have been left unpaid by the day the account is charged will also be included. I understand that the school will keep my credit card information with all confidentiality and that only administrative personnel employed by the school will have access to such information. I agree that my credit card will be charged automatically between the 5th and the 8th of each month until all installments are satisfied.

Student Name _____ Grade in 2010-2011 _____

Student Name _____ Grade in 2010-2011 _____

Student Name _____ Grade in 2010-2011 _____

- | | |
|---|--|
| <p><input type="checkbox"/> 12 payment plan (June-May)</p> <p><input type="checkbox"/> 9 payment plan (June-February)</p> <p><input type="checkbox"/> 1 Payment Plan (September)</p> <p><input type="checkbox"/> 1 Payment Plan (May)</p> <p><input type="checkbox"/> Lunches (when needed)</p> | <p><input type="checkbox"/> Registration Fee</p> <p><input type="checkbox"/> Facility Fee</p> <p><input type="checkbox"/> Extended Care Registration</p> <p><input type="checkbox"/> Extended Care</p> <p><input type="checkbox"/> Other _____</p> |
|---|--|

Card to be charged: Visa MasterCard Discover Amount: _____

Type of card: Credit Debit

Credit Card Number _____ Exp. Date ____/____

Last 3 Digits on the back of Card _____

Name as it appears on Card _____

Address on Account _____ Zip Code _____

Authorization Signature _____ Date: _____

For Office Use Only:
Total: \$ _____

Austin Parent Teacher Fellowship

Student Directory & APTF Membership Form

Please fill out this form, and return it with your registration materials.

A.P.T.F. sponsors publication of a school directory annually, and copies are distributed to A.P.T.F. members only. Join A.P.T.F. today to get your directory!

 Yes! I am a proud supporter of Strickland School, and would like to join the A.P.T. F. for the 2010-2011 school year.

Enclosed are my \$10 dues _____ check (made payable to "APTF") or _____ cash
(Please note that dues are \$10.00 per family)

Parent's name: _____

Parent's name: _____

 Yes, I would like my student(s) included in the 2010-2011 Strickland School directory.

Please fill out only the information you would like included in the directory.

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Student's name: (Last, First) _____ Grade for Fall 2010: _____

Street Address: _____

Home Phone: _____ City: _____ Zip code: _____

Mother's name: _____ Father's name: _____

Mother's cell #: _____ Father's cell #: _____

Mother's work #: _____ Father's work #: _____

Mother's email: _____ Father's email: _____

 No, we do not wish to be listed in the directory.

Parent's name _____

Student's name(s) _____

Parent signature _____ Date _____

For Office Use Only: Ck # _____ Ck Date _____ Cash _____

Austin Area Private School Tuition Comparison 2009-2010

	Austin Jewish	Brenwood Chr	Concordia Aca	Hill Country	Holy Family Cath	Hyde Park	Kirby Hall	Our Savior Luth	Regents	Round Rock Chr	St. Andrews Epis	St. Austin's Cath	St. Gabriel's Cath	St. Michael's	St. Stephens	St. Theresa's	Strickland School	Summit Christian	Walorf	
K	12,600	5,200		7,248	4,990	6,950	6,950	3,610	6,830	5,120		4,750	11,100				5,225	4,140	6,510	9,108
1	12,750	5,200		7,248	4,990	7,750	8,075	3,610	9,082	5,295	13,500	4,750	11,100				4,910	3,232	6,590	10,239
2	12,750	5,200		7,248	4,990	7,750	8,075	3,610	9,082	5,295	13,500	4,750	11,100				4,910	3,232	6,590	10,239
3	12,750	5,200		7,248	4,990	7,950	8,075	3,610	9,082	5,295	13,500	4,750	11,100				4,910	3,232	6,590	10,239
4	12,750	5,200		7,248	4,990	7,950	8,075	3,610	9,082	5,295	13,500	4,750	11,100				4,910	3,444	6,590	10,239
5	12,750	5,200		7,248	4,990	7,950	8,075	3,610	10,170	5,295	15,200	4,750	11,100				5,225	3,444	6,590	10,239
6	12,750	5,200		7,248	4,990	8,350	8,550		10,170	6,395	15,200	4,750	12,500			17,850	5,225	3,444	6,590	10,374
7	12,750	5,400		7,536	4,990	9,650	8,550		10,170	6,395	16,300	4,750	12,500			17,850	5,225	3,444	6,655	10,374
8	12,750	5,400		7,536	4,990	9,650	8,550		10,170	6,395	16,300	4,750	12,500			17,850	5,225	3,444	6,655	10,374
9		5,600	7,550	7,944		10,850	8,700		10,642	6,395	18,250			12,400	19,350				6,655	12,063
10		5,600	7,550	7,944		10,850	8,700		10,642	6,395	18,250			12,400	19,350				6,655	12,063
11		5,600	7,550	7,944		10,850	8,700		10,642	6,395	18,250			12,400	19,350				6,655	12,063
12		5,600	7,550	7,944		10,850	8,700		10,642	6,395	18,250			12,400	19,350				6,655	12,063
Average	12,733	5,354	7,550	7,506	4,990	9,027	8,290	1,666	10,534	5,874	15,833	3,563	11,567	12,400	18,707	5,085	5,085	3,451	6,614	10,744
Enrollment	129	593	114	483	486	738	127	109	862	520	812	220	409	497	518	419	419	231	425	385
Discounts																				
2nd	\$0	20%	\$400	Note	10%	5%	\$400	10%	Note		0%			0%				250		
3rd	\$0	50%	\$400	Note	15%	10%			Note		0%			0%				500		
4th+	\$0	50%		Note	15%	15%			Note		0%			0%				1000		
Book	\$500	\$0		None					None		Note						Note			Note
Registration	\$100	\$200-250	\$400	Note	\$270	Note		\$100	None	\$200	Note	\$250	\$150	\$500			\$500	\$350	Note	\$600
Athletics	\$65/spt		100-300	0	\$0	100-575			Varies	\$200		\$100 ea	\$75				\$15			\$210
Testing	0	\$50	0	None		Note			Note	\$150	\$45-100		\$100				\$50	\$0	\$30-75	
Raise 09-10	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes		no	yes	yes	yes
Raise 10-11	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes		yes	yes	yes	yes

Schools without those grade levels

Austin Jewish Academy: No sibling discounts; Faculty: 15%; Book fee: \$500; Application fee: \$100; Re-enrollment \$250 if past deadline

Concordia: Discount: 30% FT, 10% PT; Athletic fees: \$100-\$300 (by sport); Testing: 0; Registration: \$500; Book fees: 0

Hill Country Christian: Fees: application \$100; enrollment \$500; No discounts; Financial assistance available

Holy Family Catholic - Tuition for Catholic parishioners for Holy Family; Catholic but not parishioner: \$5440; Non-Catholic: \$6190

Hyde Park Baptist: Discounts: Faculty PT-25%, FT-50%; Admin-100%; Ministers: sponsor churches-100%; Others-50%; Early pmt 3%; semi-annual 2%

Kirby Hall: Discount \$400 each additional for grades 1-12; Academic fees: \$600 - \$780

Our Savior Lutheran: Application fee: \$25

Regents: No discounts; New student one-time fee: K=\$1,000; 1-4=\$1,500; 5-8=\$2,000; 9-12=\$2,500

Round Rock Christian: Faculty discounts: 100% for 1st child; 50% for second child; Extended care: \$175-\$300

St. Andrews: Application fee \$100; Registration fee 10% of tuition, paid w/ enrollment contract

Strickland Christian: \$225 Facility fee 1st year only

Strickland Christian School

Checklist for School Registration for Student: _____

I. For school registration, please do the following:

- A. Read the 2010-2011 handbook and discipline policy.
- B. Schedule an admission interview with the admissions director (only for parents new to the school).
- C. Complete and sign the following forms (available on the school's website):

- Enrollment Contract
- Enrollment Application
- Medications Permission Form and Consent for Emergency Treatment
- Pick-Up Authorization
- Parent Volunteer Agreement

(signed by both parents and by grandparents when applicable)

- Credit Card Authorization (if you choose this payment option)
- APTF Student Directory & Membership Form
- Immunization Records

___ The school has our student's latest records on file

___ Enclosed are the updated records

- Include separate Extended Care Registration if applicable.

D. Write a check for the registration fee and facilities fee that are due.

E. Make arrangements to complete your training and volunteer requirements (returning parent's only):

_____ Both parents have completed the required volunteer and training hours. _____

Volunteer and/or training hours have not been completed; we will complete those hours as follows:

F. Deliver the above items as well as this checklist to the school office, your child's teacher or place in the red mailbox outside the school office.