



Oroville Christian School

3785 Olive Highway, Oroville, CA 95966

T: (530) 533-2888 / F: (530) 533-4155

E-mail: office@ocseagles.com

EIN: 94-2515004

Dear Parents of Prospective Students,

Thank you for your interest in Oroville Christian School. For 40 years we have been preparing students to impact their world as Christian men and women. OCS trains students to excel spiritually, mentally, physically, and socially. We are pleased to provide the enclosed information and application for you. Enrollment procedures for new applicants are as follows:

1. Completed application(s) signed by both parents and a \$100 (per child) non-refundable fee when you turn in the application. This fee covers enrollment and testing.
2. **Kindergarten:** Once the application is received (along with the \$100) we will test your child for kindergarten “readiness”. This usually happens in May or June if you are applying for the upcoming school year. The school secretary will call you to make an appointment for this test. Enclosed is a “ready or not” booklet for you to complete with your child. It will be fun as well as give you an idea of where your child is developmentally.
3. **First – Eighth Grade:** Once the application is received (along with the \$100) we will test your child with a “readiness” test. The school secretary will call you to make an appointment for this test. This particular test will cover grade placement and eligibility. The test is usually given in the summer months if you are applying for the upcoming school year.
4. After the testing is completed for students applying in kindergarten through eighth grade, the school secretary will set up a family interview with the principal in which the student and parents must attend.
5. Upon admittance, tuition for the year (or first months tuition depending upon the payment plan you choose), books, insurance, and applicable fees are due prior to the start of the school year for which you are applying.
6. If you enroll your child for the current school-year-in-progress, tuition will be pro-rated upon your child’s acceptance. All of the above procedures (1-4) will apply for current year enrollment.

If you have any questions or need more information, please do not hesitate to call the school office at (530) 533-2888 or check out our school’s website at www.ocseagles.com.

In Christian Service,

Debra Ward

Administrator

Vision Statement

Oroville Christian School seeks to glorify God by offering a high quality elementary Christian education to the families of the greater Oroville Area.

Mission Statement

Our mission is to assist parents in preparing their children for life by leading them to Christ, equipping them with strong academic skills, developing a sound biblical worldview, and nurturing godly character.

Building Foundations for Life

A Christian school was opened on the church grounds in 1978 as a ministry of the Evangelical Free Church. It began with grades kindergarten through grade three. Classes were added gradually. By 1992, OCS included grades K – 8.

The primary objective of the school is to provide a quality education in a safe Christian atmosphere that is free from humanism. Only dedicated, academically qualified Christian teachers are hired to help the family build a strong biblical foundation in the hearts and minds of their children. Prayer and Bible instruction are at the heart of every class and at the core of the challenging Christian curriculum.

The school board is elected from the Evangelical Free Church membership. Nevertheless, much of the leadership and practical service is done by the members of the Parent Teacher Prayer Fellowship, which is composed of enthusiastic, hard working parents from various churches.

Oroville Christian School provides an excellent education for about a third of what it costs for a government education. Most of the expense comes out of the pockets of the sacrificing families though many friends send in financial gifts. Also, the school ministry is subsidized faithfully by the Evangelical Free Church through generous giving and use of the facilities.

As a pre-requisite of enrolling a child, the parent agrees to support the Christ-centered teaching along with the application of biblical discipline at the discretion of the school.

It is highly recommended that enrollment occur at the beginning of the year, but admittance can be arranged for those who qualify at any time as long as there are openings.

*“Train a child in the way he should go, and when he is old he will not turn from it.”
Proverbs 22:6 (NIV)*



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Enrollment Checklist: Kindergarten

Please complete the attached forms and return them as soon as possible. Information is due **before** the first day of school. If you have any questions, please do not hesitate to call the office at 533-2888.

- _____ Application (with \$100 non-refundable fee per child)
- _____ Enrollment and Tuition Agreement
- _____ Medical Information and Emergency Release Form
- _____ OCS Statement of Cooperation
- _____ OCS Statement of Faith
- _____ Policy Statement of Virus
- _____ Dental Examination Report (*The Dentist must fill out this form*)
- _____ Health Examination for School Entry (*The Doctor must fill out this form*)
- _____ Immunization Records ("Yellow Card" – from Dr.'s Office)
(*We only need a copy of this card*)
- _____ Birth Certificate (official from the **County** not the Hospital)
(*We only need a copy of this certificate*)

Office Only

- _____ Family has received Student/Parent Handbook
- _____ Parents have signed Parental Agreement
- _____ Parents have signed Photo Release
- _____ Student has been tested (ESI) & Parents have completed the Parent Questionnaire



Oroville Christian School

Application - 2019-2020

Student's Name: _____
Last First Middle

Grade applied for: _____ School year: _____ Daytime phone: _____

Child's Address: _____
(include city, state, zip)

Child's Birth date: _____ Place of birth: _____

Male _____ Female _____ Last grade completed: _____ Repeated: _____

Date received: _____

Amt chk/cash \$ _____

Check number: _____

Rcvd. By: _____

Interview date: _____

Test Date: _____

Accepted: YES NO

Parent's/Guardian's Names:

• **Father's Name:** _____ Home Phone: _____

Stepfather? Yes__ No__ Same address as child? Yes__ No__ Cell Phone: _____

Email: _____

Address if different than child's: _____
(include city, state, and zip)

Employer/occupation: _____ Phone: _____

• **Mother's Name:** _____ Home Phone: _____

Stepmother? Yes__ No__ Same address as child? Yes__ No__ Cell Phone: _____

Email: _____

Address if different than child's: _____
(include city, state, and zip)

Employer/occupation: _____ Phone: _____

• The Student lives with (check one): Both Parents__ Mother__ Father__ Legal Guardian__ Other__

Other children living in the home:

Name	Year of birth	Relationship to student
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any adults other than parents living continuously in the home? YES __ NO __

Name: _____ Relationship: _____

CONTINUED ON BACK

Has your child ever been: (check one) Dismissed___ Suspended___ Expelled___

If you checked either of the above, please explain:_____

• School last attended:_____ Phone:_____

Street Address:_____
(include city, state, and zip)

Teacher's Name:_____ Principal's Name:_____

• Has your child attended a Christian school before: (check one) YES___ NO___

Name of Christian school:_____ Phone:_____

• Family church:_____ Pastor's Name:_____

Church address:_____
(include city, state, and zip) Phone:_____

Have you personally accepted Jesus Christ as **YOUR** personal Lord and Savior? Mother___ Father___

Share briefly why you desire to enroll your child in Oroville Christian School:_____

Referred By: _____

In filling out this application, I understand that:

- My child will go on scheduled field trips and other school activities.
- The teacher has full discretion in the classroom discipline of my child.
- The administration has full responsibility for placing my child in the proper grade.
- My cooperation is expected in my regular tuition payment and practical help.
- The school reserves the right to dismiss my child if he/she does not respect the spiritual standards or cooperate in the educational process.

Father's Signature

Date

Mother's Signature

rev 2019.03

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Oroville Christian School

Enrollment and Tuition Agreement - 2019-2020

For Office Use:

Circle One:

Application / Re-Enrollment

_____ Date Signed Form
Received **and** Enrollment or
Application Fee Paid.

Tuition per child: Kindergarten through Eighth grade:

\$4,376

Discount: 6% for 2nd child, 15% for 3rd child, and following.

New Student Application Fee per child (non-refundable):

\$100

Re-enrollment Fee (non-refundable):

thru March 29, 2018

\$100/child OR \$200/family

Late Re-enrollment Fee (non-refundable):

starting March 30, 2018

\$200/child (NO per family)

The following fees are due along with your first month's tuition payment.

- Books, Supplies & Insurance Fees: Kindergarten \$150
1st – 8th Grade \$235
Add 20% for Late Re-enrollment
- PTPF Fee Per Family (mandatory): \$25
- Bookkeeping fee per family/per year (if the 10 or 11-month plan is chosen): \$35

Note: All pricing quoted reflects a discount for payment by cash, check or ACH bank transfer.

Names of Students (Please Print)	Entering Grade	New	Return

Parent/Guardian Name: _____

Billing Address: _____
Street City, State, Zip

Phone: _____ cell / home **Email:** _____

Please provide your email address so that invoices can be sent with an option to pay online using ACH bank transfer.

Please Initial the Payment Plan Option You Choose

On all plans, it is the responsibility of the parent/guardian to pay on time without being billed. For the 10 or 11-month plans, you may request a packet of pre-addressed payment envelopes with which to pay your tuition. For the Bi-Annual and Annual plans, if fees are not paid by August 31, your account will revert to the Ten-month plan and your account will be charged a bookkeeping fee.

_____ **Ten-month plan:** First payment due August 1, 2019; last payment due May 1, 2020.

_____ **Eleven-month plan:** First payment due July 1, 2019; last payment due May 1, 2020. (not offered after July 15th.)

_____ **Bi-annual plan:** First payment due August 1, 2019; second payment due by January 15, 2020.

_____ **Annual plan:** Total tuition and fees due August 1, 2019. *Discount: 2% off tuition only -- if total is paid on time.*

Please read the Tuition Agreement on the reverse side. Registration cannot be completed without your signature.

TUITION AGREEMENT

Your re-enrollment fee is only effective for securing your child's position if your account is current.

There may be a \$25 late fee for accounts paid after the 10th of the month. Tuition is due on the 1st, not the 10th! Students whose accounts are 45 days past due will not be allowed to attend OCS.

A withdrawing student (or student required to leave due to discipline) shall be charged a full month's tuition for any portion of a month in which he/she attended school.

The Oroville Christian School Board reserves the right to determine tuition and fees. The Board will establish tuition and fees in keeping with sound fiscal practices and may make changes at any time at its sole discretion. Parents will be notified 30 days ahead of time of any changes in tuition.

Signing this agreement does not imply promotion from a student's current grade.

This agreement must be signed by the parents or legal guardians who assume full financial responsibility for tuition and all other fees, and becomes effective upon the school's receipt of this agreement.

Students currently enrolled are given preference during early enrollment. However, failure to re-enroll *on or before March 29th*, jeopardizes that student's enrollment. *After the March 29th deadline, enrollment is determined by first-come, first-served and enrollment is open to all qualified applicants.*

The re-enrollment fee secures your child's enrollment on a first-come, first-served basis among current students. Positions cannot be secured without the fee. If enrollment for a classroom is approaching capacity, then students will be admitted according to the date of their original application until the class is full. Those next in line will be placed on a waiting list. Re-enrollment fees for those on waiting lists will be refunded upon request, with the understanding that the applicant's position on the waiting list is thereby forfeited.

Signing below indicates that you have read and understand the above and agree to its content. Furthermore, you are agreeing with the school's principles and policies in the Parent / Student Handbook.

Before signing, be sure to choose your payment option on the reverse side!

Parent/Guardian Signature

Date

Christian Education: an investment in your child's future – not merely an expense.

rev 2018.12

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OROVILLE CHRISTIAN SCHOOL
Medical Information and Emergency Release Form
Please print all information!

Student's Name: _____

Home Phone: _____ Birth Date: _____ Grade: _____

Physical Location Address: _____

Mailing Address: _____

(include city, state, and zip)

(include city, state, and zip)

Father's (or legal guardian's) Name: _____

Mother's (or legal guardian's) Name: _____

Address: _____

Address: _____

(include city, state, and zip)

(include city, state, and zip)

Home Phone (*if different than child*): _____

Home Phone (*if different than child*): _____

Work Place: _____ Work Phone: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Cell Phone: _____ Email: _____

Emergency Pick up Release: (*other than Parent/Guardian*)

Name: _____ Home #: _____ Work #: _____

Relationship to child: _____ Allowed to pick child up? (circle one) YES NO

Name: _____ Home #: _____ Work #: _____

Relationship to child: _____ Allowed to pick child up? (circle one) YES NO

Name: _____ Home #: _____ Work #: _____

Relationship to child: _____ Allowed to pick child up? (circle one) YES NO

Medication Taken <i>For office use ONLY!</i>		
Date	Dosage	Time

I give you permission to give my child: TYLENOL: YES___ NO___ ADVIL: YES___NO___ COUGH DROP: YES___NO___

CONTINUED ON BACK

Oroville Christian School has permission for my child to go on field trips and other school activities that require travel. In the event of an accident or other emergency, I hereby authorize a representative of the school to make such arrangements as deemed necessary for my child to receive medical or hospital care, including necessary transportation. In the event our physician is not available at the time, I authorize care and treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear all costs incurred as a result of the above.

Parent/Guardian Signature: _____ Date: _____

Child's Physician: _____

Phone: _____

Policy/Group No.: _____

Physician's Address: _____

Insurance Company Name: _____

(include city, state, and zip)

Medical Information:

Health Problems: (check one) Asthma____ Bee Sting Allergy____ Diabetes____ Epilepsy____ Heart Condition____ ADD/HD____

Other: _____ Allergies (Specific): _____

Known Eye Condition: (check one) YES____ NO____ If yes, explain: _____

Known Hearing Problem: (check one) YES____ NO____ If yes, explain: _____

Physical Condition which limits: (check one) NONE____ Classroom Activities____ Physical Education____

If there is a condition, please explain: _____

Dietary Restrictions: (check one) YES____ NO____ If yes, explain: _____

The education code (12020) REQUIRES parents to inform the school of the medications being taken by a student upon a physician's prescription.

Medications: _____ Current Dosage: _____

Prescribed by Doctor: _____ Phone: _____

ALL MEDICATIONS, INHALERS, ETC MUST BE KEPT IN THE SCHOOL OFFICE.

If you do not choose to sign the statement at the top of this form, please state action desired in the event of an accident / emergency:

_____ Parent/Guardian Signature: _____



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Statement of Cooperation

I give permission for my child to take part in all school activities, including all school sponsored field trips away from school premises, and absolve the school from liability to me or my child because of any injury to the child at school or during any school activity with the understanding that insurance will be maintained on my child during the school year.

I understand the standards of Oroville Christian School do not tolerate profanity, obscenity in word or action, use of tobacco, alcoholic beverages or narcotics, dishonor of God and the Word of God, or disrespect to the personnel of the school.

I herewith agree to authorize this school to employ such discipline as it deems wise and expedient for my child.

I hereby pledge to pay my financial obligation to Oroville Christian School on the due date and understand that all payments must be in by the fifteenth of the month.

In as much as Oroville Christian School is an extension of our home and mutual cooperation and understanding is needed, our family will be represented at the scheduled Parent/Teacher conferences. I have read the student handbook and pledge to uphold its philosophy, ideals, and guidelines with a good Christian spirit.

Realizing that my attitude toward the teachers and policies of Oroville Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals of the school in every way and I will abide by the discipline and regulations of the administration.

At no time will I participate in destructive criticism of the school staff, either by telling or sympathetic listening, with my child or others, but will instead, if a problem arises, to go directly to the teacher(s) or administrator in a Christian manner, as indicated in Matthew 18:15, *"Moreover, if thy brother trespass against thee, go and tell him his fault between thee and him alone. If he shall hear thee, thou hast gained thy brother."*

It is my understanding that complete support and cooperation, including attendance at Parent/Teacher conferences must be maintained in order for my child to remain enrolled in Oroville Christian School.

Father's Signature

Date

Mother's Signature

Date



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Statement of Faith

We believe that the Bible is the ONLY infallible, verbally inspired Word of God and that it is, therefore, our final authority in matters of faith and practice.

We believe in the eternally existing, triune God: Father, Son and Holy Spirit.

We believe in the deity of Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection and in His ascension to the right hand of the Father, where He acts as Mediator and Advocate.

We believe in the personal, imminent return of our Lord Jesus Christ for His own, in His later return in power and glory with His own to reign in righteousness over the earth, and in the resurrection of both the saved and the lost – they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

We believe that Heaven is the place of eternal blessedness for the saved and that Hell is the place of eternal conscious punishment for the lost.

We believe that the regeneration by the Holy Spirit is absolutely essential for the salvation of lost and sinful men and that all who receive the Lord Jesus Christ by faith are born again and become the children of God.

We believe in the present ministry of the Holy Spirit whose indwelling in all believers enables them to live godly lives.

We believe in the spiritual unity of believers in our Lord Jesus Christ and in the necessity of His followers to maintain good works as evidence of faith.

We have read the statement of faith and are willing to have our child trained in accordance with it.

Father's Signature

Date

Mother's Signature

Date



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Policy Statement **Viruses from Illnesses of a Communicable Nature**

“Oroville Christian School is committed to providing a strong Christ-centered instructional program. Students admitted to OCS shall be protected from influences negatively affecting their well being and educational progress. Children with communicable diseases could affect classmates adversely, if such pupils were allowed to attend classes. Therefore, OCS will exclude student applicants who are currently infected with live (active) viruses from illnesses of a communicable nature.”

(OCS Board Policy Adopted 1/26/87)

Parent/Guardian confirmation concerning policy:

As parents/guardians, I / we confirm our child(ren):

(name of child)_____ does not currently have an infection with a live (active) virus from an illness of a communicable nature.

Signature of parent/guardian

Date

Dental Examination Report

Child's Name: _____ Date of Birth _____

Parent's Name: _____ Phone #: _____

Address: _____

The prevalence of dental decay in American children cuts across all social, income, and educational boundaries. Statistics have shown that by the age of two, more than half the children in the United States have at least one cavity at the age of five (kindergarten age). The average child has three or more decayed teeth.

The American Dental Association emphasizes that from the time the child gets his first teeth his parents should be looking for signs of decay. **Your child's kindergarten physical examination is not complete without a dental examination.** The American Dental Association suggests that the school child's regular examination by his physician should be followed by an appointment with the dentist in order to make the survey of his physical condition complete. It is important that parents realize that regular dental care is an integral part of their children's complete health picture.

Please take this form with you when you take your child to the dentist. The dentist will complete it and mail it to the school office. It is suggested that an appointment be made early so any necessary treatment can be completed before school starts.

If the child has been to the dentist within the last six months, send this form to the dentist's office to be filled out from their records.

****The parent does not fill out this bottom portion.***

DENTIST'S REPORT

The above-named child is under my regular care (check one): YES ☐ NO ☐

Date of last examination: _____

Re-check appointment due: _____

This child is not past due for a re-check (check one): YES ☐ NO ☐

This child has been seen for emergency treatment only (check one) YES ☐ NO ☐

Comments: _____

Dentist's Signature: _____

Address: _____

Please return to: Oroville Christian School, 3785 Olive Highway, Oroville, CA 95966
Or fax to (530) 533-4155

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Entry Requirements by Age and Grade:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/ DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up to date on their immunizations (shots) to attend school. Diseases like measles spread quickly, so children need to be protected before they enter. California schools are required to check immunization records for all new student admissions at Kindergarten or Transitional Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend school, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into school; however, a valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade). Valid personal beliefs exemptions may be transferred between schools in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD**EXAMEN DE SALUD**

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)**RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

*de ser indicado

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jovenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp



Oroville Christian School

3785 Olive Highway, Oroville, CA 95966

T: (530) 533-2888 / F: (530) 533-4155

E-mail: office@ocseagles.com

EIN: 94-2515004

Parental Agreement

We have read Oroville Christian School's Parent/Student Handbook and agree without reservation to abide by the standards, policies and procedures presented. We willingly entrust our children to Oroville Christian School, delegating our authority for care, training and discipline while they are at school or attending after school activities.

We will endeavor to support, guard and strengthen the relationship between the school and our home, helping our children to honor every school worker, especially their teachers. When we have a question or disagreement, we will attempt to resolve the issue only with the primary person involved rather than share our concern with others.

Date _____

Parent/Guardian Signature _____

Student's Name(s) _____

NOTE: Here is the biblical model, given to us by the one who created us and died for us. Shouldn't all of us do it His way? *"Moreover if your brother sins against you, go and tell him his fault between you and him **alone**. If he hears you, you have gained your brother."* (Matthew 18:15)

The key to school and home unity is honor. When a child learns to honor his father and mother in **all** things, he/she learns to honor **all** those in authority. Honor is foundational for life! *"Honor your father and your mother, that your days may be long upon the land which the LORD your God is giving you."* (Exodus 20:12)



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Student's Name _____

Photo Release Form

I give Oroville Christian School the absolute right and permission to photograph and/or videotape my child participating in daily activities. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., DVD, Video, Internet - including Website and/or Facebook) or other form of promotion or information. I release Oroville Christian School, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

Please select Yes or No for each category regarding permission for use of your child's photo:

Yes **No**

☐ ☐ Picture/Video for in-house publications such as newsletters, yearbook, classroom etc.

☐ ☐ Picture/Video for internet use such as Facebook or school website

☐ ☐ Picture/Video for local newspapers or local news

☐ I do not want my child's photo/video used for any purpose

Signature of Parent/Guardian

Street Address _____

City State _____ ZIP _____

Date _____