



Owatonna Christian School
265 26th Street NE
Owatonna, MN 55060
(507) 451-3495 (phone)
(507) 451-3762 (fax)
www.owatonnachristianschool.org

Student Enrollment Form

Parent/Guardian Information

Name(s) _____
Father's Last First Mother's Last First
Guardian's Last First Guardian's relationship to child(ren)

Primary Address _____
Father/Mother/Guardian Street City Zip

Parents are: _____ Married _____ Widowed _____ Separated _____ Divorced
Child(ren) live with: ☐ Father ☐ Mother ☐ Both ☐ Guardian

Secondary Address _____
Father/Mother/Guardian Street City Zip

Father's Employer _____ Work # _____ Cell # _____

Mother's Employer _____ Work # _____ Cell # _____

Guardian's Employer _____ Work # _____ Cell # _____

Home # _____ Church you attend _____

E-mail _____
Father's Mother's Guardian's

Student Transfer Information

If your child is transferring from another school, please provide the following information, in its entirety, for their former school. Your signature confirms your authorization for Owatonna Christian School to request their records.

School Name: _____

School Address: _____

School Phone Number (Required): _____

School Fax Number (Required): _____

Parent/Guardian's Signature (Required) _____

Student Information

1. Full Name: _____ Grade Entering _____ Date of Birth ____ - ____ - ____
(first, middle, last) (incl. year)

Any special medication, allergies to medicine or physical impairment:

Does your child have an IEP or specialized student plan? _____ If yes, please explain: _____

2. Full Name: _____ Grade Entering _____ Date of Birth ____ - ____ - ____
(first, middle, last) (incl. year)

Any special medication, allergies to medicine or physical impairment:

Does your child have an IEP or specialized student plan? _____ If yes, please explain: _____

3. Full Name: _____ Grade Entering _____ Date of Birth ____ - ____ - ____
(first, middle, last) (incl. year)

Any special medication, allergies to medicine or physical impairment:

Does your child have an IEP or specialized student plan? _____ If yes, please explain: _____

4. Full Name: _____ Grade Entering _____ Date of Birth ____ - ____ - ____
(first, middle, last) (incl. year)

Any special medication, allergies to medicine or physical impairment:

Does your child have an IEP or specialized student plan? _____ If yes, please explain: _____

Student Required Information

All students must have a copy of their birth certificate and current immunization records filed with the school office. If a student is exempt from immunizations, an exemption form must be completed, notarized, and filed with the school office. Immunization (or exemption) records are required by the first day of school in order to attend (MN Statute 121A.15).

Emergency Information

Emergency phone # _____ Person to ask for _____ Relationship _____
(**other than parent** – a local person to care for child if we are unable to reach a parent or guardian)
If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia, and surgery for my child if deemed necessary.

Parent/Guardian's Signature

Date

Student Advertisement Permission

I agree to allow Owatonna Christian School the use of my child's picture and/or name to appear in the annual yearbook, the local newspaper, on the Owatonna Christian School website, and on the Owatonna Christian School Facebook page.

Parent/Guardian's Signature (Required)

Transportation

- ☐ My child will ride on the bus
- ☐ My child will be picked up by parent or other arranged driver

Required Information: The following people may pick up my child(ren) from school. Please list name(s) and relationship of that person to your child.

Student Handbook

My child and I have read and agree to abide by the guidelines as stated in the Student Handbook.

Parent/Guardian's Signature (Required)

Secondary Student's Signature (Required)

Field Trip Permission

I give permission for my child to attend school conducted field trips during the school year. My child has permission to ride the bus to and from the field trips. I understand that my child will be under the care and direction of Owatonna Christian School but I will be notified in the case of an emergency.

Mother's Signature (Required)

Father's Signature (Required)

Guardian's Signature (Required if parent's signatures are not given)

Payments, Fees & Policies

GBC Member	Paid-in-Full Discount	Semester	10 Month
K4	\$2,707	\$1,425	\$285
K-12 One Child	\$4,161	\$2,190	\$438
Two Children	\$7,163	\$3,770	\$754
Three Children	\$9,405	\$4,950	\$990
\$2,000 for each additional child after third registered			

Non-Member	Paid-in-Full Discount	Semester	10 Month
K4	\$2,850	\$1,500	\$300
K-12 One Child	\$4,892	\$2,575	\$515
Two Children	\$8,436	\$4,440	\$888
Three Children	\$11,058	\$5,820	\$1,164
\$2,000 for each additional child after third registered			

I choose the following payment plan:

- ☐ **Pre-Pay 100%** of the tuition to OCS by **8/1/24**.
- ☐ **Two Equal Payments** due on **8/1/24** and **1/13/25**.
- ☐ **Ten Monthly Installment Plan** beginning **8/1/24**.

Additional Fees:

New Student Enrollment Fee (non-refundable)\$75

Comprehensive Fee (per student, must be paid upfront and is non-refundable)\$70

Milk Fee\$40 per child/per semester

Child's name & grade: _____ ☐ White Milk or ☐ Chocolate Milk
 Child's name & grade: _____ ☐ White Milk or ☐ Chocolate Milk
 Child's name & grade: _____ ☐ White Milk or ☐ Chocolate Milk
 Child's name & grade: _____ ☐ White Milk or ☐ Chocolate Milk

Individual Classes (must be paid upfront and is non-refundable, list class(es) below)

Full-Credit (GBC Member)\$650

Full-Credit (Non-Member)\$700

Half-Credit (GBC Member)\$325

Half-Credit (Non-Member)\$350

List classes student will be taking: _____

PSEO Fees

Full-Time\$1,000

PSEO done through OCS is considered full-time and qualifies the student for graduation status (see Student Handbook for more information). In addition to the PSEO fee, students will be charged for individual classes they take through OCS.

Graduation Fee\$100

Must be paid by October 1 of graduation year.

Sports Fees (must be paid in full before first game)

High School Soccer, Volleyball & Basketball\$200

Jr. High Soccer, Volleyball & Basketball\$100

5th/6th Grade Homeschool Students (additional)\$50

Referral/Special Discount:

Tuition credit is available for families who recruit new, never before enrolled, students. One family credited per referral.

Past Due Tuition:

The Owatonna Christian School Past Due Policy is approved by the school committee and executed by the Owatonna Christian School office. This policy exists to provide guidelines and add clarity on all financial issues including what steps need to be taken to formulate a plan when a family's account becomes past due. Failure to submit a plan, failure to reach acceptable agreement with the school administrator, or failure to comply with the plan will result in dismissal of the family's student(s). Accounts must be brought current within fifteen (15) days. If needed, parents should contact the OCS office prior to tuition due date to make special/additional arrangements. Transcripts will be withheld at the end of the school year until tuition payments are brought current.

Tuition Rates:

Tuition rates include curriculum, concurrent student registration, and reenrollment. K4 students do not qualify for multi-student tuition rates.

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion, I am responsible for full payment of tuition and other fees through the end of the calendar month in which such event takes place. I agree and give my support to these policies.

Parent/Guardian's Signature _____