

LOGOS SCHOOL



STUDENT APPLICATION 2015-2016





Logos School Student Application 2015-2016

Dear Applicant Families,

January 1, 2015

Greetings. We are very pleased that you are interested in enrolling your family in Logos School! Please notice we said “family”, not just “student(s)”. That’s because we strongly believe that is what we are doing; Scripture makes it abundantly clear that the Lord God gives children to families, not the State, not the Church, and certainly not to any school.

Therefore, we seek to enroll families. More specifically we seek to enroll families who are not only attracted to what Logos School offers, but who value and support the philosophy that undergirds the unique classical, Christian education that Logos School offers. Toward that end, we have adopted and promulgate the following purposes that affect our admissions process:

**(Taken from the Logos School Vision Statement) We aim to cultivate in our parents a sense of responsibility for the school; to see them well informed about the goals of our classical and Christ-centered approach. We desire them to grow with the school, involved in and excited about the journey. We aim to help them to follow biblical principles in addressing concerns, to be inclined to hearing both sides of a story before rendering a verdict, and to embrace the Scripture's injunctions to encourage and stir up one another to love and good works.*

The selection and make-up of the school’s student body is second only to staff selection in the impact it has upon the school’s mission. The family-like atmosphere Logos School seeks to foster and currently enjoys is due in great measure to the similarity of biblical convictions and principles taught and lived out in many of the homes of our students. As the Lord blesses us with growth and change, we want to do all we can to maintain and build up that atmosphere.

Our admissions procedure is not primarily a “first-come, first-served” basis. Please read the attached documents carefully to help you understand the steps we take to help us identify and admit students from families who have clearly expressed convictions that are similar to Logos School’s regarding the education of children. Since we hope to be assisting your family for years to come, our mutual bond of trust and good faith needs to be formed at the outset.

Thank you again for looking into what Logos School offers! We hope to be a great blessing to your family!

In Him,

Tom Garfield
Logos School Superintendent



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Parent Checklist for Admission:

1. Application Packet:

- Pages 4-12 of this document, you may keep this page for your records
- Copies of standardized test scores and report cards from the past two years
- Copy of updated immunization record or an exemption form (see the front office)
- Copy of any divorce/custody decision if it pertains to the applicant

2. All new elementary (1st—6th) students are required to take an entrance exam, \$25

3. Upon acceptance, a non-refundable registration fee is due: K-12 - \$150/student. Part-time and Preschool, - \$50/student. For financial aid information see the website (logoschool.com/admissions/financial-aid)

Financial Information:

Tuition	Monthly	Yearly
Preschool (1/2 days, M/W/F)	\$126 / 12 months	\$1,512 / yr
Preschool (1/2 days, T/Th)	\$105 / 12 months	\$1,260 / yr
Kindergarten (1/2 days)	\$252 / 12 months	\$3,024 / yr
1st—12 th Grade	\$392 / 12 months	\$4,700 / yr

Discounts (per family)

1-3 Students	full price
4 Students	40% off 4th student
5+ Students	90% off 5th student or more
Full-time ministry discount	10% (Call to determine if applicable.)
Alumni discount	5% off each child

Part-Time Classes (secondary only)

5 Day a week class	\$750 / year
3 Day a week class	\$450 / year
2 Day a week class	\$300 / year

(The above tuition applies up to three classes a year per student. Students taking four or more classes* pay full tuition. Part-time applications will be considered after August 1. *The equivalent of a 5 day a week class)*

Registration: This is a one-time payment each year and should be turned in with the student application. This fee is non-refundable at any time, unless acceptance is denied. Registration will be finalized only when the entire registration fee is paid, or other arrangements are made with the superintendent.

Tuition: Monthly tuition payments are due by the fifth working day of each month. These payments are divided over twelve months, May through June. Families may opt to pay higher per-month payments over a shorter period, such as nine or ten months. Payments may be mailed, dropped off, or automatically deposited.



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For Office Use Only:	Data Base Entry <input type="checkbox"/>	Registration fees paid: \$ _____	FT ministry discount <input type="checkbox"/>	Emergency Form <input type="checkbox"/>
Date application was received _____		Accepted into _____ grade(s)	Alumni discount <input type="checkbox"/>	\$100 ESL Test Fee <input type="checkbox"/>
Date of interview/entrance exam _____		Start Date _____	\$25 Testing Fee <input type="checkbox"/>	
Notes _____				

Students (s) Applying:

Student's Full Name _____ Sex ____ Age ____ D.O.B. _____ Grade Entering* _____

Student's Full Name _____ Sex ____ Age ____ D.O.B. _____ Grade Entering* _____

Student's Full Name _____ Sex ____ Age ____ D.O.B. _____ Grade Entering* _____

Student's Full Name _____ Sex ____ Age ____ D.O.B. _____ Grade Entering* _____

(*Age requirements: Preschool—4yrs., K—5yrs., 1st Grade—6yrs. by June 1. See administration for exceptions.)

Contact Information:

Father's Name _____	Mother's Name _____
Place of Employment _____	Place of Employment _____
Position _____	Position _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Home Address _____	City/State/Zip _____
Home Phone (____) _____	Primary E-mail Address _____
Family's Church _____	Pastor _____

Educational History:

Please list the school your child last attended or is currently attending.

Student Name _____ School Name _____ Teacher _____ Phone (____) _____

Student Name _____ School Name _____ Teacher _____ Phone (____) _____

Student Name _____ School Name _____ Teacher _____ Phone (____) _____

List any special honors or awards your child has received _____

Logos School is not staffed to handle students with severe learning disabilities or those who have behavioral problems or difficulties. For your child's best interest, please be candid when you answer the following questions (If you are applying for more than one child, please consider each one in your answers.). Circle the correct answer.

Has your child ever been referred for testing or placed in a special program?	Yes	No
Has your child ever received any special help or tutoring?	Yes	No
Has your child ever repeated a grade for any reason?	Yes	No
Has your child ever been suspended or expelled?	Yes	No
Has your child ever seen anyone for any type of social, behavioral, or mental problems?	Yes	No
Do you suspect that your child has a learning disability, hyperactivity, ADHD, or ADD?	Yes	No
Has your child ever been involved with legal problems or been arrested?	Yes	No

If you answered yes to any of the questions above, please attach a description of the situation and its current status.



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Educational Philosophy:

What are your top two reasons for wanting your child to attend Logos School?

1 _____

2 _____

How did you hear about Logos School? _____

Do you know of families who attend Logos School? If so, please list some. _____

Have you read the school handbook (under Publications at LogosSchool.com)? Yes No

Do you agree to have your children taught in accordance with the school handbook? Yes No

If there are any points of philosophy or school policy which are inconsistent with your goals for your family, please explain briefly here: _____

Do you have questions about any of the following curriculum or policies? (If so, please check the appropriate box)

Discipline Policy*

Learning Disability Policy

School Uniform Policy

Latin

Homework Guidelines

Statement of Faith

**Please note that we include spanking as one means of discipline in the elementary grades. Any questions related to this or any other policies should be discussed in the initial parent interview.*

If a conflict arises between you (or your child) and the classroom teacher, an administrator, or the school board, how would you attempt to resolve it? _____

Which virtues would you most like your child to exhibit? _____

Should a grade of "C" be a cause for praise if a student is working to the best of his potential? Why or why not?

Would you expect a teacher in a class of 23 students to spend 25% of his/her time and effort on one child with academic, behavioral, or emotional problems, even if that child were yours? _____

What concerns, if any, do you have about your child attending Logos School? _____



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Grandparent Information: For Newsletter Mailing (via email) and Grandparents' Day

Father's Parents _____

Mother's Parents _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Email _____

Email _____

Phone _____

Phone _____

Please list other relatives or friends who may like to receive the school newsletter:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Email _____

Email _____

Phone _____

Phone _____

Relationship to Family _____

Relationship to Family _____

CONTRACTING SIGNATURE:

I certify that this application is correct. I understand that the school contracts with teachers and staff to pay them a set amount for the year, regardless of any reduction in student population, and that the financial agreement between the school and enrolled families is a year-long commitment, even if a student withdraws or is expelled mid-year. I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the handbook.

Date _____

Parent or Guardian: _____



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Student Questionnaire – for grades 4-12

(Parents may help elementary applicants complete questions as necessary.)

Please answer fully and in your best penmanship. Your answers will be evaluated for content and mechanics.

1. Estimate your academic standing in your entire grade by checking one:

- Top Tenth Top Quarter Top Half Bottom Half

2. List the academic subject(s) of greatest interest to you.

3. List the academic subject(s) of least interest to you.

4. Name two books you have especially enjoyed reading in the last year. Why do you like them?

5. List your two favorite movies. Why are they your favorites?



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6. How many hours per week do you normally spend doing the following?

watching TV	_____	watching movies	_____	emailing/messaging	_____
reading	_____	homework	_____	surfing the web	_____

7. What are your greatest strengths?

8. Weaknesses?

9. What types of activities interest you? Be sure to include sports, clubs, hobbies, religious and social activities.

10. List the jobs that you take responsibility for inside and outside the family (include paid positions, chores, volunteer and service work both past and present).

11. Describe your favorite teacher. Why has this person made such a strong impression on you?



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12. If you were given \$100 and a Saturday to spend as you please, how would you spend your time and money?

13. What do you most like about your current school? If there were one thing you could change, what would it be?

14. Why would you like to attend Logos (please elaborate)?

15. What concerns do you have about attending Logos?

16. Are you a Christian? What does that mean?



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17. Some parents and teens believe that junior high and high school is the time to begin pursuing romantic relationships. What are your thoughts on this?

18. Do you have a personal web page or blog (i.e. Facebook, twitter, etc.)? If so, please provide access information.

Thank you for your candor. Your responses will give us the opportunity to know you better.



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LIABILITY, INSURANCE, & MEDICAL FORM

I. FIELD TRIP PERMISSION

To eliminate possible problems and/or confusion, we are requesting general permission for your child(ren) to go on this year's class/school field trips, subject to prior notice. You will be informed prior to each trip what the trip's purpose is, when and where the class is going, and how long it should take. We will seek to provide as much safety and supervision as possible for each trip. Your signature on this form indicates that you give permission for your student to participate in all school activities, subject to your being informed of the purpose and nature of each trip. You reserve the right to withdraw your permission for any field trip at any time.

II. EXPLANATION OF INSURANCE FOR EXTRACURRICULAR ACTIVITIES

The Idaho High School Activities Association (IHSAA) does not require nor does Logos School provide medical insurance while a student is participating in an extra-curricular activity at Logos School.

Logos, through the IHSAA, does provide "Catastrophic Insurance" coverage for all students participating in sanctioned IHSAA activities (volleyball, cross-country, basketball, and track & field). This coverage takes effect if medical expenses exceed \$25,000. (Note: Lacrosse is not an IHSAA sanctioned activity.)

Logos recommends that all students participating in extra-curricular activities be covered by a medical insurance plan. Many students are covered by their parents' existing medical program. If a student is not covered by such a program, coverage can be obtained through private insurance companies. (Note: *US Lacrosse* offers insurance coverage through their association.)

III. ATHLETES AND CONCUSSION:

Important information regarding youth athletes and concussion is located at the Idaho State Board of Education's website (<http://www.boardofed.idaho.gov/concussion.asp>) and at the website of the Idaho High School Activities Association (<http://www.idhsaa.org/concussions/default.asp>). It is strongly recommended that parents and student athletes review this information before participation in a Logos athletic activity. All Logos coaches receive information on the recognition and procedural duties related to concussion upon employment and at least biannually thereafter. (Implementation of Idaho Code 33-1625).

A. CONCUSSION POLICY:

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems), shall be immediately removed from the practice or contest and shall not return to play until cleared by an appropriate health care professional.

B. PROCEDURE:

1. If during a practice or game or competition, it is reasonably suspected that a youth athlete has sustained a concussion or head injury and exhibits outward signs or symptoms of such, as defined by the centers for disease control and prevention, then the youth athlete shall be removed from play. Every Idaho middle school, junior high school and high school that participates in or offers an organized athletic league shall develop protocol to be followed for removing such athletes from play. Such protocol shall be consistent with concussion and head injury guidelines of the centers for disease control and prevention.
2. An athlete may be returned to play once the athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions. For the purposes of this section,



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"qualified health care professional" means and includes any one (1) of the following who is trained in the evaluation and management of concussions:

- a. A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- b. An advanced practice nurse licensed under section 54-1409, Idaho Code; or
- c. A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code.

IV. GENERAL WAIVER & RELEASE OF LIABILITY FROM LOGOS SCHOOL

I hereby acknowledge that I have read and understand the general practices and programs of Logos School as they apply to my student(s), including the above Explanation of Insurance for Extracurricular Activities. I recognize that there are inherent risks of accidental or unintentional injury or death in even normal day-to-day, well-supervised activities associated with life at school, such as recess or PE activities and I accept that risk. I further recognize that, should our family elect to participate in such programs, there is an increased and inherent risk of accidental or unintentional injury or death associated with extra-curricular activities and I accept that risk. I agree to accept full financial responsibility for any and all injuries that may occur to my student(s) while attending school or participating in, or traveling to and from any extra-curricular activity. Furthermore, I agree to waive any direct or derivative claim against Logos School, its administration, board, staff, faculty, drivers, coaches and assistants, whether paid or volunteer, for any and all losses, damages, expenses, and injuries, including death, that may occur to my student(s) while at school, involved with, participating in, or traveling to and from extra-curricular activities, no matter what the cause of such injuries may be.

V. MEDICAL AUTHORIZATION

Hospitals may be reluctant to treat children without proper consent, which can cause problems when guardians are not readily available to give consent. In case of a medical emergency, this form should be brought with the child to the hospital.

I authorize and consent for medical care to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complication and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including not-treatment.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of the treatment, including non-treatment.

Student Name

Student Name

Student Name

Student Name

Parent/Guardian Signature

Date

Print Parent/Guardian Name



International Student Addendum

International applicants are required to complete and submit the following:

- A recent picture of the applicant
- A letter of recommendation from a previous teacher or pastor
- Liability, Insurance, & Medical Form
- ESL testing fee of \$100 (due with application, non-refundable)
- Annual International Registration fee of \$1500 (due upon acceptance)
- Proof of ability to pay tuition must be received before an I-20 can be issued (a copy of a bank statement is adequate).
- Tuition for the year must be prepaid within the first month of school starting.
- Please send an email to mwhitling@logosschool.com including all contact and student information (be sure to include full postal code, city, province, and country).

International Student Information:

- Students who will be boarding with another family must be at least 15 years old.
- Logos does not provide housing for international students, but we do help families to advertise for homestay options.
- Once a student has secured homestay we are able to issue an I-20.