LOGOS SCHOOL



STUDENT APPLICATION 2016-2017





Dear Applicant Families,

January 1, 2016

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

Parent Checklist for Admission:

1. Application Packet:	
	\square Pages 4-12 of this document, you may keep this page for your records
	\square Copies of standardized test scores and report cards from the past two years
	$\hfill\square$ 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
	☐ Signed liability waiver form (pages 11 & 12 of this packet)

- 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 (logosschool.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 Date application was received Date of interview/entrance exam Notes		grade(s)		Emergency Form Alumni discount \$100 ESL Test Fee		EF □ nistry discount □ esting Fee □
Students (s) Applying:						
Student's Full Name		Sex	Age	D.O.B	Gra	de Entering*
Student's Full Name		Sex	Age	D.O.B	Gra	de Entering*
Student's Full Name		Sex	Age	D.O.B	Gra	de Entering*
Student's Full Name		Sex	Age	D.O.B	Gra	de Entering*
(*Age requirements: Preschool—4	yrs., K—5yrs., 1st Grade—	-6yrs. by	June .	1. See administra	tion for exc	eptions.)
Contact Information:						
Father's Name		Mo	ther's	Name		
Place of Employment				mployment		
Position						
Business Phone				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 las	t attended or is currently	attendir	ıg.			
Student Name	School Name	Te	acher_		_Phone ()
Student Name	School Name	Te	acher_		_Phone ()
Student Name	School Name	Te	acher_		_Phone ()
List any special honors or awards y	our child has received					
Logos School is not staffed to hand difficulties. For your child's best in for more than one child, please con	terest, please be candid w	hen you	answ	er the following q	uestions (If	•
Has your child ever been referred	for testing or placed in a s	pecial pı	ogran	n? Ye	S	No
Has your child ever received any special help or tutoring?		Ye	S	No		
Has your child ever repeated a grade for any reason?		Ye	S	No		
Has your child ever been suspende	ed or expelled?			Ye	S	No
Has your child ever seen anyone fo	or any type of social, beha	vioral, o	r ment	tal problems? Ye	S	No
Do you suspect that your child has	a learning disability, hype	ractivity	, ADH	D, or ADD? Ye	S	No
Has your child ever been involved	with legal problems or be	en arres	ted?	Ye	S	No
If you answered yes to any of the questions above, please attach a description of the sit				tion of the situati	ion and its	current status.



Educational Philosophy:				
What are your top two reasons	s for wanting your child	to attend Logos School?		
1				
2				
	0.110			
	_	so, please list some		
Have you read the school hand	•	•	Yes	No
Do you agree to have your child			Yes	No V. plazca
explain briefly here:		hich are inconsistent with your	goals for your family	y, piease
		iculum or policies? (If so, please	e check the annronri	iate hov)
Do you have questions about a	my of the following curri	iculatif of policies: (II so, pieast	e check the appropri	ate box)
Discipline Policy*	П	Learning Disability Policy		
School Uniform Policy		Latin		
Homework Guidelines		Statement of Faith		
Homework Galdennes		Statement of Falen		
*Please note that we include sr	nankina as one means o	f discipline in the elementary gro	ades. Any auestions	related to this
or any other policies should be		,	aucs. 7.117 questions	related to time
, p				
If a conflict arises between you	ı (or your child) and the	classroom teacher, an administ	rator, or the school	board, how
		,		
,				
Which virtues would you most	like your child to exhibit	t?		
Should a grade of "C" be a caus	se for praise if a student	is working to the best of his po	tential? Why or why	y not?
, ,		nts to spend 25% of his/her t	time and effort on	one child with
academic, behavioral, or emoti				
vvnat concerns, if any, do you f	nave about your child at	tending Logos School?		



Grandparent Information: For Newsletter Mailing (via email) ar	nd 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	e 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 so amount for the year, regardless of any reduction in student popschool and enrolled families is a year-long commitment, even if faithfully meet my obligations to the school. I have read, under in the handbook.	oulation, and that the financial agreement between the a student withdraws or is expelled mid-year. I agree to	

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.
s. List the daddenne sasjest(s) or least interest to you.
4. Name two books you have especially enjoyed reading in the last year. Why do you like them?
in the last year. Why do you like them.
5. List your two favorite movies. Why are they your favorites?
5. List your two lavorite movies. Willy are they your lavorites:



6. How many hours per week do yo	u 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, hobb	pies, religious and social activities.
10. List the jobs that you take respo	onsibility for inside and outside the family (include paid positions, chores, volunteer
11. Describe your favorite teacher.	Why has this person made such a strong in	mpression on you?



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, instagram, etc.)? If so, please provide contact information.

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

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,



"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

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:

\square A recent picture of the applicant
\square A letter of recommendation from a previous teacher or pastor
☐ Liability, Insurance, & Medical Form
\square ESL testing fee of \$100 (due with application, non-refundable)
\square Annual International Registration fee of \$1500 (due upon acceptance)
\square Proof of ability to pay tuition must be received before an I-20 can be issued (a copy of a bank statement is adequate).
\square Tuition for the year must be prepaid within the first month of school starting.
\square Please send an email to ${\color{red} {\sf mwhitling@logosschool.com}}$ 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.