

Celebrating 50 Years of Christian Education.



Strickland Christian School

P.O. Box 150413 Austin, TX 78715-0413
Office: (512) 447-1447 Fax: (512) 447-6225

www.stricklandschool.com
info@stricklandschool.com

February 7, 2012

Dear Parents,

Another school year is half over, and the time for registration has arrived. The past year has brought turmoil, upheaval and uncertainty throughout the world so that many fear for their futures and their families. Noah also lived through very turbulent times but prepared the ark to save his family and the human race. (Heb. 11:7) Joseph also endured a seven-year drought but was able to prepare and save his family and the civilized world. We can take encouragement from their faithfulness and trust in God in the face of insurmountable odds. We must realize that everything on the earth is subject to change, but the eternal things will never be shaken. (2 Cor. 4:18) This is why the Old Testament saints sought not an earthly reward but a heavenly kingdom, and Paul encourages us to fix our eyes on heavenly things. (Heb. 11) With that in mind, we can be confident that God is still at work through His people and will bring about deliverance for us as He has for our heroes of Scripture. We hope that Strickland will be able to play some part in being the ark that will help buoy your children through the year ahead.

Please take note of the following important information concerning enrollment for the 2012-2013 school year:

- The new parent/student handbook and all the forms necessary for enrollment are now available on the school website. Simply choose the enrollment tab, read the 2012-2013 handbook, and download the registration forms for enrollment.
- Please plan to register by **March 7** to insure favored status for your child.
- The registration fee is the same as last year, and the increase in tuition is approximately two and one half percent. This modest increase is necessary to insure that our teachers and staff are properly rewarded and to help with rising costs.

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!

All His wonderful blessings to your whole family,

Doug Rigdon, Director

Austin Area Private School Tuition Comparison 2011-12

	St. Stephens	St. Andrew's Episc	Austin Jewish	Waldorf	Regents	Hulth Park	King Hall	Mill Country	St. Dominic	Concordia HS	Bancroftburn	Round Rock Chr	Brentwood Chr	St. Mary's	Hopi Family Cath	San Juan Diego	Our Savior Lutheran	Strickland Christian	St. Gabriel's Cath	St. Paul Lutheran	
K			12,900	9,856	7,300	7,500	7,310	7,940			6,180	5,455	5,650	5,275	5,525		4,000	4,222	13300	5700	
1		15,450	12,900	11,080	9,730	8,050	8,550	7,940			6,180	5,645	5,650	5,636	5,525		4,000	3,330	13300	5700	
2		15,450	12,900	11,080	9,730	8,500	8,550	7,940			6,180	5,645	5,650	5,636	5,525		4,000	3,330	13300	5700	
3		15,450	12,900	11,080	9,730	8,500	8,550	7,940			6,180	5,645	5,650	5,636	5,525		4,000	3,330	13300	5700	
4		15,450	12,900	11,080	9,730	8,500	8,550	7,940			6,180	5,645	5,650	5,636	5,525		4,000	3,550	13300	5700	
5		17,050	12,900	11,080	10,895	8,500	8,550	7,940			7,210	5,645	5,650	5,636	5,525		4,000	3,550	13300	5900	
6	20,320	17,350	12,900	11,226	10,895	9,400	9,065	8,120			7,210	6,840	5,650	5,636	5,525				3,550	14900	5900
7	20,320	18,350	12,900	11,226	10,895	9,950	9,065	8,540			7,210	6,840	5,850	5,636	5,525				3,550	14900	5900
8	20,320	18,350	12,900	11,226	10,895	9,950	9,065	8,540			7,210	6,840	5,850	5,636	5,525				3,550	14900	5900
9	21,970	20,250		13,054	11,675	11,950	9,220	9,560	8,460	8,000		6,840	6,050				4,200				
10	21,970	20,250		13,054	11,675	11,950	9,220	9,560	8,460	8,000		6,840	6,050				4,200				
11	21,970	20,250		13,054	11,675	11,950	9,220	9,560	8,460	8,000		6,840	6,050				4,200				
12	21,970	20,250		13,054	11,675	11,950	9,220	9,560	8,460	8,000		6,840	6,050				4,200				
Average	21,263	17,825	12,900	11,627	10,500	9,742	8,780	8,545	8,460	8,000	6,638	6,274	5,804	5,596	5,525	4,200	4,000	3,551	13,883		
2011 Enrollm	638	851	143	N/A	942	528		503		102	164	528	720	139	486	148	67	222			
2010 Enrollm	518	840	121	401	862	546	105	465	180	114	N/A	507	704	N/A	485		71	210	409		
Discounts																					
2nd			\$0		None	5%	below	None	7,615	\$400	10%		20%	Note	10%		10%	\$250	0%		
3rd			\$2,400		None	10%	below	None	7,192	\$400	25%		50%	Note	10%		15%	\$500	10%		
4th+			\$0		None	15%	below	None					50%	Note	10%		20%	\$1,000	10%		
Faculty			15%		None	below		None		Note	25%		50%	50%	None		50%		0%		
Book			\$550			0		0					\$0								
Regis.			N/A		Note	below	\$50	\$500	\$250	600	\$150	\$200	250	Note	\$100	\$40	\$275	\$350			
Athletics			\$80/Spt		Note	below		Below		300	\$150	varies								varies	
Testing			0				\$35	\$120		Note			\$50	\$50	\$20 K			\$50			
Raise 11-12			no		yes	no	yes	yes		yes	yes		yes	yes						n/a	
Raise 12-13			not sure		yes	yes	yes	yes		yes	yes		yes	yes						n/a	

Strickland Christian School

Checklist for School Registration for Student: _____

I. For school registration, please do the following:

- A. Read the 2012-2013 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)
- Media Release
- 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 by March 7, 2012, for preferred status.

For office use only: Reg. pd: \$_____ Date recd. _____ CC _____ 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 2012-2013

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 2012-2013 school year.

I understand and agree to the following as stated in the Strickland School Handbook: tuition is \$_____ and is due in full on May 7, 2012, 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 \$_____, or on the four month plan for a total of \$_____, subject to the approval of the office. If applicable I will pay extended care tuition by ____ May 7, 2012, by ____ September 7, 2012, ____ 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 satisfied. I understand that no academic or permanent 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 and agree to all other tuition policies and late penalties as stated in the Strickland School Handbook for the current year as published as of the date this contract is signed.

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 playground activities 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 therefrom.

I hereby request that my child, named above, be allowed to ride in a vehicle operated by a member of the faculty of Strickland School or by a driver approved by the faculty on school sponsored or approved trips. I represent to Strickland School and its employees that such method of transportation is safe and reasonable and waive any requirements that the driver be bonded. Other than payments due me from any insurance in force at the time of any school sponsored trip, I waive, release and discharge Strickland School, its employees, and any driver or vehicle owner from any claim, demand or cause of action arising out of the transportation of my child, commercial carrier excepted.

Accompanying this contract is a registration fee that becomes non-refundable upon notification of acceptance of my contract. I have read, 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 declare that the information supplied on the enrollment application is true and accurate to the best of my knowledge. I also agree to inform the school of any 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 2012-2013

Student's Full Name: _____ Preferred Name: _____

Street Address: _____ City: _____, TX 78 _____

Home Phone #: (_____) _____ Date of Birth: ____/____/____ Age (as of Sept. 30, 2012): _____

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 2012-13 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: _____

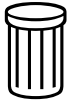
Home Address (if different): _____ City: _____, TX 78 _____

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
--------------	-----------	------

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 those preparing and distributing party food, 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

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 _____



Credit Card Authorization for School Year 2012-2013

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 approximately until all installments are satisfied. **I understand that the second time and every time thereafter that any one of my credit cards is declined I will be charged a \$20 decline fee by the school. I understand that my credit card privileges may be suspended if my credit card is frequently declined or unusable at the time of the charge. Please inform the office of any changes in your credit card information, including expiration date.**

Student Name _____ Grade in 2012-2013 _____

Student Name _____ Grade in 2012-2013 _____

Student Name _____ Grade in 2012-2013 _____

12 payment plan (June-May)

Registration Fee

9 payment plan (June-February)

Facility Fee ___ Annually or ___ Monthly

4 Payment Plan (June- Sept)

Extended Care Registration

1 Payment Plan (May 7)

Extended Care Tuition

Lunches ___ \$35 or ___ \$70

Other _____

Card to be charged: Visa MC Discover Amex Amount: \$ _____

Type of card: Credit Debit Email Address _____

Credit Card Number _____ Exp. Date ___/___/___

Last 3 Digits on the back of Card _____ Contact Phone Number _____

Name as it appears on Card _____

Address on Account _____ Zip Code _____

Authorization Signature _____ Date: _____

<p><i>For Office Use Only:</i> Total: \$ _____</p>
--

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. 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 2012-2013 school year.

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

Drop the form at the Strickland Office or Mail to Strickland APTF at P.O. Box 151841 Austin, Texas 78715-1841). Please call 512-981-7770 to use a credit card to charge your dues.

Parent's name: _____

E-mail: _____ @ _____

I agree to receive e-mail communication about APTF events.

Please do not e-mail me regarding APTF events.

Yes, I would like my student(s) included in the 2012-2013 Strickland School directory.

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

Student's name: (Last, First) _____ Grade for Fall 2012: _____

Student's name: (Last, First) _____ Grade for Fall 2012: _____

Student's name: (Last, First) _____ Grade for Fall 2012: _____

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' name(s) _____

Parent signature _____ Date _____

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