



I Agree Form 2017-2018

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360/687-8382 • Fax: 360/687-8799 • www.ffcs.org

This form is an example of what was agreed to online. It is for your information only.

You chose an option under each statement online. If you chose "I Disagree," the online re-enrollment process could not continue. We asked that you call to discuss your situation with administration.

I have read and understand the "Admissions Policy" for Firm Foundation Christian School.

- ☐ I Agree
☐ I Disagree

The "Admissions Policy" is available on our website at www.ffcs.org. It can also be printed out at the end of this process.

I have read, understand, and agree to support the "Statement of Faith" for Firm Foundation Christian School.

- ☐ I Agree
☐ I Disagree

The "Statement of Faith" is available on our website at www.ffcs.org. It can also be printed out at the end of this process.

I have read and support the "FFCS Discipline Policy."

- ☐ I Agree
☐ I Disagree

The "FFCS Discipline Policy" is available on our website at www.ffcs.org. It can also be printed out at the end of this process.

TUITION

I understand tuition will be paid by electronic bank withdrawal on the 5th or the 20th of each month, and I will complete my FACTS registration, unless 1 payment option is chosen.

- ☐ I Agree
☐ I Disagree

I agree to pay our tuition on time and in full. I understand late payments will result in a \$25 late fee.

- ☐ I Agree
☐ I Disagree

VOLUNTEER HOURS

I understand that by sending my student(s) to Firm Foundation Christian School, I am required to volunteer at least 30 hours (60 hours for two or more students) per school year. If unable to meet this requirement, I will pay \$14.00 an hour for unfulfilled time.

- ☐ I Agree
☐ I Disagree

MEDICAL

I understand that the medical/health information will be shared in a confidential manner with appropriate school staff who need to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.

- ☐ I Agree
☐ I Disagree

VERIFICATION OF INFORMATION

The information entered into RenWeb is true and accurate as of this date. I understand that falsification of information to achieve enrollment or grade assignment may be cause for revocation of the student's enrollment or assignment.

_____ Initials