



# St. John of Kronstadt Orthodox Christian School

## Registration Forms

2021-2022  
Academic Year

St. John's Christian School  
706 Stewart Street  
Yakima, WA 98902  
[www.stjohnkronstadt.org](http://www.stjohnkronstadt.org)  
Phone: 509-452-0177



**St. John of Kronstadt Orthodox Christian School  
Registration Application  
2021-2022**

**1. Student Information**

Student's Full Name	Grade	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**2. Parent Information**

Father or legal guardian	Mother or legal guardian
Name _____	Name _____
Address _____ Home Phone _____	
Father's Cell _____	Mother's Cell _____
Father's Email _____	Mother's Email _____

**3. Emergency Contact**

Name _____
Address _____ Phone _____

#### 4. Financial Obligations

I (we) agree to fulfill all financial obligations.

A registration fee of \$85.00 per student is due with this application and is non-refundable. A \$50.00 credit will be applied to August's tuition if your registration fee is received by April 30, 2021.

The tuition scale for 2021-2022 is attached; please detach and keep for future reference. Tuition may be paid in full at the beginning of the year or on a monthly basis. Monthly payments are due on the 1st of each month.

#### 5. New Student Assessment

New students must undergo an assessment administered by HomeLink of Yakima prior to the beginning of the school year. The cost and scheduling of the assessment is the responsibility of the family. Results of the assessment are provided to the family and to St. John's staff. The assessment fee is currently \$65, but is subject to change by HomeLink.

#### 6. Health Forms

I (we) agree to provide all required health forms, physical examination reports and immunization records prior to the start of the school year. A Certificate of Immunization Status and Washington State immunization requirements are attached.

#### 7. Volunteer Hours

I (we) understand that St. John's School requires 40 hours of parent volunteer hours each year. A background check is required before you are able to volunteer. A copy of your driver's license will be required. Insurance cards are required if you plan to volunteer to drive for field trips.

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Parent/Guardian Signature

Date

***Saint John of Kronstadt Orthodox Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.***

Official Use Only

Registration Fee Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Check #\_\_\_\_\_

Received By\_\_\_\_\_

Date\_\_\_\_\_



**St. John of Kronstadt Orthodox Christian School**  
**Student Health Record**  
**2021-2022**

**Please complete this page for each student that is registering along with a copy of their most recent Certificate of Immunization.**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL HISTORY:**

Please check the appropriate boxes below.

Orthopedic problems----- ☐ No ☐ Yes  
Heart problems----- ☐ No ☐ Yes  
Asthma----- ☐ No ☐ Yes  
Seizures----- ☐ No ☐ Yes  
Epilepsy----- ☐ No ☐ Yes  
Allergies----- ☐ No ☐ Yes

Bee sting: ☐ No ☐ Yes

Food: ☐ No ☐ Yes

Medication: ☐ No ☐ Yes

If "Yes" to any allergies, please explain:

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Does your child have any vision problems?----- ☐ No ☐ Yes  
Does your child wear glasses / contact lenses?----- ☐ No ☐ Yes  
Does your child have frequent ear infections?----- ☐ No ☐ Yes  
Does your child have hearing problems?----- ☐ No ☐ Yes  
Has your child ever worn a hearing aid?----- ☐ No ☐ Yes  
Has your child ever been diagnosed as hyperactive?----- ☐ No ☐ Yes  
Has your child ever received counseling or mental health services? ----- ☐ No ☐ Yes  
Is your child diabetic?----- ☐ No ☐ Yes  
Has your child ever had an I.E.P. (Individual Education Plan) or service plan?----- ☐ No ☐ Yes  
Does your child have medication that will need to be administered during the school hours\*?----- ☐ No ☐ Yes

*\*If "Yes" to medications, please complete the Medication Authorization Form.*

If you have answered yes to any of the above questions or if your child has any physical limitations, please explain:

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**MEDICAL CONSENT:**

I grant permission for the staff of St. John of Kronstadt Orthodox Christian school to obtain emergency care for my child/ren in event of serious illness or injury. I will be notified as soon as possible. I understand I am financially responsible for charges incurred and authorized the physician to release information to the insurance company.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION OF RIGHTS UNDER  
THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)  
for Elementary and Secondary Schools**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading.

Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal [or appropriate official], clearly identify the part of the record they want changed and specify why it is inaccurate or misleading.

If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records on request.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5901

\*State Law Qualification: Although FERPA allows 45 days to honor a request, the state policy records law requires an appropriate response to a "public records" request within five business days. RCW 42.17.320

NOTE: In addition, an institution may want to include its directory information public notice, as required by §99.37 of the regulations, with its annual notification of rights under FERPA.



**St. John of Kronstadt Orthodox Christian School  
Tuition Scale  
2021-2022**

**Kindergarten – 5<sup>th</sup> Grade Tuition Rates**

<b>Tuition Rates</b>	<b>Monthly*</b>	<b>Annual</b>	<b>Discount</b>
1st Student	\$410	\$4,920	
2nd Student	\$389.50	\$4,674	-5%
3rd Student	\$369	\$4,428	-10%
4th Student	\$348.50	\$4,182	-15%
5th Student	\$328	\$3,936	-20%

**6<sup>th</sup> – 8<sup>th</sup> Grade Tuition Rates**

<b>Tuition Rates</b>	<b>Monthly*</b>	<b>Annual</b>	<b>Discount</b>
1st Student	\$164	\$1,968	
2nd Student	\$156	\$1,872	-5%
3rd Student	\$148	\$1,776	-10%
4th Student	\$140	\$1,692	-15%
5th Student	\$131	\$1,572	-20%

\*Tuition payments are due on the 1st of each month, starting August 1st and continuing through July 1st of the following year.

A registration fee of \$85.00 per student is due at the time of enrollment. A \$50.00 credit will be applied to August's tuition if the student's registration fee is received by April 30, 2021.

**Please detach and keep this page.**



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Reviewed by:	Office Use Only:
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
<hr/>				
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.		I certify that the information provided on this form is correct and verifiable.		
<b>Parent/Guardian Signature Required</b>		<b>Parent/Guardian Signature Required</b>		
<hr/>		<hr/>		
<b>Date</b>		<b>Date</b>		

♦ Required for School and Child Care/Preschool		♦ Required Only for Child Care/Preschool			
<b>Required Vaccines for School or Child Care Entry</b>					
♦ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)					
♦ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)					
♦ <b>Td</b> (Tetanus, Diphtheria)					
♦ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15					
♦ <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)					
♦ <b>IPV / OPV</b> (Polio)					
♦ <b>MMR</b> (Measles, Mumps, Rubella)					
♦ <b>PCV / PPSV</b> (Pneumococcal)					
♦ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS					
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>					
<b>Flu</b> (Influenza)					
<b>Hepatitis A</b>					
<b>HPV</b> (Human Papillomavirus)					
<b>MCV / MPSV</b> (Meningococcal)					
<b>MenB</b> (Meningococcal)					
<b>Rotavirus</b>					

<b>Documentation of Disease Immunity</b> <i>Healthcare provider use only</i>		
If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it <b>MUST</b> be verified by a healthcare provider		
I certify that the child named on this CIS has:		
<input type="checkbox"/> a verified history of Varicella (Chickenpox).		
<input type="checkbox"/> laboratory evidence of immunity (titer) to disease(s) marked below. <b>Lab report(s) for titers MUST also be attached.</b>		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
Hepatitis B	Rubella	
Hib	Tetanus	
Measles	Varicella	
Licensed healthcare provider signature      Date		
(MD, DO, ND, PA, ARNP)		
Printed Name		

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#3 History of Varicella Disease:** If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- ☐ If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

**#4 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

**Reference guide for vaccine trade names in alphabetical order**

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV
Cervarix®	2vHPV	Fluzone®	Flu	Kimrix®	DTaP + IPV	Prenar®	PCV
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/us-vaccines.pdf>

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).