St. John of Kronstadt Orthodox Christian School

Registration Forms

2026-2027
Academic Year

St. John's Christian School
706 Stewart Street
Yakima, WA 98902
www.stjohnkronstadt.org
Phone: 509-452-0177

St. John of Kronstadt Orthodox Christian School
Registration Application
2026-2027

1. Student Information

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

2. Parent Information

Father or legal guardian

Name_____

Address_____

Father's Cell_____

Father's Email_____

Mother or legal guardian

Name_____

Home Phone_____

Mother's Cell_____

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, 2026.

The tuition scale for 2026-2027 is attached; please detach and keep it 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 prior to the beginning of the school year.

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.

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.
Vehicle Insurance cards are required if you plan to volunteer to drive for field trips.

_____

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
2026-2027

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:

_____

_____

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 with attention-deficit/hyperactive disorder (ADD/ADHD)?---------- ☐ No ☐ Yes
Has your child ever received counseling or mental health services? ---------- ☐ No ☐ Yes
Has your child ever been diagnosed with diabetes?---------- ☐ 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 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:

_____

_____

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 (including administration of epinephrine by trained school staff for a suspected life-threatening allergic reaction). I will be notified as soon as possible. I understand I am financially responsible for the charges incurred and authorize 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
2026-2027

1st – 8th Grade Tuition Rates

Tuition Rates	Monthly*	Annual	Discount
1st Student	$500	$6,000	
2nd Student	$450	$5,400	*-10%*
3rd Student	$400	$4,800	*-20%*
4th Student	$350	$4,200	*-30%*
5th Student	$300	$3,600	*-40%*

*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, 2026.

St. John's School requires parents to volunteer 40 hours per year regardless of the number of students in attendance. Any unfulfilled hours are billed at a rate of $25.00 per hour.

Please detach and keep this page.