



**Sheridan Baptist Christian School**  
*A Ministry of Sheridan Baptist Church*  
PO Box 595, 643 East Main Street, Sheridan, Oregon 97378  
503-843-3158 [sbcs@sheridanbaptist.org](mailto:sbcs@sheridanbaptist.org) Pastor Larry McCandless

TIME SENSITIVE MATERIAL

## REGISTRATION PACKET

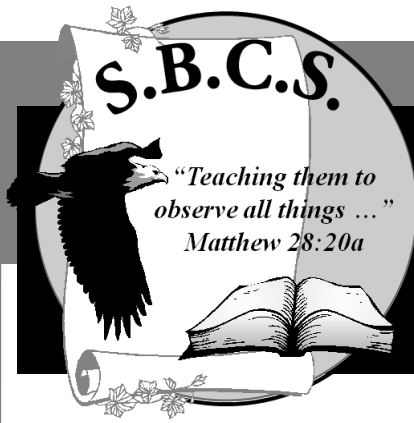
**Due July 15, 2023**

Please call or email to set up a time to return your completed registration packet.

This Packet Includes:

- Pg 2 Welcome Letter
- Pg 3 Application/s for Enrollment (*print out & complete one per student*)
- Pg 4 Request for Records Transfer (*if applicable ~ for new enrollments*)
- Pg 5 Information for Immunization Report
- Pg 6 Statement of Cooperation (*print out & complete one per student*)

***“Training the Students of Today  
To Become the Godly Leaders of Tomorrow”***



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Dear Parents,

It is time to plan for our next school year! We are thankful for another wonderful year at Sheridan Baptist Christian School and we are excited for your children to join us.

Our first day of school will be Wednesday, September 6, 2023. School will be held Monday through Friday, 8:30AM to 3:30PM.

The one-time, non-refundable registration fee is \$475.00/child (\$450.00/child if enrolled and paid by July 15, 2023), and tuition for the 2023-2024 school year is \$3,500.00/child, which can be paid in 10 equal, monthly installments. We are thankful to be able to offer a first-rate educational experience while continuing to cost far less than local and national Christian schools. We count on your faithfulness in this important matter.

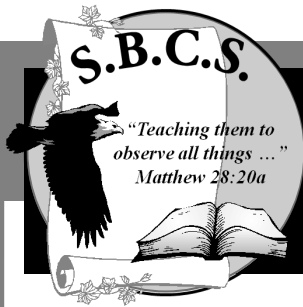
Our 2023-2024 Student Handbook, detailed calendar of events, and information regarding this year's uniform and dress code will be given to each family during the Registration Interview.

If you have any questions about the upcoming year, please do not hesitate to reach out to us. We look forward to working with you.

God bless you and enjoy your summer,

Pastor Larry McCandless  
Sheridan Baptist Church  
Sheridan Baptist Christian School  
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[sbcs@sheridanbaptist.org](mailto:sbcs@sheridanbaptist.org)

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## Application for Student Enrollment

Print out one copy per student for school records.

*Please fill in ALL information, including Emergency Contact and phone.*

Family Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(if different) \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

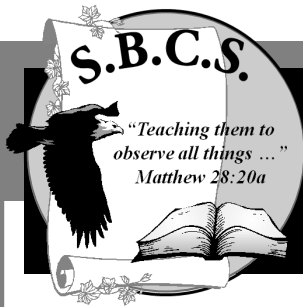
Emergency Contact Phone: \_\_\_\_\_

### Student Information:

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Student Name	Age	Birth Date	Grade Entering
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## Request for Transfer of Student Records (for new enrollments)

Transferring from:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have enrolled the following student/s in Sheridan Baptist Christian School:

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize the release of ALL academic, behavioral, and pertinent health records of the above named student/s to:

Sheridan Baptist Christian School  
PO Box 595, 643 East Main Street  
Sheridan, OR 97378

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# IMMUNIZATION REPORT CHECK-LIST

**Reminder!** “Religious Exemption” is no longer an available option for immunization records. In order for you to claim the new status of “Non-Medical Exemption” from any/all state required vaccinations for school attendance, we need the following form/s for our yearly report to the county/state. *(The **Oregon Certificate of Immunization Status** is attached as a pdf file with this email.)*

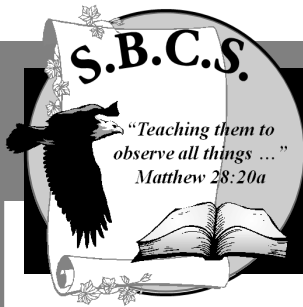
If you need instruction or assistance for the required online education modules or up-dated **Oregon Certificate of Immunization Status** form, please contact me right away. Go to the website: [public.health.oregon.gov](http://public.health.oregon.gov) and under “On This Page” click on the link: “For Parents: Vaccine Education Module,” or just scroll down the page to that section. The education modules only take about one hour to complete if you are claiming all vaccines. Then the needed form/s can be printed right from the website.

Family: \_\_\_\_\_

***Please check when each requirement is completed and return with completed forms by October 1, 2023***

	Up-Dated Oregon Certificate of Immunization	Certificate of Vaccine Education from Doctor or Online Module:
Student: _____	Status: _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your help in this!



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## Statement of Cooperation

Print out one copy per student for school & one for your records.

I understand that the primary goal of the education ministry is to be a help to me in my life, and the first objective is the forming of a strong Christian character in keeping with God's Precepts. To insure success, I will support the Church in its stand in not tolerating worldly influence such as (but not limited to) profanity; obscenity in word or action; sexual slurs, comments, or innuendo; behavioral patterns that are promoted by the rock and roll culture; dishonor to the Holy Trinity or the Word of God; or disrespect to the personnel of the Church.

In addition, I agree to the following, whether at home, school, or elsewhere:

1. To refrain from cheating, swearing, indecent language, smoking, drinking alcoholic beverages, abuse of drugs, gambling, dancing, pornography, premarital sex, homosexuality, sexual perversion, and involvement in rock music.
2. To maintain Christian standards in courtesy, kindness, charity, honesty, and morality.
3. To strive to be of unquestionable character in dress, conduct (including conversation), and other areas of life.
4. To give the impression to fellow students, parents, and faculty that I am in harmony with the goals, aims, standards, rules, and staff of Sheridan Baptist Christian School.

If my attitudes, actions, or life style at home or at Church are constantly working against these goals, I understand that my parents and the Church administration will work together in planning an educational program that will be in the best interest of myself and the Church.

At no time will I participate in criticism of the staff or the Church to my parents or others, but will instead, if a problem arises, go directly to the teacher or administrator in a Christian manner as indicated in Matthew 18:15.

### *Student's Testimony*

Are you a Born Again Believer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, on separate paper please explain in your own words when and how the Lord saved you.

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

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