Homeschool Fee Schedule

2018 – 2019

"Faith Heritage School exists to glorify God by providing a sound, Biblically integrated program in order to assist parents and churches in equipping students for Christian living and service within today's changing world."

Based on this mission, it is also the desire of Faith Heritage to support and encourage others of like faith in the education of their children. Faith Heritage School has established a cooperative arrangement whereby homeschooling parents can take advantage of our facilities and services on a limited basis.

Homeschool fees will be based on 1/6 of the current year normal tuition.

***Elementary Classes (Grades 3-5)**

Full Time Student tuition	*$7,251*
1 credit (five days/wk)	$1,209
.5 credit (2 days+/wk)	$ 605
.4 credit (2 days/wk)	$ 484
.2 credit (1 day/wk)	$ 242

Registration fee $ 25 per student

Jr. High / High School Classes (Grades 6-12)

Full Time Student tuition	*$8,761*
1 credit class (1/6)	$1,461
½ credit class	$ 731

Registration fee $ 25 per student

Homeschool students who wish to enroll in classes at FHS must complete a Family and Student Application. We will also need a Medical Release form and signed Enrollment Agreement. The student's health/shot records should be up-to-date. To begin the enrollment process, please contact the FHS main office at 469-7777 and request an application packet for home school students.

Other Considerations:

- Homeschool students taking a course (or more) at Faith Heritage would be registered just as any other student. This is necessary for insurance and other legal purposes.
- A maximum of 2 1/2 courses (13 periods/week) may be taken by homeschool students.
- Acceptance of any homeschool student for a particular course is contingent upon class size and teacher approval.
- Homeschool students would be expected to conform to FHS standards for discipline, dress code, attendance, etc.
- Homeschool students are not eligible for participation in interscholastic sports (NYSPHSAA standards); however, they would be allowed to participate in extracurricular activities. Fees may apply.
- Homeschool students taking courses at FHS have library privileges and computer room privileges (as available).
- These policies are subject to review and revision by the administration and board.

**Not all Elementary courses are available to non-full time students. Please see list of courses available.*

3740 Midland Avenue • Syracuse, NY 13205 • 315.469.7777 • Fax 315.492.7440 • Email: fhs@faithheritageschool.org

FAITH HERITAGE SCHOOL

Homeschool Course Selection

Elementary Student (Grades 3-5)

Student Name_____

Grade_____

Course Title	Credits	Select √
Physical Education (Grade 3-5)	0.4	_____
Music (Grade 3-5)	0.2	_____
Art (Grade 3-5)	0.2	_____
Choir (Grade 3-5)	0.2	_____
Band (Grade 5)	0.5	_____
Social Studies (Grade 5)	1	_____
Science (Grade 5)	1	_____

_____ _____

Parent Signature Date

Homeschool Course Selection
Middle School/High School Student (Grades 6-12)

FAITH HERITAGE SCHOOL

Student Name_____

Grade_____

Course Title (Grade Level)	Credits	Select √
Bible (7-12)	1	
English (7-12)	1	
Global Studies (9-10)	1	
*English-Composition & Literature (1) (12)	0.5	
*English-Composition & Literature (2) (12)	0.5	
Physical Education - Boys (6-12)	0.5	
Physical Education - Girls (6-12)	0.5	
Advanced Art (11-12)	1	
Algebra I (8-9)	1	
Algebra 2/Trig (10-11)	1	
American History (11)	1	
Applied Music (11-12)	0.5	
*AP Biology	1	
Art (6)	0.2	
Art Appreciation (8th)	0.5	
Band (5/6 and 7-12)	0.5	
Basic Art (9-10)	0.5	
Biology (With Lab) (10)	1	
*SUPA Calculus (12)	1	
Chemistry (With Lab) (11)	1	
Computer Application (9-12)	0.5	
Comp Programming 1 (10-12)	0.5	
Comp Programming 2 (9-12)	0.5	
Consumer Math (11-12)	1	

Course Title	Credits	Select √
Computer (6-8)	0.5	
Earth Science (With Lab) (9)	1	
Economics (12)	0.5	
Economics - Honors (12)	0.5	
*ESF Global Environment (11)	0.5	
Geometry (10)	1	
Graphic Design (10)	0.5	
Health (8&12)	0.5	
*AP American History (11)	1	
Choir (6-12)	0.5	
Math (6/7/8)	1	
Music Appreciation (7)	0.5	
*Intro to Music Theory	0.5	
Photography (11-12)	0.5	
Physics (With Lab) (12)	1	
Political Science (12)	0.5	
Political Science - Honors (11-12)	0.5	
Precalculus (11-12)	1	
Robotics	0.5	
Science (6/7/8)	1	
Social Studies (7/8)	1	
Spanish Ia (7) Ib (8)	1	
Spanish II (9)	1	
Spanish III (10)	1	
Spanish IV/V (11)	1	
Art (6)	0.5	
Art Appreciation (8)	0.5	
Studio Art I (10)	0.5	
Web Page Design (10-12)	0.5	

-English Comp & Literature course requires student to be an Onondaga County resident OR a waiver is required. Spring-time enrollment.

-Courses selected are subject to eligibility and testing and availability. Full time students will be given precedence over homeschool students..

**May require additional fees and pre-requisites.*

FAITH HERITAGE SCHOOL

Family Information

Mr./Dr./Rev._____
Father /Legal Guardian

_____
Home Address

_____ ____ _____
City State Zip

_____ _____
Home Phone Cell Phone / Pager

_____
Occupation

_____
Employer

_____ _____
Work Phone Work Ext.

_____
Email Address

Marital Status

___Married ___ Divorced ___ Separated ___ Single

Do the children in this application live at your residence? _____

Spiritual Information

☐ I have accepted Jesus Christ as my personal Savior and Lord.

_____
Church

_____
Address

Mrs./Miss/Ms./Dr./Rev._____
Mother /Legal Guardian

_____
Home Address ☐ Same address as father

_____ ____ _____
City State Zip

_____ _____
Home Phone Cell Phone / Pager

_____
Occupation

_____
Employer

_____ _____
Work Phone Work Ext.

_____
Email Address

Marital Status

___Married ___ Divorced ___ Separated ___ Single

Do the children in this application live at your residence? _____

Spiritual Information

☐ I have accepted Jesus Christ as my personal Savior and Lord.

_____
Church ☐ Same church as father

_____
Address

By signing below, I understand that the primary responsibility for Christian education of my child remains at home and with the church. Faith Heritage School can help supplement the Christian training of home and church. I acknowledge that FHS urges our family to have regular times for devotions together in our home. I am encouraged to regularly attend the services of a church where the Bible is honored as the Word of God and the Good News of the Gospel message of salvation through Jesus Christ is clearly proclaimed.

_____ _____ _____ _____
Parent (Guardian) Signature Date Parent (Guardian) Signature Date

Student Enrollment Information

_____ _____ _____ _____ _____
Student Legal Name Date of Birth Age Male/Female Ethnic Code (**see below)

** *NY State requires FHS to report this information. Please write in the letter of the Ethnic Code that best describes your child*:
A = Asian **B**=Black (non-Hispanic) **H**=Hispanic **I**=American Indian or Alaskan **M**=Mixed **W**=White (non-Hispanic)

What school year do you want to enroll your child at Faith Heritage? School Year: 20____ to 20 ____ Semester 1:___ Semester 2:___

Last Completed Grade:_____ Applying for Grade:_____

What Public School District does your family reside in? _____

What is the name of the school your child currently attends:_____

Does this student have any learning disabilities, mental, emotional or physical handicaps? ____Yes ____No

If yes, please explain: _____

Does this student have an IEP or 504 Plan? ____Yes ____No (If "Yes", please provide a copy with the application).

Has this student ever been in serious difficulty, suspension, probation, police record, expulsion? ____Yes ____No

If "Yes", please explain:_____

This section to be completed by the student (grades 7-12)

How often do you attend church? ___Weekly ___Often ___Occasionally ___Rarely

Have you accepted Jesus as your Lord and Savior? ___Yes ___No If "Yes", how long have you been a Christian? _____

Why do you want to attend Faith Heritage School?_____

_____

_____

By signing below, I recognize that Faith Heritage School is a Biblically based Christian school working in cooperation with parents. While enrolled in Faith Heritage School, I agree to abide by the rules of the school as set forth in the Student Handbook (located on the website at www.faithheritageschool.org/FHSLife/Students/Student Handbook). I also agree to respect and support the authority under which I am placed as a student at Faith Heritage School.

_____ _____
Student Signature Date

FAITH HERITAGE SCHOOL

Medical Release Form

School Year _____ - _____

Parent/Guardian:_____

Home Phone:_____Cell:_____ Work:_____

Student(s) Name: _____ Grade____ DOB_____

_____ Grade____ DOB_____

_____Grade____ DOB_____

_____ *Please check here and list additional children on the back of this form.*

In case of emergency in which Faith Heritage School is unable to reach the parent/guardian of the above child(ren), we will contact your family physician and alternate emergency contact as indicated below:

Physician Name:_____ Phone_____

Emergency Contact:_____ Phone_____

Insurance Company:_____ **Member ID#**_____

Please list any allergies or health problems (current/past allergies, health problems or surgeries) that your children have or have had. Include child's name and indicate whether medical condition is past or present (*e.g., Linda, febrile seizures, infancy only. Ronnie, asthma, past only)*. **This section serves as a health history update**.

_____

_____

_____

May we take a picture of your child and post it discretely in the FHS kitchen to safeguard for allergies? ___ Yes ___ No

Please list all medications that your child(ren) currently take. Include doses and time(s) of day:_____

_____

Do you permit your doctor to fax your child's vaccine record, PE, or Rx to the school health office? ___ Yes ___ No

If your child needs medication on a field trip (or at school), do you agree either to accompany your child on the trip, or if you cannot accompany your child, to train your child to self-administer (under adult supervision)? (Your pediatrician must also provide the school with a medication order and permission for the student to self-administer.) ___ Yes ___ No

Per NY state law, the only medication a student may carry on his/her person or keep in lockers are inhalers for asthma or Epipens for anaphylaxis.

_____ _____ _____ _____

Father/Guardian *Date* *Mother/Guardian* *Date*

FAITH HERITAGE SCHOOL

STUDENT HEALTH HISTORY

Student Name: _____ Age: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Address: _____ Phone Number: _____

History:

Were there any issues during pregnancy, labor and/or delivery for this child? ❑ Yes ❑ No

If yes, please describe: _____

Does this child have an ongoing health concern? (asthma, diabetes, etc.) ❑ Yes ❑ No

If "yes", please describe: _____

Does this child have any allergies? ❑ Yes ❑ No

If "yes", please list: _____

Has the allergy required emergency treatment? ❑ Yes ❑ No

If "yes", please explain: _____

Does this child have asthma? ___ Yes ____ No

If "yes", please explain: _____

Does this child have a history of convulsions? ___ Yes ___No

If "yes", please explain: _____

Does this child have any problems with hearing? ___ Yes ____ No

If "yes", please explain:_____

Does this child have any problems with vision? ___ Yes ____ No

If "yes", please explain_____

Are the child's immunizations up to date? ❑ Yes ❑ No

Please attach a current record of immunization.

Is there a history of any hospitalizations, significant injuries or surgery? ❑ Yes ❑ No

If "yes", please describe: _____

Are there any current medical concerns/injuries? ❑ Yes ❑ No

❑ Head _____ ❑ Eyes _____ ❑ Nose _____

❑ Ears _____ ❑ Throat _____ ❑ Neck _____

❑ Chest _____ ❑ Respiratory _____

❑ Cardiovascular _____ ❑ Gastrointestinal _____

❑ Genitourinary _____ ❑ Neurological _____

❑ Muscloskeletal (include any past fractures, etc.) _____

Does this child take any medication regularly at home? ❑ Yes ❑ No

If "yes", please describe: _____

Please list any additional concerns or information: _____

_____

_____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No ☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI_____kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done	☐ Lead Elevated ≥ 10 µg/dL		

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)	ICD-10 Code
_____	_____
_____	_____
_____	_____
_____	_____

☐ Additional Information Attached

Name:	DOB:

SCREENINGS

Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.