



calvary

christian school

Admissions Checklist

Application for Admission

The application form should be completed in full for each applicant. Be sure that the appropriate lines are signed.

Registration Fee - \$150.00

The non-refundable registration fee must be enclosed with the completed application packet. No student will be accepted without it. Returning Students - \$100.00, if registered before May 1st.

4 Forms

*All 4 forms included in the application packet must be completed. (Payment Policy, Emergency Information form, **Notarized** Medical Release form, and Publicity Permission Form)*

Birth Certificate

A copy of the applicant's state-certified birth certificate is required with the application packet. A hospital birth certificate cannot be accepted.

Social Security Card

A copy of the applicant's social security card is required.

Immunization Certificate

A copy of the applicant's state certified immunization certificate is required before the first day of school.

Kindergarten

Physical, Eye, and Dental Exams

All applicants entering Kindergarten must have a complete physical, dental and eye exam. A copy of all exams are necessary before the first day of school.

Entrance Testing (K-4th)

All new students are subject to testing for placement purposes.

6th Grade Physical

All applicants entering 6th Grade must have a complete physical. A copy of the form is necessary before the first day of school.

(ADD'L INFO – SEE REVERSE)



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OFFICE USE ONLY

Date Rec'd: _____

Time: _____

Taken By: _____

Reg. Fee: \$ _____

Pmt. Type: CASH / CHECK

Application – 20__ - 20__

STUDENT INFORMATION

Student's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male Female Social Security #: _____ - _____ - _____

Grade Entering: _____ Requested Teacher: _____ Pre-School Full Time Part Time 3 1/4's
(Infants – 12th Grade)

Home address: _____ T/TH M/W/F

FAMILY INFORMATION

FATHER / GUARDIAN _____ Social Security #: _____ - _____ - _____

Home Address: _____ Home Phone#: _____

_____ (if different from student) Cell Phone#: _____

Email: _____ (statements will be emailed to this address)

Employer: _____ Work Phone #: _____

MOTHER / GUARDIAN _____ Social Security #: _____ - _____ - _____

Home Address: _____ Home Phone#: _____

_____ (if different from student) Cell Phone#: _____

Email: _____ (statements will be emailed to this address)

Employer: _____ Work Phone #: _____

Student lives with: Mother Father Other _____ Relationship: _____

Are there any custody issues of which we should be aware? Yes No (if Yes, please explain or attach a court order)

<u>Siblings</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____

All children 3 years and older, MUST be potty trained. No pull-ups or diapers are allowed in the 3 and 4 year old classrooms. The classes are not equipped to care for diaper changes beyond 2 years of age.

How did you hear about Calvary Christian School?



Family's Church Home: _____

EDUCATIONAL INFORMATION

Current School (or Daycare) Attending: _____

School Address: _____ School Phone #: _____

Most Recent Grade Completed: _____ Applying for Grade: _____ (Infants – 12th)

Has the student ever been asked to leave, suspended, or expelled from school? Yes No (if Yes, please explain)

Has the student ever repeated a grade? YES NO What grade? _____
If yes, please explain: _____

Has the student ever been recommended for tutoring or remedial instruction? YES NO
 Provided are dates and areas of remediation along with written evaluations.

Has the student ever been administered psychological, behavioral, or academic testing to determine if they are gifted, have a learning disability, ADD, ADHD, behavior or emotional disorder? YES NO
 Provided are dates, test results, evaluations, etc.

Is the student presently taking any medications for any medical or learning problems? YES NO

If so, please provide kind of medication, dosage, and frequency. _____

Provided is a copy of student's medical evaluation, which must be within the last 12 months.

Is there anything else CCS should be made aware of when considering this student for enrollment?

Calvary Christian School reserves the right to decline applications.

Parent Signature: _____

Date: _____



EMERGENCY MEDICAL RELEASE

Child's Name: _____

Date of Birth: _____

Home Address: _____

Phone #: _____

To Whom It May Concern:

I, _____, the legal guardian/parent of _____
(Guardian/Parent) (Child)

grant Calvary Christian School and/or its agents to authorize emergency care for _____
(Child)

should any medical problems arise.

I understand that the treating facility will make all reasonable attempts to notify me/us at the time of treatment, but that said treatment should proceed as needed, notwithstanding my notification.

I give Calvary Christian School, its directors, teachers and staff permission to seek emergency medical treatment for my child should the need arise. I will not hold Calvary Christian School, its directors, teachers, or staff responsible for any injury or illness that my child receives while in their care.

This instrument shall be in force during my child's enrollment at Calvary Christian School &/or extended care.

If at any time during treatment I/we can be reached or are present at the time of treatment, our judgment may supersede this instrument.

Signature

Signature

Relationship

Relationship

Date

Date

Phone #

Phone #

Notary Public: _____

My Commission Expires: _____



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EMERGENCY INFORMATION 20__-20__

Student's Name: _____ Birthdate: _____

Preferred Name: _____ Grade/Classroom: _____

*Allergies: _____

*Special Medical Conditions: _____

*Medications: _____

*Doctor's Name: _____ Phone #: _____

*Dentist's Name: _____ Phone #: _____

*Preferred Hospital: _____ *Required

If parents cannot be reached in an emergency, who should be contacted?

(please list one name per line)

1. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)

2. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)

3. Name: _____ Home Phone #: _____

Relationship: _____ Work Phone#: _____

D.L. #: _____ Cell Phone#: _____

Emergency Pick Up (please choose one or both options)



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Publicity Permission Form

Informational technology has drastically altered teaching, learning, and school administration. Calvary Christian School is seeking to use an electronic format as much as possible. The school's website www.ccschool.net is a wonderful venue for keeping parents and the community informed of the activities of Calvary Christian School. The school searches for the best media to showcase the accomplishments and achievements of our children.

Periodically, we would like to post pictures of the students on the website, include them in our yearbook, and submit them to our local newspaper. If you would grant the school permission, please sign and return the form below.

Thanks,

Calvary Christian School

Student's name

I give permission to have his/her picture used by the school in the following categories: **Please check all that apply.**

- School brochures/publications
- Newspaper
- Yearbook
- Internet (A child's last name is not used with photos)
- Social Media

-
- Do not use my child's photo in any of these categories.**

Parent's signature

Date



Payment Policy

A non-refundable registration fee of \$150.00 is required for new students and \$100.00 for students currently enrolled in Calvary Christian School. Currently enrolled students are considered new students if registering after May 1st.

Tuition can be paid monthly or yearly. Tuition for the school year is broken down into 10 payments for monthly tuition. Monthly payments are due on the 1st of each month. The first monthly tuition payment is due July 1st. While we do offer a 10 day grace period on tuition payments, a late fee of \$25.00 will be added to all accounts not paid by the 10th day of each month.

A 5% savings is offered for a yearly tuition payment. The deadline for yearly payments and to receive the 5% savings is July 10th.

After July 10th, if no payment has been received, your student will be removed from the class roster, thus forfeiting the reserved place in the class.

In the case of a returned check, full payment in cash will be required plus an additional return check fee of \$30.00. If a second check is returned, tuition must be paid in cash, money order, or cashier's check for the remainder of the school year. No personal checks will be accepted.

If your account becomes 30 days past due, your child will no longer attend CCS, and we will begin legal proceedings to collect all monies owed to the school. Once all monies are collected, CCS will send your child's record to the school of your choice.

Since the school's operation is based completely on capacity enrollment, we require a two week notice and payment of account in full if it becomes necessary to withdraw your child. For withdrawals after July 10th, the July monthly tuition payment will be forfeited whether paying monthly or yearly. Returning students who withdraw after July 10th will be charged an additional \$50 registration fee to re-enroll later in the school year. Accounts must be cleared upon withdrawal.

As a rule, billing for extended care is sent out weekly after the week of care has been provided. Charges are due the Friday of the billing week. A late fee of \$15 will be applied to all E/C accounts that are past due.

I, the undersigned, have read and understand Calvary Christian School's Payment Policy

Please print/signature of parent/guardian

Student Name

Person who is financially responsible

Date



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15 Redwing Drive - Winchester, KY 40391 - 859-744-0817 - ccschool.net

STUDENT RECORDS RELEASE FORM

I, as a parent or guardian of _____
authorize and approve of the release of all information concerning the educational placement
of my child, who is enrolling in grade _____ and whose birthdate is _____.

Records are in the custody of:

School

City, State, Zip Code

Records will be sent to:

Calvary Christian School

15 Redwing Drive

Winchester, KY 40391

or email to: diane.osborn@ccschool.net

This information should include:

1. Transcript, withdrawal grades and grading scale
2. Individual standardized achievement test results
3. Immunizations and health forms
4. Copy of social security card and birth certificate
5. Individual Education Program or 504, if applicable
6. Psychological Evaluation Report, if applicable

My signature below constitutes notice to me that this information will be disclosed only to school personnel having a legitimate educational interest in my child. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Signed _____ Date _____

Parent or Guardian (Student if 18)