

## New Applicant Checklist 2016-2017

**Step 1** - Submit the following components in one package:

- ☐ Application & Processing/Testing Fee of \$100.00(non-refundable)
- ☐ Copy of applicant's certified birth certificate
- ☐ Report Card (current)
- ☐ Copy of current immunization record
  - Proof of varicella immunization **or** written proof of having had the disease
  - If you are Grades 7-12 you must have a current Tdap immunization
  
- ☐ **K-4**
  - Examination for school entry(**dated no earlier than April 1, 2016**)
  - Students must be **4 years old by September 1, 2016**
  
- ☐ **Kindergarten:**
  - Examination for school entry (**dated no earlier than April 1, 2016**)
  - Students must be **5 years old by September 1, 2016**.
  
- ☐ **1<sup>st</sup> grade:**
  - Examination for school entry
  
- ☐ **10<sup>th</sup>-12<sup>th</sup> grade:**
  - Transcript

**Step 2**

- ☐ Schedule a testing date for assessment. **Date**\_\_\_\_\_; **Time**\_\_\_\_\_
  - Kindergarten-Approximate length of test is 30 mins
  - Grades 1-6-Approximate length of test is 90 mins
  - Grades 7-12-Approximate length of test is 2 hour

**Step 3**

- ☐ You will receive a phone call regarding the test results approximately one week from testing
- ☐ Possible meeting with administration for acceptance

**Step 4-Complete the Registration process by paying the (non-refundable) registration fee.**

# ***New Student Information*** **2016-2017**

**Student Name** \_\_\_\_\_

Last school student attended: \_\_\_\_\_

School's Phone: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have an outstanding balance with any school at which your child has previously attended? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, are you current with the payment plan set forth by the school? \_\_\_\_\_

Please list any siblings (include step/half siblings) that attend CCCS and grade level:

_____/_____ Name                      Grade	_____/_____ Name                      Grade	_____/_____ Name                      Grade
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How would you describe your family life and relationship with your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your child's personality: \_\_\_\_\_

\_\_\_\_\_

Name of the church your family attends: \_\_\_\_\_

City: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

How is your family involved in church activities? \_\_\_\_\_

\_\_\_\_\_

Please give a statement of your family's Christian faith: \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's spiritual life? \_\_\_\_\_

\_\_\_\_\_

How did you learn about Calvary Chapel Christian School? \_\_\_\_\_

\_\_\_\_\_

Why do you want your child to attend this school? \_\_\_\_\_

\_\_\_\_\_

## ***New Student Information 2016-2017***

In what primary areas do you hope to see your child develop while attending this school?

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Has this student ever skipped a grade?    ☐ No    ☐ Yes    If yes, grade skipped:   

Has this student ever repeated a grade?    ☐ No    ☐ Yes    If yes, grade repeated:   

Reason student repeated:

Has this student ever received tutoring?    ☐ No    ☐ Yes

If yes, indicate the subject(s) and grade(s) in which the student was tutored, and comment on the results:

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Has this student been tested for an individualized educational program (IEP)?    ☐ No    ☐ Yes

If yes, is student actively involved in an IEP?    ☐ No    ☐ Yes;

**Please attach a copy of the most current IEP with application.**

Has this student participated in English as a Second Language (ESL)/English Language Development (ELD) program?

☐ No    ☐ Yes. If yes, how many years?     ; Last year enrolled in program?

Has this student ever been asked to withdraw from a school?    ☐ No    ☐ Yes

If yes, give the grade level and reason for withdrawal:

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Has this student ever been suspended from a school?    ☐ No    ☐ Yes    Number of times:

If yes, what was the reason for suspension?

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Length/Date of suspension(s)?

Has this student ever been expelled from a school?    ☐ No    ☐ Yes    School

If yes, give the reason for expulsion:

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Has this student ever been arrested/convicted of a crime?    ☐ No    ☐ Yes

If yes, name the crime for which this student was arrested and/or convicted and the year:

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CCCS places a high importance on punctuality and attendance. Students are expected to be punctual and attend classes daily. Excessive tardies or absences will be reason for suspension and possible withdrawal.

Does this student have a habitual record of tardies?  absences? . If so, please explain

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## Enrollment Application 2016-2017

Grade Presently In: _____		Grade Applying For: _____		Gender: Male ___ Female ___	
Student's Name: _____			Phone: _____		
<small>Last                      First                      Middle Initial                      Goes By:</small>			<small>(Area Code)Number</small>		
Address: _____		City: _____		Date of Birth: _____	
<small>Street</small>		<small>City</small>		<small>Zip Code                      Month      Day      Year</small>	
Biological Father: _____			Biological Mother: _____		
Home Address: _____			Home Address: _____		
City: _____ Zip: _____			City: _____ Zip: _____		
Employer: _____			Employer: _____		
Occupation: _____			Occupation: _____		
Home Phone: (    ) _____			Home Phone: (    ) _____		
Work Phone: (    ) _____			Work Phone: (    ) _____		
Cell Phone: (    ) _____			Cell Phone: (    ) _____		
*E-Mail: _____			*E-Mail: _____		
<b>*PLEASE PROVIDE A CURRENT EMAIL AS CCCS USES EMAIL AS A FORM OF COMMUNICATING STUDENT/SCHOOL INFORMATION.</b>					

**Status of Parents:**

<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Father Remarried
<input type="checkbox"/> Divorced	<input type="checkbox"/> Never Married	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Mother Remarried

Step-Father: _____		Step-Mother: _____	
Home Address: _____		Home Address: _____	
City: _____ Zip: _____		City: _____ Zip: _____	
Employer: _____		Employer: _____	
Occupation: _____		Occupation: _____	
Home Phone: (    ) _____		Home Phone: (    ) _____	
Work Phone: (    ) _____		Work Phone: (    ) _____	
Cell Phone: (    ) _____		Cell Phone: (    ) _____	
*E-Mail: _____		*E-Mail: _____	
<b>*PLEASE PROVIDE A CURRENT EMAIL AS CCCS USES EMAIL AS A FORM OF COMMUNICATING STUDENT/SCHOOL INFORMATION.</b>			

**Please check the financially responsible party:**

☐ Father    ☐ Mother    ☐ Step-Father    ☐ Step-Mother    ☐ Other \_\_\_\_\_

**Please check to whom all school correspondence and notices are to be sent:**

☐ Father    ☐ Mother    ☐ Step-Father    ☐ Step-Mother    ☐ All

**If "other" was checked above, please provide the following information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

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

**If applicable, please answer the following questions. Copies of current legal documents must accompany this application**

- 1) If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_
- 2) Is either parent forbidden by court order\* from having access to the child or the school records? \_\_\_\_\_
- 3) Name of legal guardian if other than parent \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION 2016-2017

Student's Name \_\_\_\_\_  
Last First

### In Case of Emergency:

Mother's Name: \_\_\_\_\_ Phone number during school hours: (    ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone number during school hours: (    ) \_\_\_\_\_

In the event of an emergency, parents will always be contacted first. Should parents not be available, we will contact the names listed below. It is important to notify these persons in advance as to the possibility of assuming temporary care of your child. **Please include people who live locally**, who are available, and will assume temporary care of your child if you cannot be reached. It is understood that your child may also be released to any of the persons listed below.

### Emergency Contacts: (minimum of one additional local contact is required)

1.	_____ Name	_____ Relationship	_____ City
	_____ Home Phone	_____ Work Phone	_____ Cell Phone
2.	_____ Name	_____ Relationship	_____ City
	_____ Home Phone	_____ Work Phone	_____ Cell Phone
3.	_____ Name	_____ Relationship	_____ City
	_____ Home Phone	_____ Work Phone	_____ Cell Phone
4.	_____ Name	_____ Relationship	_____ City
	_____ Home Phone	_____ Work Phone	_____ Cell Phone

I understand that the above emergency contact names are in effect as of the signing of this emergency information page. Changes to the emergency contacts for the 16-17 school year must be made in writing and forwarded to the school office.

Contracting Parent's Signature    father/mother/guardian \_\_\_\_\_

\_\_\_\_\_ Date

**Calvary Chapel Christian School**  
**2016-2017**  
**HEALTH INFORMATION**

Student's Name: \_\_\_\_\_  
Last First

How would you describe the student's general health?

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Check any medical condition that may apply to your child of which the school should be aware:

_____ Epilepsy	_____ Asthma
_____ Chronic Illness	_____ Contacts/Glasses (circle)
_____ Diabetes	_____ Allergies (specify) _____
_____ Past Injuries	_____ Other(specify) _____

Please explain each item checked above and include any limitations or treatments:

\_\_\_\_\_

Does student regularly take medication at home? If so, what kind? \_\_\_\_\_

Will medication be needed during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please fill out a prescription information form, which is available in the school office.

**PLEASE NOTE: A physician's note must accompany any request to be excluded or limited from any physical activity.**

Has this student been diagnosed with ADD/ADHD? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please circle which one. What methods of treatment have been used? \_\_\_\_\_

Most current treatment: \_\_\_\_\_

Describe any unusual circumstances you believe may affect the student's performance in school (e.g., extended illness, handicap or learning disability, etc.): \_\_\_\_\_

I give permission for Tylenol to be given when needed by my child: YES/NO \_\_\_\_\_  
**Please circle one, then initial blank.** Initials

I give permission for Ibuprofen (Advil, Motrin) to be given when needed by my child: YES/NO \_\_\_\_\_  
**Please circle one, then initial blank.** Initials

Student's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent Release**

As a parent or legal guardian, I authorize a licensed physician to examine the above-named student, and in the event of an injury, to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I further authorize the school authorities to send the above-named student to the most accessible hospital or physician.

I will not hold Calvary Chapel Christian School financially responsible for the emergency care and/or transportation of said child. This authorization shall remain effective until the last day of the school year noted on the front of this application unless revoked in writing and delivered to Calvary Chapel Christian School.

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

## SCHOOL POLICY CONTRACT 2016-2017

We affirm our commitment to the policies, procedures, and statement of faith. It is our desire to work with the school administration for the welfare of our child(ren). We commit ourselves to cooperate with the school in this educational ministry. In recognition of this fact, we agree:

We will promptly pay all tuition, registration fees, day care fees, and any other fees or charges as established by the school. We will pay all costs incurred by the school for collection of fees should such actions become necessary.

There are sports fees associated with all extra-curricular organized sports. If my child chooses to participate in school sports, I will pay all costs associated with each chosen sport prior to my child playing.

Textbooks and workbooks that are provided by Calvary Chapel Christian School (CCCS) are on loan for student use to enable optimum education to take place. It is your responsibility to take proper care of your books and to pay for the repair or replacement of these books, if any are lost or damaged.

CCCS is authorized to provide religious instruction in accordance with the Statement of Faith and all biblical principles as interpreted by the leadership of Calvary Chapel Moreno Valley and CCCS administration.

We understand that we have an obligation to be actively involved in the education of our child. We agree to uphold and support the high academic standards of the school by encouraging our child's study habits and ensuring that our child completes all homework and other assigned projects.

We will faithfully support the school through our prayers and positive attitudes and in keeping with the Matthew 18 principle - we will share any complaints only with the parties involved.

We understand that if, for any reason, our child does not respond favorably to the school, we will do everything in our power to cooperate with the school to help our child make the necessary adjustments. If these adjustments cannot be made, we then agree to quietly withdraw our child at the school's request.

We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse or misuse of other school or personal property.

We agree to notify CCCS in writing if someone other than those listed in the emergency information section of this application will pick up our child.

We agree to support all school and classroom policies as set forth by the CCCS administration, teaching staff, and the parent/student handbook.

If any of the information in the student's admission application is found to be intentionally untrue, CCCS reserves the right not to enroll the student or to dismiss the student from the school.

We agree to have our child to school on time. Excessive tardies and absences may result in suspension and possibly removal from school.

When there is reason to believe that a student is in danger or they themselves are a threat to another, administration shall notify the police so that the student might receive appropriate outside treatment and assessment. If the student's parents or legal guardian cannot be reached, this step can be taken without their permission. Administration may disclose personally identifiable information from the student's records to the appropriate party.

I/We understand and agree that continued enrollment and re-enrollment of my child at CCCS is dependent on my parental support of the school, its staff, and its policies.

CCCS students, grades K-12, will appear in our annual yearbooks and/or school website. Group photos and video recording may be taken at school functions or extra-curricular activities.

I/We understand that every effort will be made to protect and safeguard all students. Therefore, I/we agree not to hold Calvary Chapel Christian School liable for any illness or mishap that may occur to our child. I/We will cooperate with the discipline policies as set forth by Calvary Chapel Christian School, including the community service/detention and other office referral programs. I/We wish to delegate to the school the responsibility of acting in *loco parentis* (in place of the parent) regarding the safety and welfare of the child named above during the hours school is in operation, either formally or informally in extra-curricular activities.

Contracting Parent's Signature \_\_\_\_\_ father/mother/guardian

\_\_\_\_\_  
Date

# **STUDENT PLEDGE 2016-2017**

## **Understanding the Pledge**

The home and the school are two of the most significant influences in the lives of our young people. It is important that students enrolled and parents enrolling their children understand and agree with the purposes and standards of the school.

The mission of Calvary Chapel Christian School is to nurture growth in students through relationships, service, and excellence to the glory of God. Specifically, we want to see students developing right relationships with God as well as their parents and peers. Students should begin to model Christ's example of serving others. Students should be striving for biblical excellence, which is doing one's best under the grace of God.

## **Standard of Conduct**

Understanding the Mission Statement of CCCS, we believe the Word of God provides insights for daily living. Applying these truths in a consistent matter will enrich our lives. In keeping with these beliefs, it is to be understood that Calvary Chapel Christian School expects its students:

1. To refrain from the possession and use of alcoholic beverages, tobacco, and illegal drugs as well as the abuse of prescription medication.
2. To observe biblical morality in physical relationships.
3. To preserve personal purity by seeking to live by Christ's example.
4. To refrain from stealing, cheating, and cursing.
5. To approach the school, and its program, with a positive Christian attitude and refrain from negativism either in action, work, or appearance.

## **Student Affirmation**

It is my desire to be a part of the student body of Calvary Chapel Christian School. It is my desire to grow in the dimensions described in the Mission Statement of Calvary Chapel Christian School. I will observe the principals set forth in the Standard of Conduct mentioned above, as well as, the guidelines printed in the Parent/Student Handbook. I will also consciously seek to develop that pattern of life that will honor the Lord Jesus Christ in personal, family and social relationships.

**I have received, read, understand, and agree to comply with the guidelines contained in the Parent/Student Handbook.**

Student's Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please Print

Grade: \_\_\_\_\_