

Training Christian Leaders Committed to Excellence

APPLE VALLEY CHRISTIAN SCHOOL

9608 I Avenue Unit E, Hesperia, CA 92345 760.995.3516

www.avcschool.com office@avcschool.com



Kindergarten through 12th Grade Enrollment Application 2012-2013

AVCS is an independent, Christian, classically-flavored,
college preparatory school serving the High Desert

PHILOSOPHY

Apple Valley Christian School exists to give students a complete God-centered orientation of life, providing them with an education founded on a thoroughly Christian and biblical worldview, with the goal of creating, under God, a student with a Christian mind.

School Administrator: John Richart

School Office Hours:

August-June
7:30 am – 3:30 pm
Monday – Friday
(During school days only)

Classroom Hours:

8:00 am - 2:50 pm

Summer Office Hours:

Monday-Thursday (Closed Fridays)
June: 9:00 am – 1:00 pm
July: 9:00 am - 1:00 pm
Aug: 9:00 am – 3:00 pm

Nondiscrimination Policy

Apple Valley Christian School and Pre-School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at our school. AVCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, tuition-assistance programs, and athletic and/or other school administered programs.



AVCS

“Training Christian Leaders Committed to Excellence”

Dear Prospective Parent,

Thank you for your interest in Apple Valley Christian School. We believe in the value of Christian education and desire to serve you and your children by providing an atmosphere that is nurturing and challenging.

We are committed to equipping students to excel in the classroom and set them up for success and we have embraced a truly “classical” Christian education. No matter how your child learns, he or she goes through three phases. In grades K-6, students are excellent at memorizing. In grades 7-8, students become more argument-oriented. They are ready to be taught logic and critical thinking. In grades 9-12, students become independent thinkers and communicators particularly concerned with their appearance to others. To this end, classical education teaches them the art of speaking, communicating, and writing persuasively.

We are fortunate to have a school faculty who are deeply committed to integrating God’s truth into every aspect of the curriculum and student life. They are academically qualified and certified and have a genuine love for our students.

Few investments have more potential than your children's education. The way they see the world, the way they approach life, and the depth of their character are all influenced by education. The choice of where and how to educate your children can be challenging and complicated. We encourage you to consider partnering with us.

If you have any questions, please call our school office.

Sincerely,

Pastor John Richart
Administrator

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APPLE VALLEY CHRISTIAN SCHOOL

OUR PLEDGE TO YOU AND YOUR FAMILY

- We will strive to live our lives in such a way that Christ is clearly seen and honored through the things we do and the words we say.
- We will commit to integrity and excellence in all areas of our lives.
- We will provide your student with an excellent education built on truth.
- We will train your student to discern what truth is and what it is not.
- We will teach your student that it is important to do what is right and true, regardless of the consequences.
- We will prepare your student to defend his beliefs to a world that is hostile to Christ and His teachings.
- We will model servant leadership on a daily basis and train your student in the principles of Christian leadership.
- We will treat your family with courtesy and respect.
- We will be honest and truthful.
- We will closely supervise your children at all times.
- We will not behave in any way that would humiliate or embarrass you or your student.
- We will communicate with you frequently to adequately inform you of your student's academic and spiritual progress.
- We will work closely with you to resolve any problems that may affect your student's performance; we will clearly identify what services we can provide within our abilities and resources.
- We will honor confidentiality in our communications with you when it is of a private or sensitive nature.
- We will be professional in our actions and in our appearance.
- We will remember that we are appointed by God to serve.

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2012-2013 STUDENT INFORMATION

Student One:

First Name: _____ MI: _____ Last Name: _____

Grade: _____ Birth Date: _____ SSN: _____ - _____ - _____

Nickname: _____ Student's Cell Phone #: _____

Ethnic Origin: ☐ African-American ☐ Hispanic ☐ White, non-Hispanic
☐ Asian, Pacific Islander ☐ Native American ☐ Other: _____

This information is used for demographic purposes only. It is not used to determine admissibility.
AVCS does not discriminate on the basis of race, color, gender, national or ethnic origin.

Student Two:

First Name: _____ MI: _____ Last Name: _____

Grade: _____ Birth Date: _____ SSN: _____ - _____ - _____

Nickname: _____ Student's Cell Phone #: _____

Ethnic Origin: ☐ African-American ☐ Hispanic ☐ White, non-Hispanic
☐ Asian, Pacific Islander ☐ Native American ☐ Other: _____

This information is used for demographic purposes only. It is not used to determine admissibility.
AVCS does not discriminate on the basis of race, color, gender, national or ethnic origin.

Student Three:

First Name: _____ MI: _____ Last Name: _____

Grade: _____ Birth Date: _____ SSN: _____ - _____ - _____

Nickname: _____ Student's Cell Phone #: _____

Ethnic Origin: ☐ African-American ☐ Hispanic ☐ White, non-Hispanic
☐ Asian, Pacific Islander ☐ Native American ☐ Other: _____

This information is used for demographic purposes only. It is not used to determine admissibility.
AVCS does not discriminate on the basis of race, color, gender, national or ethnic origin.

Student Three:

First Name: _____ MI: _____ Last Name: _____

Grade: _____ Birth Date: _____ SSN: _____ - _____ - _____

Nickname: _____ Student's Cell Phone #: _____

Ethnic Origin: ☐ African-American ☐ Hispanic ☐ White, non-Hispanic
☐ Asian, Pacific Islander ☐ Native American ☐ Other: _____

This information is used for demographic purposes only. It is not used to determine admissibility.
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2012-2013 PARENT QUESTIONNAIRE

Family Last Name: _____

Your Mailing Address: _____

School student(s) last attended:

Name: _____

Address: _____

Name: _____

Address: _____

Please briefly answer the following questions:

1. What church do you presently attend? _____
2. What denomination/affiliation is the church? _____
3. Are there any existing conditions (physical, emotional, or mental) that may limit your child(ren)'s full participation in the school program? _____

4. Are there any unusual circumstances that you believe may have an effect on your child(ren)'s performance (extended illness, handicap, learning disability, frequent relocations, etc.)? _____

5. Has your child(ren) ever skipped or repeated a grade? _____
6. Has your child(ren) ever received any special tutoring or classes? _____
7. Has your child(ren), to your knowledge, used any type of drug, alcohol, or tobacco in any form? _____

8. Has your child(ren) ever been suspended, expelled, or asked to withdraw from school? _____

9. Are there any legal restrictions on visitation, custody or guardianship that concern your child(ren)? _____
10. Has your child ever been arrested or named in a civil suit? _____

Apple Valley Christian School does not release information or records concerning your children to organizations or individuals without your written consent (with the exception of school systems in which the student intends to enroll). At least once each school year, Apple Valley Christian School prints a school directory indicating names, addresses, and phone numbers of all students enrolled at that time and their parent/guardians. In addition, information such as, but not limited to, athletic or academic awards is often released to the media.

_____ Yes _____ No I (we) consent to the printing of my (our) child(ren)'s name, address, and phone number in the school directory. I (we) understand this information will be taken from the official enrollment application I (we) have submitted for the current year.

_____ Yes _____ No I (we) consent to the school's use of my (our) child(ren)'s photograph.

_____ Yes _____ No I (we) consent to releasing information in regards to athletics, academics or any other information pertaining to my student to the media.

I (we) understand that, if my (our) student(s) is admitted to Apple Valley Christian School, his/her admission is given for one year only. The student must apply again every year for admittance and must meet the academic and behavior standards required for attendance at Apple Valley Christian School. Academically, for elementary students this means that the student is performing at or above grade level, and for middle and high school students this means that students maintain a GPA of at least 2.5.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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2012-2013 FAMILY PLEDGE

- Our family will wholeheartedly commit to the mission and purpose of Apple Valley Christian School.
- Our family will actively encourage and support the learning that is taking place at AVC.
- We will communicate with our student every day with regard to school and schoolwork, and will assist him/her with homework and projects when necessary.
- We will work closely with our student's teachers to help him/her do his/her best at all times.
- We will be responsible for getting our student to school on time each day and for picking him/her up promptly after school; we understand that our dedication and punctuality are good examples for our student and that tardiness and absenteeism cause disruption at school and hinder the learning process.
- We will promptly notify the school about illnesses or other absences and will work with our student's teachers to get any assignments that were missed.
- We will ensure that our student turns in his/her assignments on time and that he/she will have the supplies and materials necessary for school each day.
- We agree to read the Parent/Student Handbook with our student and will ensure that he/she understands the rules and standards of conduct required at AVC. We will sign, along with our student, the handbook acknowledgment (an acknowledgment that we understand and agree to abide by the rules and policies outlined in the handbook) and promptly return it to the school.
- We will treat the staff of Apple Valley Christian School with the same courtesy and respect that we desire for ourselves.
- We will work toward the positive growth of Apple Valley Christian School for the benefit of its students and families.
- We understand that parental involvement is key to the overall academic success and spiritual growth of our student. We agree to be active participants in our student's life and will promote the values, mission, and purpose of Apple Valley Christian School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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2012-2013 STUDENT EMERGENCY FORM

Please print legibly.

In case of illness or emergency, every effort will be made to contact parents immediately. In the Emergency Contacts section below, please list the names of local relatives or friends who may pick your child up if you are not available. We will not release your child to anyone other than those listed unless we receive verbal or written authorization from you.

STUDENT INFORMATION

Name _____ Grade _____

Medical Conditions _____

Allergies _____

Medications _____

Name _____ Grade _____

Medical Conditions _____

Allergies _____

Medications _____

Name _____ Grade _____

Medical Conditions _____

Allergies _____

Medications _____

Name _____ Grade _____

Medical Conditions _____

Allergies _____

Medications _____

Your Address _____

City _____ **State** _____ **Zip** _____

PARENT/GUARDIAN _____ Relationship _____

Home Phone _____ Business Phone _____ Cell _____

PARENT/GUARDIAN _____ Relationship _____

Home Phone _____ Business Phone _____ Cell _____

MEDICAL INFORMATION

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Provider _____ Phone _____

Group # _____ Policy # _____

EMERGENCY CONTACTS

Name _____ Phone# _____ Cell # _____ Relationship _____

Name _____ Phone# _____ Cell # _____ Relationship _____

Name _____ Phone# _____ Cell # _____ Relationship _____

Name _____ Phone# _____ Cell # _____ Relationship _____

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2012-2013 MEDICAL RELEASE AND AGREEMENT

Student Name: _____

NOTE: In case of illness or emergency, every effort will be made to contact parents immediately.

PHYSICIAN INFORMATION

Name of Physician: _____ Office Phone: _____

I (we), understand that all I (we) will be responsible for maintaining insurance coverage for my (our) children and will assume all financial responsibilities for any and all accidents. I (we) understand that it will be my (our) financial responsibility to arrange insurance that will cover all out-of-country mission or study trips. AVC does not provide health or life insurance coverage for any students enrolled.

I (we), the undersigned parents/guardians of the minor students enrolling into AVC, do hereby authorize Apple Valley Christian School as agent for the undersigned to consent to an x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act, on the medical staff of St. Mary Regional Medical Center, Desert Valley Hospital, or Victor Valley Community Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at one of said hospitals. In the event that my (our) child is participating in a school function outside the High Desert, I authorize treatment and care listed above at a medical facility determined appropriate by the representative of Apple Valley Christian School. I also authorize Apple Valley Christian School to use an ambulance service as deemed appropriate. School representative may also administer first aid for minor injuries.

I (we) understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

I (we) understand that, in the event my (our) child is given permission to attend a field trip that is off-campus, it is my (our) responsibility to notify the teacher of any medical condition or necessary medication of my (our) child, and furnish the teacher with any necessary medication for use on the field trip.

I (we) understand that this authorization shall remain effective for the current school year only, unless sooner revoked in writing and delivered to AVCS.

I (we) also agree to accept all financial responsibility for all costs of the above medical services, with no liability to Apple Valley Christian School.

I (we) have received a copy of the health/immunization requirements.

I (we) understand that no prescription or non-prescription medicine (including Tylenol) will be given to my child(ren) without written prescription from a doctor.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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**2012-2013 BEFORE AND AFTER SCHOOL DAYCARE
EMERGENCY INFORMATION**

NOTE: Even though you have already completed an Emergency Information form for AVCS, this form is needed specifically for Daycare.

All parents of K through 5th Grade students must complete this form,
whether or not they plan on using daycare.

FAMILY NAME _____

Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Please list your students' names and their grade levels:

STUDENT _____ Grade _____

STUDENT _____ Grade _____

STUDENT _____ Grade _____

STUDENT _____ Grade _____

FATHER'S NAME _____ Cell Phone _____

Place of Employment _____ Work Phone _____

If applicable, please list beeper number and directions _____

MOTHER'S NAME _____ Cell Phone _____

Place of Employment _____ Work Phone _____

If applicable, please list beeper number and directions _____

FAMILY PHYSICIAN _____ Phone _____

HEALTH INSURANCE COMPANY _____ Policy _____ Group _____

_____(Please initial) AVCS does not provide health or life insurance coverage for any student enrolled. It is understood that all parents will be responsible for maintaining insurance coverage for their children and will assume all financial responsibilities for any and all accidents.

Please attach a list of any specific allergy and/or other important health information:

In case of illness or emergency, every effort will be made to contact parents immediately. Please list the names of local relatives or friends who may pick up your child if you are not available. We will not release your child to anyone other than those listed unless we receive verbal or written authorization from you.

Name _____ Phone _____ Cell _____ Relationship _____

Name _____ Phone _____ Cell _____ Relationship _____

Name _____ Phone _____ Cell _____ Relationship _____

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2012-2013 BEFORE AND AFTER SCHOOL DAYCARE INFORMATION AND AGREEMENT

All parents of students in K through 5th grade must sign this form.

Hours available: Our hours are mornings from 7:00 am to 8:00 am and afternoons from 2:50 pm to 5:30 pm. We have day care available before and after school for Apple Valley Christian School students enrolled in Kindergarten through Fifth grade. Day care *will* also be available on half-days.

Program activities: Students are provided an after-school snack, given an opportunity for outdoor play, homework time, and can participate in a craft activity. Indoor games and independent and/or group activities are also planned. Our main objective is to provide a safe and comfortable environment for your child. We attempt to meet the individual needs of each child. However, all children are accepted with the understanding that they may be asked to withdraw if they do not make a good adjustment to the program.

Health Requirements: In all matters of health, Apple Valley Christian School will be guided by the rules of the San Bernardino County Department of Health. If a child becomes ill during day care hours, the child's parents will be notified and asked to take the child home as soon as possible. For this reason, we ask that each family take special care to give the school up-to-date telephone numbers where parents can be reached.

Sign In/Out Procedures: It is mandatory that children be signed in at the time of arrival. Children are not to be dropped off and sent to day care alone. Always walk your children into the building for their protection. When children are picked up, the parent, authorized driver, or high school sibling will be required to sign them out. This ensures that the school is aware of all children using the program.

Hourly Rates: Payment can be made either by use of a day care coupon or cash payment on the same day care is provided. The use of the day care coupon book (purchased in advance) reduces our paperwork substantially. Rates are as follows:

Day care punch card (10 hours of daycare) for \$35.00
Cash payment of \$6.00 per hour per child.

Children staying after 5:30 pm will be charged \$6.00 for any part of each 15 minutes late. For example, if you arrive at 5:50 pm, you will be charged an additional \$12.00 per child.

AGREEMENT

- I (we) understand that Apple Valley Christian School assumes no responsibility or liability for any child not signed into our supervision. However, any AVC student in grades Kindergarten through Five, without authorized supervision before 8:00 am and after 2:45 pm, will be taken to day care and the parent charged accordingly. Failure to sign a child into morning day care will result in a required conference with the school administrator.
- I (we) understand that there is a *minimum* one-half hour charge.
- I (we) understand that unused punch card time will be refunded only if the child withdraws from school.
- I (we) have read and agree to the policies outlined above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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**MIDDLE SCHOOL AND HIGH SCHOOL
STUDENT CONDUCT PLEDGE
2012-2013**

One necessity of life is control. Every area of life needs controls. The Christian life is one of control...not merely self-control, but spirit-control. Students whose attitudes and conduct, either on or off campus, are deemed undesirable and opposed to the basic philosophy, goals, and objectives of AVCS will not be allowed to continue at Apple Valley Christian School.

Student to initial to show your agreement and pledge beside each statement:

	I will honor the standards, rules, and policies of Apple Valley Christian School. I will use my influence to protect its good name, its buildings, property, and equipment.
	I will maintain high Christian principles, both on and off campus.
	I understand that my acceptance and continued enrollment into AVCS is based upon my maintaining a 2.5 GPA, with no failing grades, or serious behavioral referrals.
	I will cooperate respectfully with teachers and others in authority.
	I will strive for excellence in all areas and maintain absolute moral standards.
	I will abstain from the use or possession of alcoholic beverages, tobacco, or drugs.
	I will refrain from profanity, swearing, or vulgar expressions of speech.
	I will strive to refrain from television, movies, and music that emphasize immorality, the drug culture, and/or rebellion against authority.
	I will endeavor to abstain from gossip, grumbling, and complaining.
	I will strive to regularly attend a church or a youth group meeting.
	I willingly state that I want to attend AVCS and have not been made to do so against my will.
	I understand that good grades require regular daily school attendance. I will strive to be on-time to all classes. I understand that detention will be assigned for unexcused tardies and absences.
	I understand that participation in school sports and activities is a privilege extended to all students at AVCS. In order to participate, I will maintain a 2.5 grade point average, with no failing grades, be responsible to arrive at school on time and attend my entire schedule of school classes on all days with scheduled activities or practices.
	I understand that breaking any part of this pledge could result in my being asked to withdraw from Apple Valley Christian School.

STUDENT SIGNATURE:_____ DATE:_____

I (we), as parent(s)/guardian(s) of the above-named student, agree to support Apple Valley Christian School in the enforcement of this pledge, and agree to withdraw our student if recommended by AVCS administration.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

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2012-2013 MIDDLE SCHOOL ACTIVITIES

The AVC Middle School Student Leadership Team (SLT) is excited about the activities planned for the 2011-2012 school year. The activity fee of \$75 will cover Back to School Party, Bowling Day, Evening of Elegance, and the Year-End Event. These events give our Middle School students the opportunity to interact with one another (as well as with their teachers) outside the classroom and build camaraderie. The activities are always a lot of fun and we are looking forward to another wonderful year. Please encourage your student to be involved!

Your signature below gives your permission for your student to participate in all the Middle School activities outlined above (dates for these activities will be announced later).

STUDENT NAME _____ GRADE _____

PARENT'S NAME _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

☐ I will be happy to pray for the safety and success of all Middle School activities for the 2012-2013 school year. (We appreciate this very much!)

☐ I would like to contribute \$_____ to help cover additional needed expenses.

As events draw near, we will be sending home requests for parent drivers for our events, which are held off campus (bowling day and field day). If you would like to help, please mark your calendar and watch for the flyer. Drivers must have a current copy of their driver's license and proof of insurance on file in the school office.

We appreciate your help so much!

Parent/Guardian Signature

Date

APPLE VALLEY CHRISTIAN SCHOOL

**STUDENT NETWORK ACCEPTABLE USE POLICY
2012-2013**

Apple Valley Christian School's network services are available to every student on campus. We believe in the educational value of such electronic services and recognize the potential of such to support curriculum and student learning. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. We will make every effort to protect students from any misuses or abuses as a result of their experiences with information services. All users must be continuously on guard to avoid inappropriate and illegal interaction with the information service.

Please read this document carefully. When signed by you and your guardian/parent, it becomes a legally binding contract. We must have your initials where indicated and your signature and that of your guardian/parent (if you are under 18) before we can provide you with access.

A. Overview

Our intentions for publishing an Acceptable Use Policy are not to impose restrictions that are contrary to AVCS established culture of openness, trust and integrity. We are committed to protecting our staff, students and the school from illegal or damaging actions by individuals, either knowingly or unknowingly. Internet/Intranet/Extranet-related systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, WWW browsing, and FTP, are the property of AVCS. These systems are to be used for business/educational purposes in serving the interests of our staff and students in the course of normal operations. Effective security is a school-wide effort involving the participation and support of every AVCS staff member and student who deals with information and/or information systems. It is the responsibility of every computer user to know these guidelines, and to conduct their activities accordingly.

B. Purpose

The purpose of this policy is to outline the acceptable use of computer equipment at AVCS. These rules are in place to protect the user and AVCS. Inappropriate use exposes AVCS to risks including virus attacks, compromise of network systems and services, and legal issues.

C. Scope

This policy applies to employees, students, and volunteers at AVCS. This policy applies to all equipment that is owned or leased by AVCS. This policy also applies to laptops that students bring on campus.

Terms and Conditions of This Agreement

1. General Use and Ownership

- a. While AVCS's network administration desires to provide a reasonable level of privacy, users should be aware that the data they create on the school systems remains the property of AVCS. Because of the need to protect AVCS's network, the administration cannot guarantee the confidentiality of information stored on any network device belonging to AVCS.
- b. Employees and students alike are responsible for exercising good judgment regarding the reasonableness of personal use. If there is any uncertainty about the appropriate use of a device or about any action taken with a network resource, users should consult their supervisor or, in the case that the user is a student, the closest responsible adult. All questions should be posed to the network administrator.
- c. For security and network maintenance purposes, authorized individuals within AVCS may monitor equipment, systems and network traffic at any time.
- d. AVCS reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

2. **Personal Responsibility:** as a representative of this school, I will accept personal responsibility for reporting any misuse of the network to the system administrator. Misuse can come in many forms, but it is commonly viewed as any message(s) sent or received that indicates or suggests pornography, unethical or illegal solicitation, union or political activities, racism, sexism, when using the network.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

3. **Acceptable Use:** All use must be in support of education and research. I am personally responsible for this provision at all times when using the network service.
- Use of other organization's networks or computing resources must comply with rules appropriate to that network.
 - Transmission of any material in violation of any United States or other state organization is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material or material protected by trade secret.
 - Use of commercial activities by for-profit institutions is generally not acceptable.
 - Use of product advertisement or political lobbying is also prohibited.

I am aware that the inappropriate use of electronic information resources can be a violation of local, state and federal laws and that I can be prosecuted for violating those laws.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

4. **Privileges:** The use of the information system is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Apple Valley Christian School's network administrator and admin team will decide what is appropriate use and their decision is final. The system administrator may terminate access at any time deemed necessary. The administration, staff, or faculty of Apple Valley Christian School may request that the system administrator deny, revoke, or suspend specific use by individuals.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

5. **Security:** Security on any computer system is a high priority because there are so many users. If you identify a security problem, notify the system administrator at once. Never demonstrate the problem to other users. Any user identified as a security risk will be denied access to the information system.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

6. **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy data of another user or any other agencies or networks that are connected to the system. This includes, but is not limited to, the uploading or creation of computer viruses. Any vandalism will result in the loss of computer services, disciplinary action, and legal referral.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

7. **Network Etiquette and Privacy:** You are expected to abide by the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:
- BE POLITE. Never send, or encourage others to send, abusive messages.
 - USE APPROPRIATE LANGUAGE. Remember that you are a representative of your school. You may be alone with your computer, but what you say and do can be viewed globally! Never swear, use vulgarities, or any other inappropriate language. Illegal activities of any kind are strictly forbidden.
 - PRIVACY. Do not reveal your home address or personal phone number or the address and phone numbers of students or colleagues.

- d. **ELECTRONIC MAIL.** Electronic mail is not guaranteed to be private. Messages relating to or in support of illegal activities must be reported to the authorities.
- e. **DISRUPTIONS.** Do not use the network in any way that would disrupt use of the network by others.
- f. **PASSWORDS.** Do not share your password to the school network with anybody. If someone forgets a password contact the system administrator and your password will be reset. If by any means you hear of someone sharing a password report them to your network administrator immediately.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

- 8. Unacceptable Use:** The following activities are, in general, prohibited. Employees may be exempted from these restrictions during the course of their legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services). Under no circumstances is an employee or a student of AVCS authorized to engage in any activity that is illegal under local, state, federal or international law while utilizing AVCS-owned resources.

The following activities are strictly prohibited, with **NO** exceptions:

- a. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of “pirated” or other software products that are not appropriately licensed for use by AVCS.
- b. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which AVCS or the end user does not have an active license is strictly prohibited.
- c. Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to export of any material that is in question.
- d. Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
- e. Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is done at home.
- f. Using an AVCS computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user’s local jurisdiction.
- g. Engaging in the use of “instant messaging” programs for any reason whatsoever. Such programs include, but are not limited to, the following: AOL Instant Messenger, Microsoft Messenger, Trillian, and ICQ.
- h. Installation or uninstalling of **any** software or hardware on any AVCS computer asset.
- i. Removal or change in location of any computer asset.
- j. Visiting web sites or the use of similar resources that feature any of the following natures: violence, hate, racism, nudism, pornography, weapons, illegal drugs, gambling, or alcohol/tobacco. *
- k. Making fraudulent offers of products, items, or services originating from any AVCS account.
- l. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee or student is not an intended recipient or logging into a server or account that the employee or student is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, “disruption” includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information of malicious purposes.
- m. Port scanning or security scanning is expressly prohibited unless prior notification to the network administrator is made.
- n. Executing any form of network monitoring which will intercept data not intended for the user’s host, unless this activity is a part of the employee’s normal job/duty.
- o. Circumventing user authentication or security of any host, network or account.
- p. Interfering with or denying service to any user other than the user’s host.
- q. Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user’s terminal session, via any means, locally or via the internet/intranet/extranet.
- r. Providing information about, or lists of, AVCS employees, students, or families to parties outside AVCS.

*Apple Valley Christian School utilizes content-filtering and web-monitoring technologies.

TEACHERS: If you have assigned your students a web-based research activity that will be or has been blocked by our filtering device please inform the Network Administrator with the domain or content that you are researching.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

9. **Services:** Apple Valley Christian School makes no warranties of any kind, whether expressed or implied, for the service it is providing. Apple Valley Christian School will not be responsible for any damages suffered while on this system. These damages include loss of data as a result of delays, nondeliveries, misdeliveries, or service interruptions caused by the system or your errors or omissions. Use of any information obtained via the information system is at your own risk. Apple Valley Christian School specifically disclaims any responsibility for the accuracy of information obtained through its services.

I have read and understand this provision. Initial _____ Initial _____
Student Parent/Guardian

Required Signature

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, revoking of user access, and appropriate legal action. I also agree to report any misuse of the information system to the Apple Valley Christian School network administrator. Misuse can come in many forms, but can be viewed as any message(s) sent or received that indicates or suggests pornography, unethical or illegal solicitation, union or political activities, racism, sexism, or inappropriate language when using the network.

Student Name _____ Grade _____
(Please Print)

Student Signature _____ Date _____

PARENT OR GUARDIAN

Students under the age of 18 must also have the signature of a parent or guardian who has read this contract. As the parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. I understand that it is impossible for Apple Valley Christian School to restrict access to all controversial materials, and I will not hold Apple Valley Christian School responsible for materials acquired on the network. I also agree to report any misuse of the information system to the Apple Valley Christian School network administrator. Misuse can come in many forms, but can be viewed as any message(s) sent or received that indicates or suggests pornography, unethical or illegal solicitation, union or political activities, racism, sexism, or inappropriate language when using the network.

I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to allow access for my child and certify that the information contained on this form is correct.

Parent or guardian's name _____
(Please print)

Signature _____ Date _____

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

**2012-2013 TUITION, ADMISSION FEES,
MANDATORY FEES AND OPTIONAL ACTIVITY FEES**

APPLICATION FEE - \$150

THERE WILL BE A \$100.00 LATE BOOK FEE IF ENROLLED AFTER JUNE 30, 2012.

A nonrefundable application fee is due for each student at the time the application is submitted. Returning students are tested in March and April. Testing for new students will be scheduled at the time of application.

Payment of the application fee implies intent to enroll for the school year. Because the school administration makes staffing and purchasing decisions based upon anticipated enrollment, this fee is not refundable.

PAYMENT PLANS OFFERED:

PLAN A: Tuition paid in full at time of enrollment.

PLAN B: Your Tuition Solution: Fast, confidential service online on a secure web site. Anyone choosing to use this option must be approved prior to June 30, 2012.

PLAN C: For the convenience of those who wish to pay tuition in twelve (12) equal installments, a deferred plan is available. Monthly payments are made by means of **automatic debit** from your designated account for twelve (12) months, on the 1st of each month, beginning July 1, 2012. If, at any time, this does not fund, you will be charged a late fee of \$100 and asked to either pay the remainder of tuition in full or move to Plan B.

Withdrawals: Students are considered enrolled for the entire year at the time of admission. **If a student withdraws prior to the beginning of school, payments made up to that point will not be refunded.** The payer is responsible for monthly tuition payments up through the end of the month in which the student is withdrawn (i.e., if the student withdraws anytime within the month, the entire month's tuition is due). No reductions will be made for vacations or school holidays.

GRADE	Multiple Child Discount	ANNUAL TUITION	TUITION PYMT Plan C: 12 months
Elementary (K-5)	First Child	\$5260	\$439
	Second Child	\$4760	\$396
	Third Child	\$4260	\$355
	Fourth Child	\$4260	\$355
Middle School (6-8)	First Child	\$5780	\$482
	Second Child	\$5280	\$440
	Third Child	\$4780	\$398
	Fourth Child	\$4780	\$398
High School (9-12)	First Child	\$6550	\$546
	Second Child	\$6050	\$504
	Third Child	\$5550	\$463
	Fourth Child	\$5550	\$463

Multiple child discounts are calculated in order according to the highest annual tuition amounts.

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

**2012-2013 TUITION, ADMISSION FEES,
MANDATORY FEES AND OPTIONAL ACTIVITY FEES**

Page 2

FEES DUE AT ENROLLMENT:

Application fee and mandatory fees must be paid at the time of enrollment. These fees will not be refunded if the student withdraws.

MANDATORY FEES

- **Middle School Activity Fee - \$75**
This fee covers all MS SLT-sponsored activities for the school year (Back-to-School Party, Bowling Day, Evening of Elegance, and Field Day). This fee is required regardless of whether or not the student chooses to attend the event.
- **Middle School/High School Yearbook Fee - \$90**
All secondary students will receive a yearbook at the end of the school year. Elementary students may choose to purchase a yearbook at the time of registration.
- **Yearbook Senior Dedication Page Fee - \$125**
Seniors must purchase a senior dedication page in the yearbook. They may choose to be reimbursed through sponsorship.

FEES FOR OPTIONAL ACTIVITIES/CLASSES

These fees must be paid prior to your student participating in the chosen activity.

- **Middle School Sports Fee - \$85 per sport**
- **High School Sports Fee - \$110 per sport**
- **Middle School Choir Fee - \$55**
- **High School Chorale Fee - \$85**
- **Band Fee (All grades) - \$ 65**

Daycare Fee - \$35 for punch card (10 hours of daycare)

Daycare Hourly Fee - \$6 per hour

There is no reimbursement for unused, lost or stolen punch cards.

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

2012-2013 ENROLLMENT CONTRACT

This contract is between APPLE VALLEY CHRISTIAN SCHOOL (herein known as AVC or the school) and

_____, to enroll _____,
_____,
_____, for the 2012-2013 school year and contains the following agreements:

Initials:	1. I (we) have carefully examined and agree to have my (our) child(ren) taught under the Statement of Faith of AVC as stated in the Enrollment Application packet, and desire the school to work with me (us) in the total education of my (our) child(ren).
Initials:	2. I (we) understand that AVC reserves the right to dismiss any student or family who, in the evaluation of the administration, demonstrates incompatibility with the educational process, the philosophy, goals, objectives, standards, behavior, rules, policies, or procedures which it establishes. If my (our) child(ren) is (are) dismissed for any reason or withdraw(s) at any time during the school year, I (we) understand that an Intent to Withdraw form must be completed and returned to the school office. All school property must be returned (books, uniforms, etc.) prior to issuing refunds or forwarding records.
Initials:	3. I (we) understand it is anticipated that this enrollment contract be a yearlong commitment. In the case of unusual circumstances, the family may be released from contract at the discretion of the school administrator. A reimbursement of pre-paid tuition will be calculated only on full months. If the student attended at least one day of the month, tuition for that month will not be refunded. Refunds will be processed within 30 days.
Initials:	4. I (we) understand that, with the exception of single parent families, both father and mother, as well as any additional payor(s) , must sign this contract to complete the enrollment process. All who sign this contract are legally liable for all tuition and fees and neither marital separation, divorce, court settlements, nor any other agreement between the parents or third party shall release the individuals who sign this contract.
Initials:	5. I (we) understand that there are three (3) different payment plans offered for paying the 2012-2013 tuition. Plan A is tuition paid in full at the time of enrollment. Plan B is tuition paid through "Your Tuition Solution." Plan C is tuition paid by automatic debit from my (our) designated account on the 1 st of every month for twelve (12) months, beginning on July 1, 2012. <u>If at any time this does not fund, I (we) will be charged a \$100 late charge and required to either immediately pay the remainder of tuition in full, or move to Plan B.</u> No verbal agreements are valid for this contract. No bartering or trading of services for tuition is permitted. This contract does not establish any other contractual agreements except for payment of tuition. AVC reserves the right to deny any/all secondary payment plans/options proposed by parents (i.e., waiting for inheritance, tax returns, funds from government agencies, judgments awarded by courts, etc.).
Initials:	6. I (we) understand that, if we select Plan C, tuition payments will be deducted automatically from our designated account on the 1 st of each month, beginning July 1, 2012. <u>If at any time this does not fund, I (we) will be charged a \$100 late charge, and will be required either to immediately pay the remainder of tuition in full or move to Plan B.</u> I (we) understand that withdrawing my (our) child(ren) from AVC requires all delinquent tuition to be paid in full within 10 days or a collection agency will automatically be used to collect the balance due.
Initials:	7. I (we) hereby give permission for AVC to request my (our) payment history from other Christian or private schools, or to release such payment history to them and/or any other credit-reporting agency. I (we) understand that AVC may use a collection agency to recover any unpaid tuition or fees on my (our) account and that at such time my (our) account is reassigned, I am to communicate directly with the collection agency itself.
Initials:	8. I (we) understand that enrollment at AVC is for the full year or that part of the year remaining after entrance. Recognizing that the school has committed itself to its faculty for a full year, I (we), barring any circumstances that might arise, commit myself (ourselves) to the annual tuition for my child(ren).
Initials:	9. I (we) understand that if any of my (our) financial obligations to AVC become two weeks delinquent (including Daycare), my (our) child(ren) may be asked to withdraw from AVC and not allowed to return until full payment and late charges have been received.

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

2012-2013 ENROLLMENT CONTRACT

Page 2

Initials:	10. I (we) understand that tuition is based on school days only and that it is payable regardless of my (our) child(ren)'s occasional absenteeism.
Initials:	11. I (we) understand that no authority or permission is stated or implied that constitutes authorization to act as a representative of AVC for the purchase of services or products or a commitment of AVC to any financial liability. All unauthorized arrangements become my (our) sole financial responsibility and AVC shall be held harmless from all liability.
Initials:	12. I (we) understand that I (we) am (are) financially responsible to replace all textbooks and other school property which my (our) child(ren) damage or lose, based on replacement costs, including but not limited to, athletic uniforms and/or equipment, library books, science and technology equipment, and any and all acts of vandalism to the property or buildings of AVC. I (we) also understand that any auto accidents and/or damage to any buildings caused by my (our) child(ren) are my (our) financial responsibility.
Initials:	13. I (we) understand that the use of school lockers, classroom desks, storage cabinets or storage facilities in which my (our) child(ren) place(s) any personal items will be at his/her (their) own risk and hereby agree in advance that AVC will not be held liable for vandalism to or theft of any personal items or school property (including textbooks) maintained therein. I (we) agree to pay for all replacement costs, both personal and school-issued materials, including, but not limited to, textbooks and equipment assigned to my (our) child(ren).
Initials:	14. I (we) understand that parent volunteers who assist in the classroom as room moms or class sponsors or who support AVC by volunteering to drive their personal vehicles will not be allowed a reduction in any school fees such as tuition, registration, athletic fees, or field trip fees. Nor shall any volunteer approved to assist in fund-raising events be remunerated, nor is any authority given or implied granting management of the event or funds apart from the school administrator.
Initials:	15. I (we) understand that AVC does not provide health or life insurance coverage for any students enrolled. It is understood that all parents will be responsible for maintaining insurance coverage for their children and will assume all financial responsibilities for any and all accidents. I (we) understand that all out-of-country mission trips will be the parents' financial responsibility and that it will be the parents' responsibility to arrange insurance that will cover their child(ren). Parents who transport students to any school activity are required to prove they have auto insurance.
Initials:	16. I (we) understand that AVC is required by federal mandate to have an asbestos management plan in force with regular inspections and training to ensure the safety of all who are on campus. Our plan is available for inspection.
Initials:	17. I (we) understand that the application fee and mandatory enrollment fees are not refundable, and are required per student at signing of payment contract.

By my (our) signature below I (we) again certify to reading this Enrollment Contract in its entirety; that I (we) understand its provisions; and that I (we) hereby agree and without reservation, bind ourselves to all its terms and conditions without any reservations whatsoever. Furthermore, this contract, once signed, will not release either spouse from financial responsibility in the event of marital divorce or any change of custodial arrangements.

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

2012-2013 PAYMENT CONTRACT

FAMILY NAME _____

STUDENTS' LAST NAME (If different from parents): _____

PAYMENT PLANS OFFERED:

PLAN A: Tuition paid in full at time of enrollment.

PLAN B: Your Tuition Solution: Fast, confidential service online on a secure web site. Anyone choosing to use this option must be approved prior to June 30, 2012.

PLAN C: For the convenience of those who wish to pay tuition in twelve (12) equal installments, a deferred plan is available. Monthly payments are made by means of **automatic debit** from your designated account for twelve (12) months, on the 1st of each month, beginning July 1, 2012. If, at any time, this does not fund, you will be charged a late fee of \$100 and asked to either pay the remainder of tuition in full or move to Plan B.

FEES (PAID AT TIME OF ENROLLMENT)	AMOUNT	X	# STUDENTS	=	TOTAL
Application Fee (Non-refundable)	\$150	X		=	
MS Activity Fee (MS students only)	\$ 75	X		=	\$
MS/HS Yearbook Fee (Optional for Elementary)	\$ 90	X		=	\$
Yearbook Dedication Page (Seniors Only)	\$125	X		=	\$
SUB-TOTAL					\$
Optional Activity Fees (Paid By The End Of October)	AMOUNT	X	# STUDENTS	=	TOTAL
	\$	X		=	\$
	\$	X		=	\$
	\$	X		=	\$
SUB-TOTAL					\$
TOTAL FEES					\$

DATE _____ CHECK # _____ CASH _____ RECEIPT # _____

Please list your students' names along with appropriate tuition payment for each:

STUDENT	GRADE	FULL TUITION PAYMENT	MONTHLY TUITION PAYMENT (PLAN A) 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL TUITION		\$	\$

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL
2012-2013 PAYMENT CONTRACT

Page 2

I (We) agree to all the terms of this payment contract, which I (we) have read and understand. I (We) understand that this contract cannot be amended or altered by verbal agreement and that it remains in force for the entire school year. Any change shall require a new contract. I (We) understand that I (we) will be given a copy of this contract at the time of registration. It is anticipated that this payment contract be a yearlong commitment. In the case of unusual circumstances, the family may be released from contract at the discretion of the school administrator. **If a student withdraws prior to the beginning of school, payments made up to that point will not be refunded.** IF THE STUDENT ATTENDED AT LEAST ONE DAY OF THE MONTH, TUITION FOR THAT MONTH WILL NOT BE REFUNDED.

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ Cell _____

Parent Signature _____ Date _____

SSN: _____ Driver's License # _____

PLEASE INITIAL:

I (We) acknowledge that I (we) have received a copy of this contract.

I (We) understand that payment of the application/enrollment fee does not guarantee acceptance to AVC for the 2012-2013 school year.

I (We) understand that, if monthly payments made by means of automatic debit do not fund, I (we) will be charged a \$100 late fee and will be asked to either pay the remainder of tuition immediately or move to Plan B ("Your Tuition Solution") option. If I (we) do not agree to this, I (we) will be required to withdraw my (our) student(s).

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www.avcschool.com office@avcschool.com

8/11/12

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APPLE VALLEY CHRISTIAN SCHOOL

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENT**

I (We) hereby authorize APPLE VALLEY CHRISTIAN SCHOOL to initiate monthly deductions from my (our) checking account, identified below, for payment of tuition and fees agreed to on the Payment Contract.

I (We) authorize the financial institution named below as the depository, to accept and post entries to my (our) account.

CUSTOMER INFORMATION

Name _____

DEPOSITORY INFORMATION

Name of Financial Institution _____

Branch address of Financial Institution _____

Routing/Transit/ABA # _____

NOTE: The bank routing number is the 9-digit number in the lower left corner of your check, NOT THE DEPOSIT SLIP.

Account # _____

Monthly debit amount \$ _____ (Deducted the 1st of each month)

IMPORTANT NOTE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to ensure proper set-up for withdrawals.

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID."

Please note that this information is confidential, to be used only by authorized personnel of Apple Valley Christian School. No authorization is given for any other purpose or charges. No authorization is given to share or sell this information to any third party.

This authorization will remain in effect until I (we) provide written notice to Apple Valley Christian School and depository of its termination in such time and in such manner as to afford Apple Valley Christian School and depository a reasonable opportunity to act on it. A minimum of ten (10) days is required.

SIGNATURE

DATE

SIGNATURE

DATE

760.995.3516
www.avcschool.com office@avcschool.com

For Office Use Only:

J	A	S	O	N	D	J	F	M	A	M	J
---	---	---	---	---	---	---	---	---	---	---	---

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

CREDIT/DEBIT CARD AUTHORIZATION

FAMILY NAME (Name on billing statement) _____

Billing Address _____

City/State/Zip Code _____

The zip code MUST be the same as that on your billing statement.

Phone Number _____

I hereby authorize APPLE VALLEY CHRISTIAN SCHOOL to charge/debit my tuition payment of \$_____ to my credit/debit card on the first (1st) of each month. **I am aware that there will be a 2% credit card fee.**

CREDIT/DEBIT CARD (Circle one: MasterCard Visa American Express)

Please note: Debit cards must have a Visa or MasterCard logo.

ACCOUNT # _____

EXPIRATION DATE (MM/YY): _____

CVC Code: _____

Please note that this information is confidential, to be used only by authorized personnel of Apple Valley Christian School. No authorization is given for any other purpose or charges. No authorization is given to share or sell this information to any third party.

SIGNATURE

DATE

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PTF VOLUNTEER INFORMATION

The Parent-Teacher Fellowship (PTF) of AVCS is looking for parents who are interested in serving our school. Please look through the opportunities listed below and select the area in which you would like to serve: PTF Room Parent, PTF Prayer Parent, PTF Board, and/or PTF Helper. Simply fill out the form and bring it to the office or your student's teacher. We appreciate your support!

PTF ROOM PARENTS

Room Parents are a vital way of involving families in the classroom and thus creating a "body life" within this unique Christian community. Administrators and teachers who are involved in the designing and carrying out of an effective instructional program are often without the time and energy needed to draw out parent involvement. The Christian school can begin to bring the home into the center of the classroom activity through the use of these key parent aides assigned the task of giving themselves fully to the creative ways of ministering together as a home/school body.

Room Parent Responsibilities:

1. Seek to actively involve as many moms and dads as possible in class parties, field trips, etc.
2. Call the teacher regularly to ask if help is needed in some areas. Room parents are not necessarily responsible to do all tasks needed but to draw from parent resources.
3. Compile a list of parent skills and availability.
4. Arrange classroom parties and field trips with the teacher.
5. Develop a school-wide Biblical principal of following Philippians 4:8, *"Finally brothers, whatever is true, whatever is noble, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things."*
6. The Administration and Executive PTF Board Members will make the final decision regarding Room Parents.

Yes, I would be interested in being a PTF Room Parent:

Name: _____ Phone: _____

Address: _____

Child's Name: _____ Grade: _____

Hobbies or Special Interests: _____

Do you work outside the home? _____ What hours? _____

Suggested Places for Field Trips: _____

Suggested Chapel Speakers: _____

Please see reverse side for other opportunities.

PTF PRAYER PARENT

We are Looking...Is the Lord Calling You?

We would like one parent from each class (or grade) to be responsible for **class prayer requests**. This “parent” would know the special needs of the class and communicate that to the PTF Prayer Parent Coordinator in order that we may “pray for one another, that you may be healed. The effective, fervent prayer of a righteous man avails much.” James 5:16

We, at AVCS, as one body, “desire that men (and women) pray everywhere, lifting up holy hands, without wrath and doubting.” 1 Timothy 2:8 We look for women after God’s heart to be “Prayer Parents”

If you desire to be involved in your child’s class, to know your child’s classmates, and support the teacher, this may be the position for you. “Is anyone among you suffering? Let him pray.” James 5:13. We will lift all our concerns, needs and praises to our Heavenly Father.

Yes, I am interested in being a PTF Prayer Parent for my child’s class and would like more information.

Name: _____ Phone: _____
Child’s Grade: _____ Teacher: _____

PTF HELPER

AVCS needs your help! Parent involvement is vital to the success of school activities each year. As a PTF helper, you would be asked to provide assistance with the planning and execution of school functions, such as the Harvest Festival, Elementary, Middle School and High School activities, classroom activities, as well as a variety of fundraisers.

Yes, I would like to be a PTF Helper. I would like to help with the following (please check all that apply):

_____ Typing	_____ Carpentry
_____ Field Trips	_____ Class Parties
_____ Small Projects (making charts, cut out things, etc.)	_____ Drawing or Sketching
(_____ at home or _____ at school)	

Please fill out the following information:

Name: _____ Phone: _____

Address: _____

Child(ren)’s Name(s) and Grade(s): _____

Hobbies or Special Interests: _____

Do you work outside the home? _____ What hours? _____

Suggested Places for Field Trips: _____

Suggested Chapel Speakers: _____

Our purpose is to actively involve as many moms and dads as possible in the ministries of the classroom, to uplift and encourage our faithful teachers and staff, and develop a school-wide biblical principle of following Philippians 4:8, “Finally brothers, whatever is true, whatever is noble, whatever is admirable—if anything is excellent or praiseworthy—think about such things.”

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APPLE VALLEY CHRISTIAN SCHOOL
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2012-2013 ENGLISH TEACHER RECOMMENDATION

To be completed by all new MS/HS students and all returning students entering 6th Grade and 9th Grade.

_____ is applying for admission to Apple Valley Christian School. Your honest evaluation of this student will only be used for purposes of admission and placement. Please complete both sides of this form and either mail or fax it to us (see above).

Apple Valley Christian School is a Christian, college preparatory school founded in 1976. We take our mission of "training Christian leaders committed to excellence" very seriously. Your insight helps us achieve this mission and also helps us in placing the student correctly. **Information will be kept confidential except for the course recommendation.**

Your name _____ Position _____

School _____

How long have you known the applicant? _____

What is the greatest academic strength of this student? _____

What is the greatest academic weakness of this student? _____

Please rate this student's READING ABILITY, compared to his or her classmates (circle):

Poor					Average					Excellent
1	2	3	4	5	6	7	8	9	10	

Please rate this student's OVERALL ENGLISH ABILITIES, compared to his or her classmates (circle):

Poor					Average					Excellent
1	2	3	4	5	6	7	8	9	10	

What course do you teach this student? _____

Would you recommend this student be placed in a regular, honors or remedial course? _____

Do you consider this student a candidate for college? _____

Do you have any additional comments that may help us to make an appropriate decision about placement? _____

To your knowledge, has this student had disciplinary difficulties? If yes, please explain. _____

From what you know, would you recommend this student to Apple Valley Christian School? _____

Does this student receive special accommodations or assistance? If yes, please explain. _____

Do you have any additional comments that may help us better know this student? _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

English Teacher Recommendation

Page 2

Student Name _____

Please check each category you can, comparing the student to other students you know of the same age:

	POOR			AVERAGE			EXCELLENT			
	1	2	3	4	5	6	7	8	9	10
Academic Achievement										
Academic Potential										
Creativity										
Leadership Ability										
Personal Integrity										
Study Habits										
Initiative										
Intellectual Curiosity										
Writing Ability										
Oral Expression										
Sense of Humor										
Emotional Maturity										
Conduct										
Concern for Others										
Spiritual Fervor										
Relationship with Peers										
Relationship with Adults										

May we contact you if we have further questions? _____

Phone _____ Email _____

Teacher Signature

Date

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL
760.995.3516

2012-2013 MATH TEACHER RECOMMENDATION

To be completed by all new MS/HS students and all returning students entering 6th Grade and 9th Grade.

_____ is applying for admission to Apple Valley Christian School. Your honest evaluation of this student will only be used for purposes of admission and placement. Please complete both sides of this form and either mail or fax it to us (see above).

Apple Valley Christian School is a Christian, college preparatory school founded in 1976. We take our mission of "training Christian leaders committed to excellence" very seriously. Your insight helps us achieve this mission and also helps us in placing the student correctly. **Information will be kept confidential except for the course recommendation.**

Your name _____ Position _____

School _____

How long have you known the applicant? _____

What is the greatest academic strength of this student? _____

What is the greatest academic weakness of this student? _____

Please rate this student's MATH ABILITIES, compared to his or her classmates (circle):

Poor					Average					Excellent
1	2	3	4	5	6	7	8	9	10	

What course do you teach this student? _____

Sequentially, what is the next math course for this student? _____

Would you recommend this student be placed in a regular, honors or remedial course? _____

Do you consider this student a candidate for college? _____

Do you have any additional comments that may help us to make an appropriate decision about placement? _____

To your knowledge, has this student had disciplinary difficulties? If yes, please explain. _____

From what you know, would you recommend this student to Apple Valley Christian School? _____

Does this student receive special accommodations or assistance? If yes, please explain. _____

Do you have any additional comments that may help us better know this student? _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Math Teacher Recommendation

Page 2

Student Name _____

Please check each category you can, comparing the student to other students you know of the same age:

	POOR			AVERAGE				EXCELLENT		
	1	2	3	4	5	6	7	8	9	10
Academic Achievement										
Academic Potential										
Creativity										
Leadership Ability										
Personal Integrity										
Study Habits										
Initiative										
Intellectual Curiosity										
Writing Ability										
Oral Expression										
Sense of Humor										
Emotional Maturity										
Conduct										
Concern for Others										
Spiritual Fervor										
Relationship with Peers										
Relationship with Adults										

May we contact you if we have further questions? _____

Phone _____ Email _____

Teacher Signature

Date

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL
760.995.3516

2012-2013 CHURCH RECOMMENDATION

To be completed by all new MS/HS students and all returning students entering 6th Grade and 9th Grade.

_____ is applying for admission to Apple Valley Christian School. Your honest evaluation of this student will only be used for purposes of admission and placement. Please complete both sides of this form and either mail or fax it to us (see above).

Apple Valley Christian School is a Christian, college preparatory school founded in 1976. We take our mission of "training Christian leaders committed to excellence" very seriously. Your insight helps us achieve this mission and also helps us in placing the student correctly. **Information will be kept confidential except for the course recommendation.**

Your name _____ Position _____

Church _____

How well do you know the applicant? _____

What is the greatest strength of this student? _____

What is the greatest weakness of this student? _____

Does the student profess to be born again, having accepted Christ as Savior? _____

Do you observe evidence to support this profession? Please explain. _____

What factors in the student's home life would help or hinder his or her success at Apple Valley Christian School? _____

What is the student's attitude toward authority and rules? _____

Do you have any additional information that would help us meet the needs of this student? _____

From what you know, would you recommend this student to Apple Valley Christian School? _____

Do you have any additional comments that may help us better know this student? _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Youth Pastor Recommendation

Page 2

Student's Name _____

Please check each category you can, comparing the student to other students you know of the same age:

	POOR			AVERAGE				EXCELLENT		
	1	2	3	4	5	6	7	8	9	10
Concern for Others										
Conduct										
Creativity										
Leadership Ability										
Personal Integrity										
Discerning in Friendships										
Initiative										
Humility										
Positive Influence on Others										
Oral Expression										
Sense of Humor										
Emotional Maturity										
Servant's Heart										
Responsibility										
Spiritual Fervor										
Relationship with Peers										
Relationship with Adults										

May we contact you if we have further questions? _____

Phone _____ Email _____

Youth Pastor Signature

Date

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

STATEMENT OF FAITH

We Believe...

The Bible is the inspired, infallible, and authoritative word of God.

- *II Timothy 3:16-17; II Peter 1:16-21; Proverbs 30:5-6*

We Believe...

That there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.

- *I John 5:7; Ephesians 4:4-6; Psalm 147:5*

We Believe...

In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.

- *Matthew 1:18-25; Isaiah 7:14; John 1:1-14; John 3:16; Acts 3:22-25; Acts 1:11; Hebrews 9:24; Titus 2:11-14; I Corinthians 15:22-28; I Thessalonians 4:13-18; Revelation 20:1-6*

We Believe...

In the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith we are saved.

- *Hebrews 2:9; Romans 5:10; II Corinthians 5:17-21; Mark 10:45; Romans 10:13-16; John 3:6-8; John 3:16; Romans 3:23*

We Believe...

In the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.

- *II Corinthians 5:10; I Corinthians 3:11-15; John 5:28-29; Acts 24:15; Luke 20:35-38; I Corinthians 15:22-24; I Thessalonians 4:16; II Thessalonians 2:1-18; Revelation 20:10-15; Mark 9:44-48*

We Believe...

In the spiritual unity of believers in our Lord Jesus Christ, that the church includes the whole company of believers of this age of whatever race, and is known only to the eye of God. The church is a company of believers baptized in the name of the Triune God, and observes the methods, ordinances, and principles laid down in the New Testament.

- *Colossians 1:18; Ephesians 5:27; Ephesians 2:19-21; I Corinthians 12:27-28; Romans 6:17; II Timothy 1:13*

We Believe...

In the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

- *I Corinthians 6:19; I John 3:24*

Training Christian Leaders Committed to Excellence
APPLE VALLEY CHRISTIAN SCHOOL

IMMUNIZATION REQUIREMENTS

To enter or transfer into public and private elementary and secondary schools (grades Kindergarten through 12), children under age 18 years must have immunizations as outlined below. New 7th grade entry requirements went into effect 7/1/99. A varicella requirement for kindergarten entry went into effect 7/1/01.

AGE	REQUIRED DOSES
Polio	
All ages	Four doses
Ages four through six	Three doses meet the requirement if at least one was given on or after the fourth birthday.
Ages seven through seventeen	Three doses meet the requirement if at least one was given on or after the second birthday.
Diphtheria, Tetanus, and Pertussis	
All ages	Five doses
Ages four through six	Four doses meet the requirement if at least one was given on or after the fourth birthday.
Ages seven through seventeen	Three doses meet the requirement if at least one was given on or after the second birthday. If the last dose was given before the second birthday, one more (Td) dose is required.
Ages six and under	Pertussis is required. DTP, DtaP or any combination of DTP or DtaP with DT (tetanus and diphtheria) will work.
Ages seven and older	Pertussis is not required. Td, DT, DTP, DtaP, or any combination of these will work.
Seventh Grade	One dose of the Td booster test is not required, but recommended if more than five years have passed since last DTP, DtaP, DT, or Td dose.
Measles, Mumps, Rubella (MMR)	
Kindergarten	Two doses of measles-containing vaccine required on or after first birthday. One dose of mumps and rubella-containing vaccine required.
Seventh Grade	Two doses of measles-containing vaccine required on or after first birthday. One dose of mumps and rubella-containing vaccine required. Mumps vaccine is not required for children seven years of age and older.
Grades first through sixth	One dose must be given on or after the first birthday.
Grades eight through twelve	One dose must be given on or after the first birthday.
Hepatitis B	
Kindergarten	Three doses
Seventh Grade	Three doses. Two doses of the two-dose formulation given at ages eleven through fifteen along with provider documentation that the two-dose formulation was used for both doses will also fulfill this requirement
Varicella	
Kindergarten	One dose or health care provider-documented varicella disease or immunity.

EXEMPTIONS:

The law allows (a) parents/guardians to choose exemptions from immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). For children with medical exemptions, the physician's written statement should be stapled to the California School Immunization Record. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

APPLE VALLEY CHRISTIAN SCHOOL

2012-2013 SCHOOL CALENDAR

No School

Teacher Inservice (No School)

Important Dates

AUGUST 2012						
SU	M	TU	W	T	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER 2012						
SU	M	TU	W	T	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER 2012						
SU	M	TU	W	T	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER 2012						
SU	M	TU	W	T	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER 2012						
SU	M	TU	W	T	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JANUARY 2013						
SU	M	TU	W	T	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1st Quarter = 40 days
 2nd Quarter = 40 days
 3rd Quarter = 48 days
 4th Quarter = 44 days
 Total Days = 172 days

Description	
Aug 16-17	Teacher Inservice
Aug 20	School Begins
Aug 30	Back-to-School Night (Elem)
Sep 3	Labor Day – No School
Sep 6	Back-to-School Night (MS/HS)
Sep 12	School Pictures
Oct 11	***Quarter 1 ends***
Oct 12-16	Quarter Break
Oct 17	Back to School
Oct 17	PSAT Tests
Oct 17	Elem. Parent Conferences
	No School – Elementary
Oct 26	Harvest Festival
	No School
	Teacher Inservice
Oct 31	Sports Pictures
Nov 12	Veterans Day – No School
Nov 13	Sports Awards
Nov 14	School Picture Make-ups
Nov 19-20	ACSI Convention–No School
Nov 21-23	Thanksgiving Break
	No School
Nov 26	Back to School
Dec 12-14	1 st Semester MS/HS Exams
Dec 14	***Quarter 2 ends***
Dec 17-	Noon Dismissal
Jan 4	Teacher Inservice
Jan 7	Christmas Break
Jan 21	No School
	Back to School
	Martin Luther King Jr. Day
	No School
Jan 22-25	Spirit Week
Jan 25	Homecoming Basketball Game
Jan 26	Homecoming
Feb 13	Sports Pictures
Feb 15	Evening of Elegance (MS)
	No School
	Teacher Inservice
Feb 18	President's Day – No School
Feb 19	Sports Awards
Mar 15	***Quarter 3 ends***
Mar 18-	Noon Dismissal
Apr 1	Quarter/Easter Break
	No School
Apr 2	Back to School
Apr 3	Spring Pictures
Apr 22-26	Terra Nova 3 Testing
May 6-10	AP Exams
May 13-17	AP Exams
May 15	Sports Pictures
May 21	Sports Awards
May 27	Memorial Day – No School
May 28-30	MS/HS Final Exams
	Noon Dismissal-MS/HS

FEBRUARY 2013						
SU	M	TU	W	T	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH 2013						
SU	M	TU	W	T	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2013						
SU	M	TU	W	T	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2013						
SU	M	TU	W	T	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2013						
SU	M	TU	W	T	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 28 Elementary SVL Day
Last Day for Elementary
 May 30 5th/8th Grade Promotions
Last Day for MS/HS
Noon Dismissal
 Quarter 4 ends
 May 31 Senior Reception/Chapel
 Senior Graduation
No School
 Jun 3 Teacher Inservice
No School