

CHRISTIAN FELLOWSHIP SCHOOL

ADMISSIONS APPLICATION



Mail application to:

Christian Fellowship School
 1343 U.S. Hwy. 68 East
 Benton, KY 42025
 270.527.8377
www.christianfellowshipschool.org

NOTE: This application does not assure admittance but provides information upon which a decision will be based. Christian Fellowship School reserves the right to alter class selection based on final enrollment.

NONDISCRIMINATION POLICY: Christian Fellowship School admits students of any race, color, national and ethnic origin

Student Name: _____

OFFICE USE ONLY

1. Application Year _____ Grade _____
2. Authorization for Emergency Care to minor _____
3. Medical History _____
4. Clarification of Accounts _____
5. Standards of Conduct Agreement _____
6. Transcripts Requested _____ Date _____
7. Transcripts Received _____ Date _____
8. Immunization Record _____
9. Admissions Interview completed _____
10. Physical _____
11. Pastor/Church Recommendation _____
12. Eye exam _____
13. Dental exam _____
14. Birth certificate _____
15. Welcome letter _____

Application for Admission Checklist:

Completed Application:

- General Record
- Parent Questionnaire
- Student Questionnaire
- Statement of Faith
- Affirmation

Completed forms:

- Pastor/Church Recommendation
- Clarification of Accounts
- Standards of Conduct Agreement
- Transcript Request
- Immunization Record
- Medical History
- Authorization for Emergency Care to Minor

Provided by Parent:

- \$25.00 application fee
- Birth certificate copy
- Copy of current physical
- Copy of eye exam
- Copy of dental exam
- Copy of most current report card from previous school

Registration/Application Fee

A \$50 non-refundable application fee is due at the time the application is submitted. The application is not considered complete without the application fee. A \$100 new student fee is due at registration.

GENERAL RECORD:

Social Security Number: _____

Student: _____
(Last Name) (First Name) (Middle Name) (Preferred Name)

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Date of Birth: _____ Age: _____ Gender: _____

Place of Birth: _____ Application for Grade: _____ Previous Grade Completed: _____

Please check box for those individuals who should receive e-mail or written communication from the school. Father/Guardian: _____ Cell Phone: _____

Email address: _____

Employer: _____ Position: _____

Home Address: _____ Home phone: _____

 Mother/Guardian: _____ Cell Phone: _____

Email address: _____

Employer: _____ Position: _____

Home Address: _____ Home phone: _____

 Step Parent/Guardian: _____ Cell Phone: _____

Email address: _____

Employer: _____ Position: _____

Home Address: _____ Home phone: _____

Applicant lives with: (check all that apply)

 Mother Father Stepmother Stepfather Legal Guardian Grandparent Other

Marital status of parents:

 Married Divorced-Primary Custody: _____ Separated Other _____

Siblings of Applicant:

Name _____ Age _____ Grade _____ Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____ Name _____ Age _____ Grade _____

PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

How did you find out about Christian Fellowship School? _____

What do you see as your child's greatest needs?

Spiritual: _____

Behavioral: _____

Academic: _____

Social: _____

Does your child have any mental, emotional, or physical handicaps which may affect his activities or progress, or that for some reason should be known by his teacher? _____

Has your child ever been referred or recommended for educational and/or psychological testing due to a suspected learning and/or behavioral disorder? _____

Does your child currently have or previously had an individual learning plan or accommodation plan in place? _____

How do you see yourself being involved in the educational process of your child? _____

What do you see as the strengths of your child? _____

Why do you want your child to attend Christian Fellowship School? _____

Statement of Personal Christian Experience and Faith:

Father: _____

Mother: _____

Home Church (Name) _____
(Address) _____
(Denomination) _____

Church Now Attending: _____ Phone: _____

Senior Pastor: _____ Phone: _____

Have you accepted Jesus Christ as your personal Savior? _____ Year: _____

Do you attend services each week? Yes: _____ No: _____

Describe your current personal relationship with Christ and your current active Christian commitment (include church attendance, participation in church activities, other Christian service, etc.).

Name of school now attending: _____

Were you ever denied admission to a school? _____ Why? _____

Were you ever suspended or expelled from school? _____ When? _____ Why? _____

Have you ever had any serious discipline problems? _____ If yes, explain: _____

Have you used drugs, alcoholic beverages, or tobacco? Yes: _____ No: _____

If yes, please explain: _____

What are your favorite subjects? _____ Most difficult subjects? _____

Why do you feel that you should be accepted as a student at Christian Fellowship School? _____

_____ What type of student would you be? _____

What are some of your life goals? _____

Are you willing to submit yourself to the leadership of **Christian Fellowship School** and its rules and regulations? Yes: _____ No: _____

Statement of Faith

- We believe the Bible is the inspired, infallible, authoritative Word of God; a revelation from God to men; the rule of faith and conduct; superior but not contrary to conscience and reason.
- We believe that there is one God, eternally co-existent in three persons: Father, Son and Holy Spirit.
- 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 future personal return in power and glory.
- We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by Whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; those who are saved unto the resurrection of life and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

By making application to Christian Fellowship School, you are certifying that you are in agreement with our statement of faith.

Parent signature

Date

Student signature

Date

AFFIRMATION:

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge. I understand that providing any incomplete or false information would be sufficient reason for the rejection of this application. I further understand that I may be asked for additional written affirmation concerning such items as academic record and financial income.

 (Student)

 (date)

 (Father/Guardian)

 (date)

 (Mother/Guardian)

 (date)
Annual Review and Update of Student Record (for office use only)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

No change Change in information as noted: _____

 (date)

 (Parent/Guardian signature)

AUTHORIZATION FOR EMERGENCY CARE TO MINOR
(One Per Student)

In case of emergency illness or accident the child is given first-aid and the parents are notified. If the parents or the child's doctor cannot be located the child will be taken to the Emergency Room of your choice. **Christian Fellowship School does not assume responsibility for the payment of hospital, doctor or ambulance fees.**

Health Insurance with: _____ Policy Holder: _____

Policy Number: _____ I/We the undersigned, parent(s) or legal guardian of the minor listed below:

(Minor's Name)

(Birthdate)

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Kentucky and hospital service that may be rendered to said minor under the general, specific, or special consent of an acting agent of Christian Fellowship School, temporary Custodian of the minor, whether such diagnosis or treatment is rendered in the office of the physician or dentist, or at a hospital licensed by the State of Kentucky. I/We authorize the physician or dentist to call in any necessary consultants, in his/their discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

To be signed and witnessed during registration

This consent shall remain in effect for as long as this student is enrolled at Christian Fellowship School, unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child or children.

Dated _____

Father

Mother

Witness (Other than Custodians)

Legal Guardian

Authorization for Pick up of Student:

Please list each person that has your permission to pick your child up from school.

Name: _____ Contact #: _____ Relationship _____

Name: _____ Contact #: _____ Relationship _____

Name: _____ Contact #: _____ Relationship _____

Name: _____ Contact #: _____ Relationship _____

All students must have the proper immunizations that the State of Kentucky requires unless signed waiver is on file in the registrar's office.

MEDICAL HISTORY/INFORMATION

Student's Name _____ Birthdate _____ Sex _____

EMERGENCY INFORMATION

List two persons, in order of importance, to be used in locating parents in case of emergency.

Name

Name

Address

Address

Phone

Phone

List your child's doctor

Name

Phone

FREQUENT AILMENTS

Please check any of the following which your child frequently experiences or takes medication to prevent.

Colds _____

Fainting Spells _____

Hearing difficulty _____

Sore throat _____

Abdominal pains _____

Tires easily _____

Poor vision _____

Frequent urination _____

Breath shortnes _____

Leg pains _____

Allergies _____

Hernia _____

Dizziness _____

Persistent cough _____

Frequent sties _____

Nose bleeds _____

Headaches _____

Nausea _____

Behavioral health disorders _____

Attention Deficit Disorder _____

Attention deficit-hyperactivity disorder _____

Asthma/wheezing with or without exercise _____

Epilepsy/seizures _____

All students with a history of seizures or currently using seizure medications must have a Seizure Action Plan on file in the school office.

Please list all foods or other substances to which your child is allergic: _____

Does your child require any emergency medical devices/medications such as an "Epi-pen" or inhaler? No ___ Yes ___ If yes, please list and give instructions for use: _____

PAST DISEASES

If your child has had any of the following diseases, state age when he had them.

Mumps _____

Diphtheria _____

Polio _____

Measles _____

Scarlet Fever _____

Seizures _____

Whooping Cough _____

Rheumatic Fever _____

Heart Disease _____

Asthma _____

Chicken Pox _____

Diabetes _____

Allergies _____

Pneumonia _____

Discharging Ears _____

MEDICAL INSURANCE

Is your child covered by any type of medical insurance? Yes ___ No ___

PRESCRIPTION MEDICATION

When medication is to be given during the time the child is in school, it must be sent from home with the name of the medication, directions for administrating, and signature of physician or parent requesting. It must be turned in to the office. (e.g. cough medication, antibiotics)

REMINDER: No student will be excused from P.E. without a written permit from a physician or a written signed request from the parent requesting the child be exempted based on personal convictions.

Parent's Signature _____ Date _____

CLARIFICATION OF ACCOUNTS
(One Per Family)

It is our policy that students will not be allowed to enroll at Christian Fellowship School unless satisfactory arrangements have been made to clear any outstanding balances at other schools.

1. I testify that I have no outstanding balances with any other Christian or public school.

Signature

Date

2. I have an outstanding account with _____

Name of School

Satisfactory arrangements have been made to clear the past-due account.

Signature

Date

Satisfactory arrangements have not been made to clear the past-due account.

Signature

Date

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

PARENTAL AGREEMENT
(Complete one for each child in family)

TUITION PAYMENT

Since Christian Fellowship School has an obligation to its employees, students are considered enrolled for the entire school year. Tuition is calculated on the basis of the entire year; therefore, no reductions can be made for vacations or school holidays. If a student enters after the school year has begun, then charges are pro-rated according to actual number of months or partial months enrolled. No deductions will be made for tuition during the school year, regardless of the cause of such absence.

All accounts must be paid in full for the current term before transcripts or other records will be transferred.

DISCIPLINE

I understand that sending my children to Christian Fellowship School is a privilege and not a right. The goals of Christian Fellowship School are not to reform, but to train Christian youth in the highest principles of Christian leadership, self-discipline, individual responsibility, personal integrity, and good citizenship.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as set forth in the Scriptures. This may include such measures as instruction, exhortation, correction, rebuke, and paddling.

ACTIVITIES/TRANSPORTATION

I hereby give my permission for my child to take authorized school trips and for Christian Fellowship School to transport him/her, provided that the driver has liability insurance in force and has a valid driver's license. I relieve Christian Fellowship School and any representative there of all responsibility in case of accident or injury. I understand the school provides adequate supervision on all trips.

I also hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school (unless restrictions are listed).

HEALTH SCREENING

I give permission for my child to participate in health fitness screenings as scheduled by the school to determine height, weight, vision, body composition, blood pressure, and/or speech and hearing.

SCHOOL PROPERTY

I understand I am responsible to pay for damage, whether intentional or unintentional, to school facilities, equipment, etc., which was caused by my child's inappropriate behavior. I further understand that school lockers and desks are property of the school and that the school has a right to open and search desks and lockers. The school is not responsible for items/articles lost or stolen.

LIABILITY

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Christian Fellowship School or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Christian Fellowship School or its agent should incur to defend itself against such action.

This Parental Agreement Statement will be in effect as long as my children listed or others to be enrolled attend Christian Fellowship School, whether it be Elementary, Junior or Senior High, or Summer School

I understand that should my marital status change, it is my responsibility to have a corrected Parental Agreement Statement signed and updated and delivered to Christian Fellowship School.

I realize that Christian Fellowship School is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Christian Fellowship School.

Signed: _____
Father or Guardian Date

Signed: _____
Mother or Guardian Date

NAMES OF ALL CHILDREN ATTENDING CHRISTIAN FELLOWSHIP SCHOOL

Name of Child Grade

Name of Child Grade

Name of Child Grade

Name of Child Grade

TRANSCRIPT REQUEST

FAX TO: 270-527-2872
OR MAIL TO:
REGISTRAR
CHRISTIAN FELLOWSHIP SCHOOL
1343 U.S. HIGHWAY 68 EAST
BENTON, KENTUCKY 42025

I give my permission to release all school records including medical and testing records to the above school.

Full Legal Name of Student		
_____		_____
Birthdate		Grade
_____		_____
School Last Attended		Phone
_____		_____
Street Address		Fax
_____		_____
_____	_____	_____
City	State	Zip Code
_____		_____
Signature of Parent or Guardian		Date

Christian Fellowship School will take the responsibility for requesting records.

OFFICE USE ONLY
Date Request Received _____
Date Request Mailed or Faxed _____
Date Transcripts Received _____
Transcripts: Complete _____ Incomplete _____
Comments:

STANDARDS OF CONDUCT AGREEMENT
(Grades 6-12)

Christian Fellowship School holds that the Bible is the infallible, divine Word of God and that salvation by faith in Christ is the initial step in the Christian life. There is Biblical basis for spiritual growth into the image of Christ (Romans 8:29), which is the work of the Holy Spirit (2 Corinthians 3:18). This growth begins with the initial act of saving faith and continues throughout life. The Holy Spirit makes the Christian conscious of the Biblical demands for a holy life, which fulfills both God's moral law and high law of love (Romans 13:8-10, Galatians 5:14). The result is a life consecrated unto God.

Christian Fellowship School provides an environment conducive to the spiritual growth and development of young people who are not yet mature Christians. A standard of conduct based on the following Biblical imperatives is necessary to provide such an environment. All of the activities of the Christian must be subordinated to the glory of God who dwells in us (1 Corinthians 8:9, 12-13, 10:32). The Christian will endeavor to avoid practices which cause the loss of sensitivity to the spiritual needs of the world and loss of the Christian's physical, mental, or spiritual well-being (1 Corinthians 9:27).

A sense of the need for spiritual growth in the light of these principles has led Christian Fellowship School to adopt the following standards which it is believed are conducive to the environment that will best promote the spiritual welfare of the student. The school, therefore, requires each student - whether at home, school, or elsewhere -

1. to refrain from swearing, indecent language, smoking, drinking alcoholic beverages, pre-marital sex, pornographic material, the abuse of drugs, gambling, and involvement in music that promotes non-Christian values.
2. to maintain Christian standards in courtesy, kindness, morality and honesty.

The selection of the restrictions mentioned in this pledge may appear arbitrary to some; but while not condemning others who see differently, Christian Fellowship School believes that the restrictions named are types of conduct which are detrimental to the standards established as its objective.

Students are expected to abide by these standards throughout their enrollment whether at home, school, or elsewhere. Students found to be out of harmony with the Christian Fellowship School ideals of work and life may be required to withdraw whenever the general welfare demands it, even though there may be no special breach of conduct.

In this atmosphere of definite and positive Christian standards of conduct, good scholastic planning, and genuine personal interest between faculty and student there is fine opportunity for development of strong Christian character.

I have read the standards of conduct agreement for the Jr. - Sr. High and while enrolled in Christian Fellowship School, agree to cooperate with these standards to the fullest extent.

Student's Signature

Date

As a parent, I have read the standards of conduct agreement. I will cooperate with the school in its endeavor to maintain these high Christian standards.

Parent's Signature

Date



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CONFIDENTIAL
CHURCH RECOMMENDATION
FORM

Family: Please complete the top section of this form and pass it to a person in leadership at your church (pastor, youth pastor, Sunday School teacher, etc.). When completed, the recommendation should be mailed directly to Christian Fellowship School.

Applicant Name _____ Grade Applying for: _____

Parent's Names _____

Address _____

Church Leader: The family above has applied for admission to Christian Fellowship School. As part of the application process for students entering preschool through grade 12, families are asked to secure a reference from a leader within their church. If the family has more than one student applying, please comment on each application accordingly. Please complete this form and return it, at your earliest convenience, to CFS Admissions Office.
The admission process cannot be completed without this form. Thank you for your assistance.

Are the applicant's parents members of your church? Yes _____ (Both Father Mother) No _____
1 2 3 4 5 6 7 8 9 10

How long has the family attended your church? _____

On a scale of 1-10 (10 being the highest), how well do you know the family?

How is this family involved in your church's ministry? _____

What level of involvement does the applicant(s) have in your church? _____

How do the parents support their children's spiritual development? _____

To your knowledge, has the applicant ever had a serious disciplinary problem? Yes No

Please provide any additional information that you feel would be helpful for us to know regarding this family. _____

On what basis do you recommend this applicant for admission to Christian Fellowship School?
 Strongly recommend Recommend Recommend with reservation Do not recommend for admission

Church Leader's Name: _____ Position _____

Church Name _____

Church Address _____

Signature _____ Date _____
(Please use the back of this form for any additional comments)