



Cedar Valley Christian School Application for Enrollment

OFFICE USE

Date of Application _____
 Application Fee Paid _____
 Check # _____
 Accepted Y N _____
 Initials _____

CHILD'S INFORMATION

Child's full name: _____ Date of birth: _____

Name child goes by: _____ Gender: M F

Grade for which child is applying _____ Year for which child is applying _____

Child's mobile: _____ Child's email _____

Parental status: Married Divorced Unmarried Guardian Widow(er)

With whom does the child live? Mother Father Both Other _____

DATA ON MOTHER

Mother's name _____

Mother's address _____

City, Zip _____

Home phone _____

Employer _____

Occupation _____

Business phone _____

Mobile: _____

E-mail: _____

Church _____

Church status: Active Inactive

May we include name, address, and phone number in school directory? Yes No

Who is authorized to pick up your child? _____

DATA ON FATHER (if different)

Father's name _____

Father's address _____

City, Zip _____

Home phone _____

Employer _____

Occupation _____

Business phone _____

Mobile: _____

E-mail: _____

Church _____

Church status: Active Inactive

CHILD'S BACKGROUND

Child's church _____

Has your child accepted Jesus Christ as his/her personal Savior? _____

Is your child enthusiastic about attending Cedar Valley Christian School? _____

Previous school _____

Reason for transfer _____

Has your child ever been suspended or expelled from a school? Yes No

If yes, explain _____

Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas which can impact learning? Yes No

If yes, explain _____

Has your child ever been enrolled in a special education class? Yes No

If yes, what was the reason for this placement? _____

Please share any major events that have occurred during your child's life that CVCS should be aware of (relocation, death in the family, divorce, major illness/surgeries, etc) _____

PUBLIC SCHOOL District: _____

Public school child would attend: _____

HEALTH ISSUES -- Please identify any special health concerns/allergies about which we should be aware: _____

CHILD'S HEALTH INSURANCE CARRIER _____

Child's doctor's phone _____

Hospital preference: Mercy St. Luke's Either One

Emergency contacts (other than parents):

Primary (name and phone) _____

Secondary (name and phone) _____

Who may we thank for referring you to our school? _____

ADMISSIONS POLICY: Cedar Valley Christian School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, progress and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies and athletic or other school administered programs.

APPLICATION PROCEDURE:

1. Please complete and return application to Cedar Valley Christian School. Also supply a copy of the student's most recent report card or transcript
2. The Principal will interview the parent(s) and the student. Please set up this appointment after submitting the application.
3. Parents will be notified regarding acceptance within 48 hours of the interview.
4. A deposit of \$100 (which is applied to the student fee) is required. The deposit will be returned if the student is not accepted into the school.

PARENTAL PLEDGE OF SUPPORT

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Cedar Valley Christian School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We have read the Family Handbook and agree to abide by the policies and procedures.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

www.cedarvalleychristianschool.org

Please use the back of this form for any additional information.