

CHRISTIAN HERITAGE SCHOOL

961 C.R. 1143, Tyler, Texas 75704 Phone (903) 593-2702 FAX (903) 531-2226

ADMISSION APPLICATION

Name of Student Applicant (Please Print)	Last:	First:	Middle:	Preferred Name:
Street Address or P. O. Box				
City/State/Zip:				Home Phone:
Date of Birth:	Place of Birth: City:	State:	____ Male ____ Female	Social Security Number -- --
With whom does the applicant live?			School year admission is desired	Applying for which grade?
Has the applicant been diagnosed with or is he or she suspected of having ADD or any other learning disability? Please specify any special treatment or medication being used. Also specify any other physical, mental, or emotional condition of which the school should be aware. (Use a separate paper if more space is needed.)				

Father's Name:	Father's SSN:	Cell Phone:
Occupation:	Employer's Name & Address:	Business Phone:
If self-employed, type of business:		Father's E-mail:

Mother's Name:	Mother's SSN: -- --	Cell phone:
Occupation:	Employer's Name & Address:	Business Phone:
If self-employed, type of business:		Mother's E-mail:

Billing: Name of Parent(s) or Guardian(s) to whom billing and other correspondence should be sent (First, Middle I., Last) (If different from above) __ Mr. & Mrs. __ Mr. __ Mrs. __ Miss __ Ms.	
SSN: -- --	Address - City/State/Zip:
Relationship to Student:	Telephone:

Name of Church:	Pastor:
Address:	City/State/Zip: Telephone:
Church Attendance Regular: 3-4 times a month Occasional: At least once a month Seldom: Less than once a month	
Father:	____ Regular ____ Occasional ____ Seldom Member? ____ Yes ____ No
Mother:	____ Regular ____ Occasional ____ Seldom Member? ____ Yes ____ No
Applicant:	____ Regular ____ Occasional ____ Seldom Member? ____ Yes ____ No

FOR OFFICE USE ONLY (Please initial all responses)			
Date application received _____	Application fee paid _____	Registration fee paid _____	Interview completed _____

ACADEMIC INFORMATION

Name of school last attended (or where currently enrolled)			
Address:		City/State/Zip:	Telephone:
Last (or current) grade completed	Principal	Counselor or Teacher	
List all other schools attended	Address	Dates attended	Grade(s)
1.			
2.			
3.			
Has the applicant had any problems in the following areas? If yes, please explain. <input type="checkbox"/> Academic <input type="checkbox"/> Discipline <input type="checkbox"/> Relationship with peers <input type="checkbox"/> Relationship with those in authority <input type="checkbox"/> Other areas			

CONFIDENTIAL REFERENCES

Please supply the name and address of two people to whom we can mail reference forms. Please print clearly and be sure information is complete and accurate.

From your Church: The pastor or youth pastor Mr. Mrs. Miss

Address:	City/State/Zip:	Telephone:
----------	-----------------	------------

From the School: A current academic teacher or counselor Mr. Mrs. Miss

Address:	City/State/Zip:	Telephone:
----------	-----------------	------------

AGREEMENT

We/I understand that this is an application only and that space will not be reserved for our/my child or guardian until the enrollment process is completed and the registration fee is paid. (Registration fees are non-transferable and non-refundable.) If our/my child is accepted, we/I agree to support the rules and regulations of the school and will uphold school policies, including necessary and proper disciplinary measures. We/I also agree to pay tuition and fees according to the current tuition and fee schedule.

Father's signature _____ Date _____

Mother's signature _____ Date _____

NON-DISCRIMINATION POLICY

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

CHRISTIAN HERITAGE SCHOOL IS A MINISTRY OF YOUTH WITH A MISSION

CHRISTIAN HERITAGE SCHOOL

PERMISSION AND RELEASE FORM

Student's name _____ Grade _____ School year _____

DISCIPLINE PERMISSION

Teachers have a tremendous responsibility to maintain a classroom atmosphere that allows learning to take place. Your permission is required to administer godly discipline to your child. Discipline includes teaching, training, correction and punishment. Teachers depend on God for wisdom to help them know what is needed in each specific situation.

I give permission for the teachers of Christian Heritage School to administer godly discipline to my child. (We rarely find it necessary to spank a student in the junior high and it would be unlikely that we would ever use spanking in the high school.)

Regarding the use of spanking, my decision is:

- _____ My child may be spanked when necessary.
- _____ Contact me before using spanking to discipline my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

LIBRARY PERMISSION

(For grades 2-12 only)

I give permission for my child, _____ Grade _____ to check books out of the CHS library. I agree to pay any fines and to cover the cost of any books lost by my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

RELEASE

I, _____, hereby agree to the performance of such treatment as in the opinion of the attending physician is deemed necessary on my child.

I, _____, do hereby release Youth With A Mission, Inc., its agents, employees, volunteers, and assistants from any liability whatsoever arising out of any injury or damage which may be sustained by my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

CHRISTIAN HERITAGE SCHOOL

DISPENSING OF MEDICATION

If your child is under a doctor's care and must receive medication, parents must bring us a doctor's note informing us about the medication, times to be administered, and the prescribed dosage.

In the event of an unexpected illness, we will only dispense Ibuprofen to the child if the following form is completed and signed by the parent. If your child is **10 or younger**, we will also call to receive verbal permission to dispense the medicine.

During the **2010-2011** School Year CHS staff has my permission to give my child _____ the following medications as needed:

Child's Name

Type of Medicine	Dose	Permission
Equate Junior Strength (Chewable/Meltaway 160mg.)	____ Tablets	yes / no
Ibuprofen (Adult Strength 200 mg.)	____ Caplets	yes / no
Cough Drops	____ Drops	yes / no

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

List any medical information the school should be aware of (drug or environmental allergies, asthma, epilepsy, etc.).

MEDICAL INFORMATION

Physician's name _____ Telephone _____

**A COPY OF CURRENT/ UPDATED IMMUNIZATION RECORDS
MUST BE SUBMITTED WITH APPLICATION**

CONCILIATION AGREEMENT

Christian Heritage School has always sought to conduct its affairs in a manner that is consistent with Scripture and honoring to the Lord. This commitment has caused us to re-examine and revise our policy for dealing with conflict in the school. We will now use conciliation clauses in all of our enrollment agreements. Through these clauses we are committing ourselves, both morally and legally, to resolving any disputes within the school according to Biblical principles rather than turning to secular courts. We are asking you to make the same commitment.

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the school relationship, including any claim or statutory claims, shall be settled by Biblically-based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the book Christian Conciliation Handbook. [406-256-1583].

The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Each party, regardless of the outcome of the matter, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

SIGNATURE(S):

Father or guardian _____ Date _____

Mother or guardian _____ Date _____

Calvin Todd, *Director of Dayspring Ministries*  _____ Date _____

TUITION PAYMENT PLAN

SIGNATURE(S):

Father or guardian _____ Social Security # _____ - _____ - _____

Mother or guardian _____ Social Security # _____ - _____ - _____

Name(s) of student(s) _____

I(we) agree to follow the selected tuition plan, and I(we) understand that 1) all payments are due by the 10th of each month, 2) all previous year's fees and tuition are to be paid before a place will be guaranteed in a class, a student will be admitted in the new year, or transcripts will be released (including report cards and diplomas), 3) a late fee of \$25 will be assessed if tuition is more than 10 days late, 4) accounts in default over 30 days will be considered an acceptable reason for requesting that students be withdrawn from school.

[] Yearly plan (total amount) \$ _____ [] Semester plan (total amount) \$ _____

[] 10-month plan (total monthly amount \$ _____ (August through May)

CHRISTIAN HERITAGE SCHOOL
SCHOOL DIRECTORY INFORMATION FORM

The CHS directory includes the names, addresses, and phone numbers of the CHS Faculty and each family whose child(ren) is(are) enrolled in CHS. A sample listing for individual families is as follows:

Family Information

Joe and Lisa Smith
123 Apple Lane
Tyler, TX, 75702
(903) 555-5555

Student/Grade

Kay Smith (10th)
James Smith (6th)

This directory is used by the school staff, CHS families to contact families, homeroom moms for class-related activities, and other school-related events.

- _____ **NO**, our information **may not** be listed in the CHS school directory.
- _____ **YES**, our information listed below may be published in the CHS school directory.

A parent signature is required for either answer you may have checked. Thank you.

Parent Signature

PLEASE PRINT!

Parent Name(s): _____

Student's Name _____ Grade _____

Name of sibling(s) also attending CHS: _____

Family Address: _____

E-mail address: _____

Home Phone: _____ Cell Phone: _____

CHRISTIAN HERITAGE SCHOOL

Polo-Shirt Order Form

Student's Full Name _____ Grade _____ School Year: **2010-2011**

Please print each child's name and check the appropriate size. **Cost per shirt is \$12.00.** Please fill out and return to the school ASAP so we can place your order. **Please fill out the form below and make checks payable to CHS.**

Parents are also welcome to purchase polo-shirts for themselves for field trips, outreach week, sporting events, etc.

If you have any questions, please call the school office at (903)593-2702.

Student Name	Youth SM 6-8	Youth Med 10-12	Youth Large 14- 16	Youth XL 18-20	Adult Small	Adult Med.	Adult Large	Adult XL	Adult XXL (+ \$1.50)

tal # Student Polo-shirts ordered: _____

Total # Parent Polo-shirts ordered: _____

Total Amount due: \$ _____

TO: PASTOR OR YOUTH PASTOR

Student's Name: _____

The student referenced above is applying to Christian Heritage School for the 2009-2010 School Year. We would appreciate your appraisal of this student and the family, as they relate to your church. Your comments will be kept confidential.

PLEASE RETURN THE COMPLETED CONFIDENTIAL REFERENCE FORM FORM DIRECTLY TO CHRISTIAN HERITAGE SCHOOL AS SOON AS POSSIBLE. Thank you kindly in advance for your help.

- Please place a mark in the column that best describes the *student*:

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Needs Improvement</i>
<i>Character:</i>				
Respect for authority	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
<i>Personal Qualities:</i>				
Friendliness	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____
Maturity	_____	_____	_____	_____

- How long have you known this family? _____

- Please mark what best describes the *family's* involvement in your church: They attend church...

_____very regularly _____somewhat regularly _____occasionally _____rarely

- Your evaluation of the *family's* spiritual maturity:

_____very mature _____average _____developing _____weak

If you have any additional comments to make concerning the student or the family, please do so in the space provided: _____

YOUR NAME (Please print) _____

DATE _____

SIGNATURE _____ **NAME OF CHURCH** _____

CHRISTIAN HERITAGE SCHOOL

961 C.R. 1143, Tyler, Texas 75704
Phone (903) 593-2702 FAX (903) 531-2226

TO: TEACHER OR COUNSELOR

Student's Name: _____

The student referenced above is applying to Christian Heritage School for the _____ School Year. We would appreciate your appraisal of this student and the family, as they relate to your school. Your comments will be kept confidential.

PLEASE RETURN THE COMPLETED CONFIDENTIAL REFERENCE FORM DIRECTLY TO CHRISTIAN HERITAGE SCHOOL AS SOON AS POSSIBLE. Thank you kindly in advance for your help.

- Please place a mark in the column that best describes the *student*:

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Needs Improvement</i>
Character:				
Respect for authority	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
General citizenship	_____	_____	_____	_____
Academics:				
Work habits	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Independence	_____	_____	_____	_____
Achievement in relation to ability	_____	_____	_____	_____
Personal Qualities:				
Friendliness	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____
Maturity	_____	_____	_____	_____

- **Particular strengths** _____

- **Particular weaknesses** (if ANY) _____

Name Of Teacher _____ **Date** _____

Name Of School _____

Subjects You Taught Student _____