

VALLEY Christian School

Be transformed by the renewing of your mind. Rom. 12:2

K-12 Application

Student's Name _____
(Last First Middle)

Sex _____ Age _____ Date of Birth ___/___/___

Start Date ___/___/___

Registration _____

Tuition _____

Office Use Only

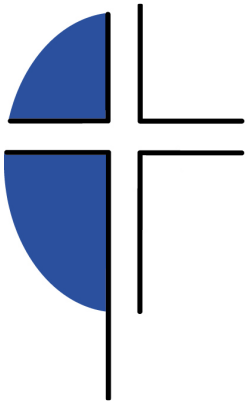
Date Paid _____ Check# _____

FACTS forms returned Y/N

Date Returned ___/___/___

Paid in Full ___/___/___

Immunization Form completed Y / N



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STUDENT'S NAME: _____ DATE: _____

FOR OFFICE USE ONLY

| | | | |
|----------------------------|-------|---------------------------|-------|
| Orientation Interview Held | _____ | Records Request Form Sent | _____ |
| Application | _____ | Records Received | _____ |
| Registration Fee | _____ | Statement of Faith | _____ |
| Pastor's Recommendation | _____ | Date Accepted/Rejected | _____ |
| Health Questionnaire | _____ | Starting Date | _____ |
| Immunization Form | _____ | Financial Contract | _____ |
| Student Questionnaire | _____ | | |
| Admissions Interview Held | _____ | | |
| Emergency Form | _____ | | |
| Emergency Contact Form | _____ | | |

Administrator's Signature: _____ Date: _____

Valley Christian School has been established on the Biblical principles that God has given parents the primary responsibility for education their children. The school enters into a partnership with parents a s Christian professionals and educators to teach students academics and values.

The Bible is a guide for positive living. It is the role of the school to support and complement the Biblical principles taught at home. Its principles for living will be taught to your students during daily Bible class and throughout the day. Such character qualities as respect, reverence, obedience, integrity, and responsibility will be emphasized. Included in the Bible's instructions are the precepts that intoxication, pre-marital sex, homosexuality and abortion are contrary to the will of God, and are sins.

MISSION STATEMENT

Valley Christian School is dedicated to glorifying God by preparing our students to participate effectively in God's plan for their lives. The teaching from Scripture and the teaching of skills and knowledge will be balanced so as to insure that our students will be unique in their individual characters and abilities, and dedicated to glorifying their Creator. This will be accomplished by:

- Teaching them from Scripture that God has created them, has offered them salvation, and has set absolute standards for them with morals and values.
- Secondly, our students will be prepared to participate effectively in God's plan for their lives by developing and refining the reading, communication, and mathematics skills that are required to assimilate the known and to investigate the unknown.

STATEMENT OF FAITH

Each member of the School Board, each member of each committee, and each employee of the Corporation, having accepted Jesus Christ as personal Savior, shall subscribe annually in writing to the following Statement of Faith.

1. **The Word of God:** We believe that the Bible is the Word of God, fully inspired and without error, written under the inspiration of the Holy Spirit, and that it has supreme authority in all matters of faith and conduct.
2. **The Trinity:** We believe that there is one living and true God, eternally existing in three persons, that these are equal in every divine perfection, and that they execute distinct but harmonious offices in the work of creation, providence and redemption.
3. **God the Father:** We believe in God, the Father, an infinite, personal spirit, perfect in holiness, wisdom, power and love. We believe that He concerns Himself mercifully in the affairs of men, that He hears and answers prayer, and that He saves from sin and death all who come to Him through Jesus Christ.
4. **Jesus Christ:** We believe in Jesus Christ, God's only begotten Son, true God and true man, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings. We believe in His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people, and personal visible future return to earth.

5. **The Holy Spirit:** We believe in the Holy Spirit who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify, and empower all who believe in Jesus Christ. We believe that the Holy Spirit indwells every believer in Christ and that He is an abiding helper, teacher and guide.

6. **Regeneration:** We believe man was created in the image of God, but fell from Grace with original sin. We believe that all men are sinners by nature and by choice and are, therefore, under condemnation. We believe that those who repent of their sins and trust in Jesus Christ as Savior are regenerated by the Holy Spirit.

7. **The Church:** We believe in the universal church, a living spiritual body of which Christ is the head and all regenerated believers are members. We believe in the local church, consisting of a company of believers in Jesus Christ. -

8. **Christian Conduct:** We believe that a Christian should live for the glory of God and the well-being of his fellow men; that his conduct should be blameless before the world; that he should be a faithful steward of his possessions; and that he should seek to realize for himself and others the full stature of maturity in Christ.

9. **The Return:** We believe in the personal and visible return of the Lord Jesus Christ to earth and the establishment of His kingdom. We believe in the resurrection of the body, the final judgment, the eternal joy of the righteous, and the endless suffering of the lost.

In addition, I agree to the following:

1. I agree to support the pursuit of academic excellence and the development of Christ-like character at Valley Christian School.
2. I agree to uphold the Mission Statement and the Statement of Faith which is stated on the front of this sheet.
3. I will faithfully support the school through my prayers and positive attitude, and should complaints or problems arise, I agree to work them out with the teacher or administrator. I agree to be "part of the solution" not "part of the problem."
4. I adhere to a school standard of conduct which honors God, and grants authority to the teacher or administrator to discipline my child(ren) when necessary, and will support this in my home.
5. I understand that attendance at Valley Christian School is a privilege that may be withdrawn upon sufficient cause as determined by the administrator.
6. I agree to report any prescribed program of medication, involvement with the law, or juvenile authorities to the administration.
7. I understand that if my child is participating in the use of tobacco, illegal drugs, alcohol or other intoxicants, or immorality, they may be expelled from school. I understand that decisions by the administration and/or the school board about this are final and binding.
8. **I have read and agree to follow the guidelines outlined in the parent/student handbook.**
9. I agree to support the school by timely payment of all fees set forth in the Fee Payment Policy.
10. I understand that it is my responsibility to inform Valley Christian School of any changes in my address or telephone number as soon as possible.

Father's Signature

Date

Mother's Signature

Date

In order to effectively encourage your student to support the school, we encourage regular attendance at church services and church-related activities.

APPLICANT INFORMATION

Student's Name _____
(Last) (First) (Middle)

Sex _____ Age _____ Date of Birth _____

Birthplace _____
(City,State)

Grade Applying for _____ Last Grade Completed _____

FAMILY INFORMATION

Student living with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Father's Name _____

Mother's Name _____

Address _____

Address _____

City _____

City _____

State _____ ZIP _____

State _____ ZIP _____

SSN# _____

SSN# _____

Marital Status ___ Married ___ Widower Marital Status: ___ Married ___ Widow

___ Divorced ___ Remarried ___ Divorced ___ Remarried ___ Separated ___ Separated

Employer _____

Employer _____

Position _____

Position _____

Address _____

Address _____

City _____

City _____

State _____ ZIP _____

State _____ ZIP _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Church Now Attending _____

Church Now Attending _____

Have you personally received Jesus Christ
as your Lord and Savior? _____

Have you personally received Jesus Christ
as your Lord and Savior? _____

On what do you base your answer? _____

On what do you base your answer? _____

Has this student ever repeated a grade? _____ If so, what grade? _____

Please explain. _____

Has this student ever been suspended or expelled? _____ If yes, please explain _____

List all the previous schools attended, the most recent first:

Name of school Address Grade Year Principal

Scholastic grades have been: ____ Above average ____ Average ____ Below Average

Please list subjects and grades received for the last grading period.

| Subject | Grade | Subject | Grade |
|--------------|-------|----------------|-------|
| Reading/Lit. | _____ | Science | _____ |
| Language | _____ | Social Studies | _____ |
| Spelling | _____ | Phy. Ed. | _____ |
| Penmanship | _____ | Art | _____ |
| Math | _____ | | |

It is understood that each student will be placed in the grade which best meets his/her needs. This is determined by placement testing, along with teacher and administration evaluation. Has the applicant any history of, or been evaluated for, any unusual physical or emotional condition or a learning disability which has required professional attention or might require special attention at Valley Christian School? ____NO ____YES

If yes, please explain. _____

Is the student on any medication on a regular basis that we should be aware of? ____NO ____YES

If yes, delineate. _____

If yes, does this medication need to be administered during school hours? ____NO ____YES

Does this student need to wear eyeglasses? _____ All the time? _____

Hobbies, special interests. _____

Comment upon the student's personality traits (well-behaved, poised, responsible, reticent, temperamental, aggressive, domineering, fearful, etc.)

Are you applying for admission for all your school aged children? ____NO ____YES

If not, please state reasons. _____

MEDICAL HISTORY FORM

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until re-admission is acceptable to the school authorities. Your cooperation is greatly appreciated.

Student's Name _____
Last First Middle

Sex _____ Age _____ Date of Birth _____

Father's Name _____ Father's Health _____

Father's Occupation _____

Mother's Name _____ Mother's Health _____

Mother's Occupation _____

Phone number where parents may be reached/contacted during school hours.

Father () _____ Mother () _____

Cell # () _____ Cell # () _____

PAST DISEASES: (If your child has had any of the following, please state age.)

| | | |
|---------------------|---------------------------|----------------------|
| Mumps _____ | Measles _____ | Whooping Cough _____ |
| Asthma _____ | Hay Fever _____ | Diphtheria _____ |
| Scarlet Fever _____ | Polio _____ | Chicken Pox _____ |
| Pneumonia _____ | Convulsions _____ | Diabetes _____ |
| Heart Disease _____ | Discharge from ears _____ | |

RECENT DISABILITIES: (Please check any of the following noted recently.)

| | |
|---------------------------------|-----------------------------|
| Four or more colds yearly _____ | Crippling conditions _____ |
| Fainting _____ | Hearing difficulties _____ |
| Growing Pains _____ | Allergies _____ |
| Frequent leg pains _____ | Shortness of breath _____ |
| Dizziness _____ | Frequent sore throats _____ |
| Tires easily _____ | Abdominal pain _____ |
| Frequent sties _____ | Frequent urination _____ |
| Ringworm _____ | Persistent cough _____ |
| Dental defects _____ | Speech difficulty _____ |

MEDICAL INFORMATION

Family Physician _____ Phone () _____

Has your child received all required immunizations? _____ No _____ Yes

IMMUNIZATION RECORDS: (Please give the date of each. All "*" vaccines are mandatory to enter school unless a signed waiver is on file.)

| Type of Vaccine | First Dose | Second Dose | Third Dose | Fourth Dose | Fifth Dose |
|--|------------|-------------|------------|-------------|------------|
| DTP/D TaP/DT/TD (Diphtheria, Tetanus, Pertussis) | * | * | * | * | |
| Polio | * | * | * | (*) | |
| Hepatitis B | (*) | (*) | (*) | | |
| MMR (Measles, mumps, rubella) | * | * | | | |
| Other: Chicken Pox | | | | | |

Does your child have a disability due to disease? _____ To an accident? _____

Has your child had a skin test for tuberculosis? _____ Date _____

Has he/she been associated with a tuberculosis patient? _____ When? _____

PERSONAL RECORD: (Please answer all of the following.)

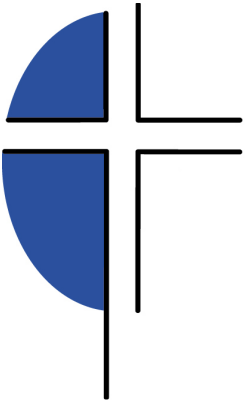
Is he/she shy? _____ Bite fingernails? _____

Do they like school? _____ Have excessive _____

Play well with others? _____ Suck thumb? _____

Temper tantrums? _____ Eat breakfast? _____

What is regular bedtime? _____ What is rising time? _____



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Consent for Treatment

Students Name: _____

Date of Birth: _____

Last tetanus shot: _____

Any allergies: _____

Other medical conditions: _____

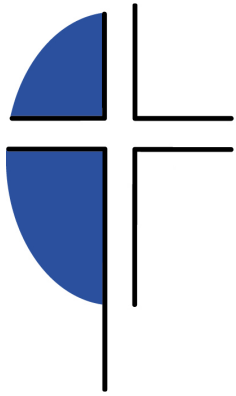
| Parents Name: | Address: | Daytime phone: |
|---------------|----------|----------------|
| | | |
| | | |
| | | |

EMERGENCY CONTACTS (only if parents cannot be reached)

| Name: | Address: | Daytime phone: |
|-------|----------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |

In case of an emergency, _____ may be taken to _____ Hospital or another if needed. I hereby authorize Dr. _____ to give care to whatever emergency measures are necessary for the care and protection of my child while under the supervision of Valley Christian School.

Parent signature: _____ Date: _____



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Pastor's Confidential Recommendation

1. To be filled in by the family:

Parent's Name _____

Parent's Address _____

Church Home _____

Names/grades of children for whom you are applying to Valley Christian School:

| | Name | Grade |
|----|-------|-------|
| a) | _____ | _____ |
| b) | _____ | _____ |
| c) | _____ | _____ |
| d) | _____ | _____ |

(After filling out this top section, please give this form to your Pastor to complete and mail directly to the school.)

2. To be filled in by the Pastor:

The above family has applied for enrollment to Valley Christian School. It is our desire to work with you in a total evaluation of them prior to their being accepted. Please aid us by answering the brief questionnaire below. Only the board members and principal will read this recommendation. Feel free to make a copy of this form prior to its return to us, and share its contents with the family, if you so choose. (You may use additional paper if more room is needed.)

Please mail this completed form to the address listed at the end of the form. Thank you!

a) How many years have the family attended your congregation? _____

b) Are the parents members of your congregation? _____ Is the student a member? _____

c) How would you evaluate the family's involvement in the ministries of your congregation?

_____ regular and faithful _____ fairly regular and faithful

_____ sporadic in attendance _____ seldom attend/participates

d) How long have you known the family? _____

e) Have you ever visited this family in their home? _____ What was your general impression:

Pastor, if you are filling out this form for more than one student, please comment separately.

f) Would you consider all of the children applying to be open and sensitive to spiritual instruction?

g) Do all of the children applying cooperate well with those in authority? _____

With peers? _____

h) What evidence is there that the parent(s)/guardian, and the student(s) are born again? (John 3)

i) Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family to Valley Christian School? _____

j) Do you recommend this family for admission to Valley Christian School?

Yes _____ No _____

Recommendation: _____

God bless you and your ministry, and again, thank you for your help!

Signature _____

Title/Position _____

Name of Church _____

Phone #: () _____

Date _____

Please return to:

Valley Christian School
661b West St.
Taylors Falls, MN 55084