

☐ Check box if any personal information has changed.



Office use only:

Date Application Received _____

Accepted by _____

Counselor Review _____

Re-Enrollment Application
VALLEY CHRISTIAN HIGH SCHOOL
6900 W. Galveston St., Chandler, AZ 85226-2508
(480) 705-8888 FAX (480) 705-8889
www.vchsaz.org

STUDENT INFORMATION:

Name _____ Sex _____ Age _____
First Middle Last

Address _____
Street City State Zip

Home Telephone _____ Grade for 2016-17: _____

Student cell phone: _____ Student email: _____

To be completed by Student

How often do you attend church? _____ Name of Church _____

Address of Church _____

Youth Pastor _____ Phone Number of Church: _____

Are you involved in the youth group? _____

Do you know Jesus Christ as your personal Savior? ☐ Yes ☐ No ☐ Undecided

Describe your relationship with Christ over the past year. (25 words or more in your own handwriting)

Do you want to continue attending Valley Christian High School? ☐ Yes ☐ No ☐ Undecided

Please explain. (25 words or more in your own handwriting)

Why do you want to continue attending Valley Christian High School

Describe how your experience at Valley Christian High School has helped you know Christ and live like Him
(Spiritually, Academically, Socially, Physically): (25 words or more in your own handwriting)

Describe your progress towards your required 12 Christian Service Program hours this past year:

Is there anything that VCHS can do to serve your spiritual, academic, social or physical needs more effectively?

Student Statement of Cooperation

By signing this application, I am indicating that I agree with the Statement of Faith and the established standards of the school as outlined in the Handbook, and it is my personal desire and decision to attend Valley Christian High School. I agree to abide by the school's rules and policies. This applies for my entire high school career, both on and off the VCHS campus, and includes summer vacation. If I cannot abide by the school rules, I will voluntarily withdraw from the school. I also realize that if I violate the established guidelines or policies, I will be subject to immediate discipline as outlined in the Handbook.

Student Signature

Date

Student Name: _____

☐

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PARENT INFORMATION (with whom student resides)

Father Information

Biological ☐ Step ☐ Adoptive ☐

Name _____

Address _____

City/State/Zip _____

Home phone _____

Cell Phone _____

Work phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Mother Information

Biological ☐ Step ☐ Adoptive ☐

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

CHURCH INFORMATION

Does your family attend church regularly? Yes _____ No _____ Church attending _____

Pastor _____ Church Address _____

FAMILY INFORMATION

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

Sibling Name _____ Grade _____ School _____

I give my permission for the non-custodial parent, _____, to pick up student during or after school.

(Custodial/Legal Guardian Signature) _____

Non-Custodial Parent(s) Information

Father Information

Biological ☐ Step ☐ Adoptive ☐

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Mother Information

Biological ☐ Step ☐ Adoptive ☐

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

Business Name _____

Position _____

Marital Status _____

Non-Custodial Parent Church Information

Does your family attend church regularly? Yes _____ No _____

Pastor _____

Church attending _____

Church Address _____

VALLEY CHRISTIAN HIGH SCHOOL

Parent Commitment Form Statement of Cooperation

The Mission of Valley Christian High School is that students know Jesus Christ as their personal Savior, live like Him, and prepare academically, physically, socially and spiritually, so they are enabled to make a difference in the world.

In order to fulfill the Valley Christian High School mission in the lives of our children:

We, _____, the parents/guardians of _____, do hereby pledge our support of the following:

***** (Please initial all and sign below) *****

1. _____ We agree to cooperate with the administration and faculty in support of the school programs, policies, and procedures.
2. _____ We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
3. _____ We invest authority in the school to discipline our child when necessary. We further agree that we will cooperate and discipline our child in the home as needed.
4. _____ We understand that we will be assessed for damages caused by our child to VCHS property (including breakage of windows and abusing the personal property of others).
5. _____ We agree to pay our tuition and fees when due, and that a fee will be charged if paid late.
6. _____ We recognize that Christian education requires parental support. We agree to support the school by volunteering our time, attending events and activities, and participating in fundraising efforts.
7. _____ We agree that if a conflict arises between our child/family and others in the VCHS family – students, parents, faculty, staff, and administration – we will, in the love of Christ and with prayer, register necessary complaints with the teachers or administration in compliance with Matthew 18 and the school grievance policy.
8. _____ We commit to pray for the school, students, faculty, administration, volunteers and school board.
9. _____ We recognize that rumors and gossip are toxic and unacceptable within a Christian community. We agree not to participate in such behavior.
10. _____ The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by the school board, the administration, the faculty and the student body of Valley Christian High School.

Father _____ Date _____
Signature

Mother _____ Date _____
Signature



Handbook Compliance

VALLEY CHRISTIAN HIGH SCHOOL

6900 W. Galveston St., Chandler, AZ 85226-2508
(480)705-8888 Fax (480)705-8889

Dear Parents,

Thank you for your interest in our school. We have adopted an admissions policy that opens the school to families who are like-minded spiritually, who are supportive of our philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education, but a distinctively *Christian* education for their children.

Before applying for admission to our school, please read the Handbook on our website (www.vchsaz.org/handbook). The Handbook will introduce you to many of our school's policies, procedures and expectations for both parents and students.

The first several pages of the Handbook explain our religious purpose, mission and beliefs. This school unashamedly believes, teaches and practices a literal interpretation of the Word of God. Valley Christian High School stands firmly upon the historical truth claims and moral foundations of Christianity. This includes, but is not limited to, the biblical definition of marriage, the attendant boundaries of sexuality and moral conduct, and the clear biblical teaching that gender is both sacred and established by God's design. Parents or the legal guardians, who choose to enroll their student at Valley Christian High, are agreeing to support these and other basic biblical values. Parents understand and agree that Valley Christian High will teach these principles and biblical values.

In addition, the Board of Directors urges parents to recognize their scriptural responsibility (Deuteronomy 6:1–9, Psalm 78:5, 6, Proverbs 22:6) to provide their children with a Christian education and to understand that the primary responsibility for this task rests with the parents (Ephesians 6:4). Valley Christian was founded and continues to operate upon biblical values and the desire and commitment for Bible-believing Christian parents to enroll their children in an intentionally Christian environment. Valley Christian will consider admission for students from families who, are willing to support Valley Christian's philosophy of Christian education, student conduct requirements, and the school's above-stated positions and who are willing to allow their children to be educated and influenced in an intentionally Christian environment. Continued enrollment at Valley Christian High is contingent upon this same understanding and support.

If you do not agree with our religious mission and beliefs, enrolling your child in our school will likely cause him or her confusion. For example, if a question regarding biblical lifestyles arises in chapel or your child's classroom, the teacher will answer from a biblical viewpoint consistent with our mission and belief statement. If your beliefs and lifestyle choices are not in agreement with our doctrinal stance, that answer will likely create conflict in your child's heart and mind. This internal conflict could drive a wedge between you and your child, cause your child to negatively judge you as a parent, or force your child to choose between our teaching and what he or she learns at home. We respect your desire to place your child in the best possible learning environment, but if you are not in full agreement with our doctrinal positions, it will be best for all concerned if you do not enroll your child at our school.

Biblical principles are integrated into every subject taught at Valley Christian. Our faculty and staff are committed not only to academic excellence, but also to teaching students how to apply the truths of God's Word to every aspect of life. If you are in agreement with the teachings of God's Word, this school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

We have read, agree and will abide by the established standards of the school as outlined in the Handbook.

Father/Guardian

Mother/Guardian

Student



FINANCIAL COMMITMENT FORM

1. I/we agree to pay tuition according to the following method:

- ☐ ANNUAL: Our family will pre-pay entire tuition on or before July 1st.
- ☐ SEMESTER: Our family will pay ½ tuition on or before July 1st and ½ tuition on or before December 1st.
- ☐ MONTHLY: Our family will pay tuition on a monthly basis for 11 months due on or before the 1st of each month starting June 1st and ending April 1st. A \$10 per month service fee will be added to our account.

***** *(Initial #'s 2 through 7 and sign below)* *****

2. _____ I/we understand that when VCHS calculates the tuition payment, any credits on my/our student's account (STO funds, prepayments, etc.) will be taken off the total tuition balance first and the remaining tuition balance will then be paid either "Annually", "Semester", or "Monthly".
Example: \$10,000 tuition minus \$1,000 STO credit; leaving a balance of \$9,000 to be paid either "Annually", "Semester", or "Monthly".
3. _____ I/we understand that a \$50 per month late fee will be charged if payment is not received by the due date.
4. _____ I/we understand that there will be a \$35 minimum charge for any check returned to the school by the bank.
5. _____ I/we understand that final exams and graduation certificates will not be processed for students with delinquent accounts at the end of each semester, or at the time of withdrawal.
6. _____ I/we understand that if my/our account is 30 days (or 1 payment) delinquent it may result in the withdrawal of the student from VCHS until the account is current. **Families may not postpone due payments because of anticipated state tax credit funds.**
7. _____ I/we understand that the school budget is based on the student count at the start of the school year. I recognize that my financial commitment to the school for the 2016-2017 school year remains in place for the full year even if my student leaves the school.

This document is understood to be legally binding, and I/we have read and agree to comply with the above commitment.

Date _____ Student (Print) _____ Grade Entering _____

Father/Guardian (Sign) _____ (Print) _____

Mother/Guardian (Sign) _____ (Print) _____

(both signatures preferred)



Notarized Parental Consent Form
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By signing below, I/We give our permission for (name of student) _____ to participate in **all school-sponsored activities**, including sporting events, practice and school-sponsored trips away from the school premises for the **2016-2017 school year**.

I/We realize that such activities involve the potential for injury. I/We further acknowledge that the participation in inter-scholastic athletics even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I/We acknowledge that I/we have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release Valley Christian High School, its Board of Directors, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Valley Christian High School, its Board of Directors, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

Student's Name Birth Date Home Phone Number

Primary Street Address City Zip Code

Father's Name Father's Work Phone Father's Cell Phone Father's Home Phone

Father's Street Address (mark "same" if same as above) City Zip Code

Mother's Name Mother's Work Phone Mother's Cell Phone Mother's Home Phone

Mother's Street Address (mark "same" if same as above) City Zip Code

Mother's e-mail address Father's e-mail address

Emergency Contact/Relationship Phone: Cell or Home

Family Doctor Phone

Hospital Preference Phone

Insurance Company Group Number

Parent/Guardian Signature Date

Student Signature if 18 years of age or older Date

Subscribed and Sworn before me this ____ Day of ____ Year of ____

NOTARY PUBLIC Signature ____ SEAL/Commission expiration date: ____



Emergency Medical Referral

VALLEY CHRISTIAN HIGH SCHOOL
6900 W. Galveston St., Chandler, AZ 85226-2508
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In order to effectively assess the needs of your child in a medical emergency, it is an **absolute must** that all items are checked either YES/NO or NA (not applicable).

Has your child ever had or now has:

YES	NO	NA		YES	NO	NA	
			ALLERGY				KIDNEY TROUBLE
			ANEMIA				MENSTRUAL CRAMPS
			ARTHRITIS				MIGRAINE HEADACHES
			ASTHMA				PNEUMONIA
			DIABETES				POLIO
			EMOTIONAL PROBLEMS				RHEUMATIC FEVER
			EPILEPSY				SINUS TROUBLE
			FAINTING				SORE THROATS (CHRONIC)
			HEART PROBLEMS				TUBERCULOSIS
			HEPATITIS				VALLEY FEVER
			HIVES				OTHER
			HYPOGLYCEMIA				

Recent surgery, accidents or illness during the past 12 months: _____

Any limitations/comments: _____

List all medications student is regularly and currently taking:

MEDICATION	DOSAGE	FREQUENCY

☐ I **give** permission for my child to be given ☐ Tylenol ☐ Advil ☐ Tums when necessary.

☐ I **do not** give permission for my child to be given Tylenol, Advil or Tums without my expressed permission

Signature of Person Completing Form

Date

Please notify the school immediately of any changes in medication, student's health, or emergency phone numbers during the school year.