☐ 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

lame			Sex Ane
First A	Middle	Last	3cx //gc
dress			
Street	City	State	Zip
me Telephone		Grade for 2017-18	d:
ident cell phone:		Student email:	
nicity:		_	
,			
be completed by Student			
ow often do you attend church	n? Name	e of Church	
ddress of Church			
outh Pastor		Phone Number of Chur	ch:
e you involved in the youth gr	oup?		
e you involved in the youth gr o you know Jesus Chris as your			
o you know Jesus Chris as your	personal savior? 🗆 \	es □ No □ Undecided	
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Re-Enrollment Application

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Why do you want to continue attending Valle Please explain. (25 words or more in your own h	ey Christian High School? Yes No Undecided andwriting)
Describe how your experience at Valley Christ Spiritually, Academically, Socially, Physically):	tian High School has helped you know Christ and live like Him : (25 words or more in your own handwriting)
Describe your progress towards your required	d 12 Christian Service Program hours this past year:
s there anything that VCHS can do to serve yo	our spiritual, academic, social or physical needs more effectively?
Studen	t Statement of Cooperation
he school as outlined in the Handbook, and in School. I agree to abide by the school's rules a off the VCHS campus, and includes summer va	at I agree with the Statement of Faith and the established standards of it is my personal desire and decision to attend Valley Christian High and policies. This applies for my entire high school career, both on and acation. If I cannot abide by the school rules, I will voluntarily withdraw the established guidelines or policies, I will be subject to immediate
Student Signature	Date



Notarized Parental Consent Form

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

Check box if any personal
information has changed.

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 tr	ps away from the school premises for the 2017-2018
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	Н	ome 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		Fath	er's e-mail address	
Emergency Contact/Relationship				Phone: Cell or Home
Family Doctor		Phone		
Hospital Preference		Phon	e	
Insurance Company			Group Numb	er
Parent/Guardian Signature		Da	te	
Student Signature if 18 years of age or older		Da	te	
Subscribed and Sworn before me this	Day of		Year of	
NOTARY PUBLIC Signature	c	FAI /Commi	ssion expiration date:	



NO

NA

YES

Emergency Medical Referral

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

In order to effectively assess the needs of your child in a medical emergency, it is an <u>absolute must</u> that all items are checked either YES/NO or NA (not applicable).

Has your child ever had or now has:

NO

ALLERGY ANEMIA ANEMIA ANEMIA ANEMIA ARTHRITIS									
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HYPOGLYCEMIA cent surgery, accidents or illness during the past 12 months: y limitations/comments: t all medications student is regularly and currently taking:									
cent surgery, accidents or illness during the past 12 months:				HIVES				OTHER	
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MEDICATION DOSAGE FREQUENCY	ıy limi	tations/co	omments:						
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I <u>do not</u> give permission for my child to be given Tylenol, Advil or Tums without my expressed	st all r MEDIC.	medication ATION /e perm	ons stude	nt is regularly and currently taking	j: DO	SAGE I 🗆 Tun	ns when	·	

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



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

2.	l/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 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 payments due because of anticipated state tax credit funds. Any account credit balances resulting from the receipt of state tax credit funds will not be refunded back to the family. This credit will be applied forward to the next year's/term's balance.
4.	I/we understand that a \$50 per month late fee will be charged if payment is not received by the due date.
5.	I/we understand that there will be a \$35 minimum charge for any check returned to the school by the bank.
5.	l/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.
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 remains in place for the full year even if my student leaves the school.
	is document is understood to be legally binding, and I/we have read and agree to comply with above commitment.
Da	te Student (Print) Grade Entering
Fat	her/Guardian (Sign) (Print)
Mc	ther/Guardian (Sign) (Print) (Print) (both signatures preferred)
	(both signatures preferred)