

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 2017-18: _____

Student cell phone: _____ Student email: _____

Ethnicity: _____

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 Chris as your personal savior? Yes No Undecided

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

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Why do you want to continue attending Valley Christian High School? Yes No Undecided

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

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



Emergency Medical Referral

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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.



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 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.

6. _____ 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.

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.**

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)