

☐ Check box if any personal information has changed.



Office use only:

Date Application Received _____

Accepted by _____

Counselor Review _____

High School Re-Enrollment Application
VALLEY CHRISTIAN SCHOOLS
6900 W. Galveston St., Chandler, AZ 85226-2508
(480) 705-8888 FAX (480) 705-8889
www.valleychristianaz.org

STUDENT INFORMATION:

Name _____ Sex _____ Age _____
First Middle Last

Address _____
Street City State Zip

Home telephone _____ Grade for 2018-19 _____

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 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)

Why do you want to continue attending Valley Christian Schools? ☐ Yes ☐ No ☐ Undecided

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

Describe how your experience at Valley Christian Schools 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 VCS 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 high school at Valley Christian Schools. I agree to abide by the school's rules and policies. This applies for my entire high school career, both on and off the VCS 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



Notarized Parental Consent Form
VALLEY CHRISTIAN SCHOOLS
6900 W. Galveston St., Chandler, AZ 85226-2508
(480)705-8888 Fax (480)705-8889

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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 **2018-2019 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 Schools, 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 Schools, 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 SCHOOLS
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 **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 if my/our account is 30 days (or 1 payment) delinquent it may result in the withdrawal of the student from VCS 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.
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 grades/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 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)