

Cross of Christ Christian School – Anthem, Arizona

New Student Application for Admission - School Year 2009-10

(Please print)

Date _____ Current Grade _____ Applying for Grade _____

Student's Name: _____
Last First Middle Preferred First Name

Address: _____
Street City State Zip

M _____ F _____
Gender _____ Race _____ Date of Birth _____ Social Security Number _____ Home Phone Number _____

Preschool 2's Class Applying For (circle one) Tu/Th 8:00-11:00 a.m. M/W/F 8:00-11:00 a.m.	Preschool 3's Class Applying For (circle one) M/W/F 8:00-11:00 a.m. Tu/Th 8:00-11:00 a.m. M/W/F 12:00-3:00 p.m. Tu/Th 12:00-3:00 p.m.
Prekindergarten 4's Class Applying For (circle one) Tu/Th 8:00-11:00 a.m. Tu/Th 12:00-3:00 p.m. M/W/F 8:00-11:00 a.m. M/W/F 12:00-3:00 p.m. M-F 8:00-11:00 a.m. M-F 12:00-3:00 p.m.	
Grade: (circle one) Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6	
Extended School Care (ESC) Class Number Applying For (circle one or more) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	

FAMILY INFORMATION

Student Lives With: _____
 (check all that apply) Father Mother Stepfather Stepmother Other Other

Student's: _____
 (check all that apply) Father deceased Mother deceased Parents divorced Parents separated

 Father/Guardian

 Mother/Guardian

 Stepmother

 Stepfather

 Home Address (If different from student)

 Home Address (If Different from student)

 City/State/Zip

 City/State/Zip

 Home Phone # Cell Phone #

 Home Phone # Cell Phone #

 Email Address

 Email Address

 Father's Employer

 Mother's Employer

 Business Address

 Business Address

City/State/Zip

City/State/Zip

Employer Phone #

Employer Phone #

Occupation

Occupation

Who is financially responsible for tuition and fees? _____

Describe custody arrangements (if applicable) _____

PLEASE LIST BROTHERS AND SISTERS

Name Date of Birth Grade School

Name Date of Birth Grade School

Name Date of Birth Grade School

FAMILY WORSHIP LIFE

Church Name and Address Pastor's Name

Check one of the following: _____ Lutheran Church/Missouri Synod _____ Lutheran Church/Other Synod

_____ A Non-Lutheran Congregation _____ We have no church membership at this time.

Would you be interested in information about Cross of Christ Lutheran Church? _____ Yes _____ No

Is your child Baptized? _____ Yes _____ No If not, would you like information about Baptism? _____ Yes _____ No

SCHOOL HISTORY

Most Recent School Attended Address Phone # Teacher's Name

Has your child ever attended Cross of Christ? _____ Yes _____ No – If yes, when? _____

Has your child tested at Cross of Christ? _____ Yes _____ No – If yes, when? _____

Has your child ever been suspended or dismissed from school? _____ Yes _____ No – If yes, please explain.

Has your child been tested, or recommended for testing, for any condition which might affect school performance (e.g., Attention Deficit Disorder, Learning Disabilities, and Behavioral/Emotional Disorders)? Yes _____ No _____ If yes, please explain.

Does your child take regular medication for any of the above conditions or for another condition?

_____ Yes _____ No – If yes, please explain. _____

Does your child have any allergies (especially food allergies)? _____

What prompted your consideration of Cross of Christ Christian School? _____

The following must take place before a New Student Admission will be considered complete:

1. This form must be completed and turned in with the Application Fee and a copy of the student's Birth Certificate and Immunization Records.
2. For students entering grades 1-6, individual entrance testing will be arranged through the school office after the Application Fee and Documents have been submitted.
3. A copy of the most recent report card, standardized test scores, and a recent photograph are required for grades K-6. A teacher's evaluation form is to be given to the present or prior teacher and mailed back to Cross of Christ Christian School.
4. If the applicant's parents concur with the recommendation of the school regarding class placement, then Financial Forms and Registration Fee are due at this time.
5. Cross of Christ Christian School does not guarantee admission to any applicant. It is the mission of Cross of Christ Christian School to share the love of Jesus with children and instill in them a love of learning and a desire to serve the Lord. Cross of Christ Christian School recognizes that there may be applicants whose background and circumstances are such that the applicants would require extraordinary attention and/or resources, and their admission would therefore disproportionately reduce the attention and resources available to other students. Cross of Christ Christian School also recognizes that, from time to time, there may be applicants with backgrounds which suggest that the applicant may pose a potential risk to other students. Cross of Christ Christian School must consider the best interest of its student body as a whole, and for this reason it is the policy of Cross of Christ Christian School not to accept such applicants. Exceptions to this policy may only be made by the School Board at the recommendation of the Principal.

Father's Signature (or Legal Guardian) Date

Mother's Signature (or Legal Guardian) Date

All questions on this Application for Enrollment must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

*Cross of Christ Christian School
39808 N. Gavilan Peak Pkwy.
Anthem, AZ 85086*

*(623) 551-3454
(623) 551-4067 fax
Email – paula@anthemcross.org or kim@anthemcross.org*

Cross of Christ Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. ++++++

Please do not write below-Office Use Only:

Entrance Testing (1st-6th grade)

Received: Birth Certificate YES NO

Date: _____ Time: _____

Immunization Record YES NO

Testing with: _____

Peanut/ Nut Form YES NO

_____ Testing Fee \$50.00 ck # _____

Playground safety Form YES NO

_____ Previous School Records received

Emergency Blue Card YES NO

_____ Year End Report Card received

Simply Giving Form YES NO

_____ Teacher/ Counselor/Principal Eval. Received

Received: Date _____

Time _____

By _____

Cross of Christ Christian School Tuition Agreement - School Year 2009-10

Parent Name _____ Phone (_____) _____

Address _____

Please include City and Zip Code

Student Name	Grade/Class	Monthly Tuition	Ext. School Care (Class)	Ext Care Monthly Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Preschool 3 through 6th Grade **Yearly Tuition Total:** \$ _____ ÷ 10 = _____ Monthly

Yearly Plan: Annual tuition payment must be made by May 15, 2009. A \$150 discount will be given for all students attending a full 5 day program and a \$75 discount will be given for all students attending part-time programs.

Monthly Plan: Tuition paid monthly will be set up with *Simply Giving* Tuition Management on an ACH Debit charge for ten (10) monthly installments, the first of which is due by August 5, 2009 and each month thereafter through May 5, 2010. **If the tuition payment does not occur on the 5th due to insufficient funds, a \$25 fee will be assessed.**

Multiple Child Discounts: Families with more than one child attending COCCS will receive a ten (10) percent per student discount beginning with the 2nd child.

Registration Fees: The registration/enrollment fees are due upon enrollment. Registration/Enrollment Fees are non-refundable unless the family is not being granted enrollment due to waiting list or other school-determined reason. **Registration Fees and Enrollment Fees are non-refundable.**

Refund Policy: Registration/Enrollment Fees are non-refundable unless the family is not granted enrollment due to waiting list or other school-determined reason. ESC tuition is transferable or refundable if withdrawal from ESC is necessary and a ten (10) day written advance notice is given. School Tuition is refundable with an advance and written thirty (30) day notice. **School and ESC Registration Fees, and Enrollment Fees are non-refundable.**

I/We promise to pay the full tuition amount \$ _____ by using the _____ plan. If I/we fall more than two (2) payments behind in paying tuition, I/we will receive notice. If our accounts are not current within fourteen (14) days from the date of notice, our child(ren) will be asked to withdraw. Enrollment for the following year (2010-11) is subject to full payment of 09-10 tuition and fees by May 31, 2010. A charge of \$25.00 will be assessed for any returned check. After two returned checks, I/we will be required to make our payments with cash or money order.

Signature _____ Date _____ Signature _____ Date _____

Please do not write below this line _____

Check Number _____ Registration Fee: \$100 \$150 \$175 \$200 \$225 \$300 Application Fee \$50

Total Paid _____ School Extended Care Fee: \$30 \$50 \$75