

## 2010-2011 SCHOOL YEAR

Dear Friends,

Thank you for your expression of interest in the ministry of Calvary Christian School. A ministry of Calvary Baptist Church, Latonia, Kentucky, this institution is committed to the Word of God, young people and their families, and the ministry of Christian education from 4-year old preschool through grade 12.

**Please read all information thoroughly. An application fee, outlined on the Enrollment Fee Sheet, is to accompany the completed application packet. \*All items (#1-14) on the checklist must be completed and attached to the application prior to being submitted to the school Registrar. Incomplete applications will not be accepted.**

Once the completed application has been received, school personnel will contact you regarding a date for testing your child (grades K5-12) and an interview. Applicants entering grades 1-12 may be exempt from being tested if they have test results from one of the following achievement tests, which they have taken in the last 12 months: Stanford Achievement Test (SAT), California Achievement Test (CAT), or the Iowa Test of Basic Skills (ITBS). Principals may choose to retest a student if the test scores provided are insufficient to determine the grade placement of a child. The Kentucky KIRIS and the Ohio Proficiency Test are not acceptable tests for CCS admission.

Upon completion of all requirements, the Admissions Committee will determine final approval for acceptance. This process will vary in time depending on the number of applications being processed.

The **completed** application packet (**\*see notation above**) and appropriate application fee may be submitted on a first-come, first-served basis.

**In closing, local full or part-time pastors who meet the established criteria may be eligible to receive a tuition discount. If you are a full or part-time pastor, please contact the school office to receive this specific information.**

We look forward to meeting you and having a part in the Biblical training of your children.

Sincerely,

Donald C. James, Ed. D.  
Administrator

**Equipping Minds, Nurturing Hearts, Transforming Lives (EqNT)**



# APPLICATION FOR ADMISSION

To be completely filled out and submitted to  
the CCS Registrar.

**Please enclose a picture of the child.**

### FOR OFFICIAL USE ONLY:

Application fee paid: \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

Student Accepted  
 Student Rejected  
Administrator's Initials: \_\_\_\_\_  
Exec. Committee Initials: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Student's name in full \_\_\_\_\_ Today's date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last First M/I \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex:  Male  Female  
Month Day Year

Social Security Number (**Mandatory**) \_\_\_\_\_ Month student will enter \_\_\_\_\_

Grade student will enter \_\_\_\_\_ if K4 (\_\_\_\_ 2 day a.m. \_\_\_\_ 3 day a.m.)  
if K5 (\_\_\_\_ All day \_\_\_\_ 1/2 day a.m. \_\_\_\_ 1/2 day p.m.) - as available

Local address \_\_\_\_\_ Home Phone \_\_\_\_\_  
No. Street City State Zip

Person to be billed \_\_\_\_\_  
Name Address City State Zip

Method of Tuition Payment: \_\_\_\_ 10 months \_\_\_\_ One Payment (1% discount) (**after Sept. 1 – tuition divided by 9-mo.**)

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Position - \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Position - \_\_\_\_\_

Paternal Grandparent's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maternal Grandparent's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Calvary Christian school has my permission to mail updates and information to the student's grandparents. \_\_\_\_ Yes \_\_\_\_ No

List other children in the family currently enrolled at CCS: \_\_\_\_\_ / \_\_\_\_\_  
Name Grade Name Grade

List Chronologically all previous schools attended:  
Dates Grade Name and Address of School  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

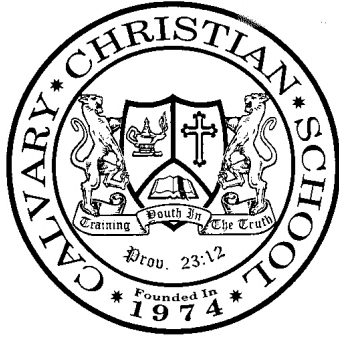


# CALVARY CHRISTIAN SCHOOL NEW STUDENT REQUIREMENTS CHECKLIST

- 1. Application form completed (enclosed)
- 2. Non-refundable application fee
- 3. Pastor's referral form (enclosed)
- 4. Youth Leader referral form (grades 7-12) (enclosed)
- 5. Student Questionnaire (K5, 5-8 & 9-12) (enclosed)
- 6. Copy of Birth Certificate
- 7. Copy of Social Security Card
- 8. Copy of a most recent report card
- 9. Signed Agreement Statement (pg. 2 in parent/student handbook - enclosed)
- 10. Copy of Standardized Achievement Testing
- 11. Immunizations on a Kentucky State Form  
(at Ky. Dr.'s offices or if you're out of state, contact the Kentucky Health Dept. 431-3345)
- 12. Physical Form (enclosed)
- 13. Kentucky Eye Exam Form (K5-12) (enclosed)
- 14. Date of your Dr. Appts. on Dr.'s stationery (if no medical forms are attached)

Please make sure that you have all of the required items listed. We will not accept your application if you are missing any of the required items.

**Thank you for your cooperation!!**



# PASTOR'S REFERRAL FORM

**A. THIS SECTION TO BE COMPLETED BY PARENTS**  
Please complete this section, then forward to your pastor along with an envelope addressed to the school (a separate reference form must accompany each child's application).

Parents' names:	Phone:
Address:	City: <span style="float: right;">Zip:</span>
Child applying:	Child's grade:



**B. THIS SECTION TO BE COMPLETED BY YOUR PASTOR**

DEAR PASTOR: Calvary Christian School accepts students who are faithful to their local church. Please complete this Referral Form and return it to Calvary Christian School, 5955 Taylor Mill Rd., Covington, KY, 41015, or you may fax it to 859/356-8962. Thank you for your assistance!

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name:	Phone:
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Yes  No Our church teaches that the Bible, consisting of 66 books from Genesis to Revelation, is the inspired Word of God, and the sole authority on issues of salvation and faith.

Yes  No Our church teaches that a person receives salvation by faith alone in the death, burial and resurrection of Jesus Christ, it is not earned by the works of men (i.e., baptism, sacraments, confirmation, church membership).

SERVICES OFFERED:  (Please Check)	REGULARITY OF ATTENDANCE:								
	Please Circle: R = Regularly O = Often S = Sometimes								
	FATHER		MOTHER		STUDENT				
___ Sunday School	R	O	S	R	O	S	R	O	S
___ Sunday AM Service	R	O	S	R	O	S	R	O	S
___ Sunday PM Service	R	O	S	R	O	S	R	O	S
___ Youth Meetings	R	O	S	R	O	S	R	O	S
___ Midweek Service	R	O	S	R	O	S	R	O	S
Other:	R	O	S	R	O	S	R	O	S

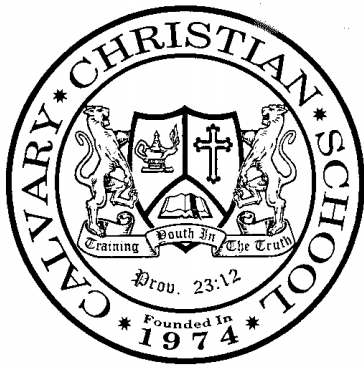
Additional Comments By Pastor:  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact me for further discussion:  YES  NO

**THIS STUDENT'S APPLICATION CANNOT BE COMPLETED UNTIL THIS FORM HAS BEEN RECEIVED BY CALVARY CHRISTIAN SCHOOL.**

Calvary Christian School, 5955 Taylor Mill Road, Covington, KY 41015, (859) 356-9201



# YOUTH LEADER REFERRAL

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S PARENTS**  
 After this section has been completed, please forward the form to the applicant's youth pastor. If the applicant does not have a Youth Pastor, their Sunday School Teacher may complete the form.

Parent's names:	Phone:
Address:	City: <span style="float: right;">Zip:</span>
Applicant's name:	Child's Grade::

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S YOUTH PASTOR**

Leader's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Youth Leader: Calvary Christian School accepts students who are faithful to their local church. Please complete this section of this form and return it in the envelope provided by the applicant, or you may fax it to 859/356-8962.

QUESTIONS	ANSWERS
1. How regularly does the applicant attend youth oriented meetings and activities?	Frequently      Sometimes      Seldom
2. How would you describe the participation level of the applicant when in attendance at youth activities?	Very active    Moderately active    Infrequently active
3. How does the applicant demonstrate leadership qualities?	
4. How would you describe the applicant's level of spiritual maturity?	Above average      Average      Below average
5. If you were the applicant's age, would you want to associate with them?	Yes                  No
6. Would you want your own children to associate with the applicant?	Yes                  No

ADDITIONAL COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CONTACT ME FOR FURTHER DISCUSSION      YES      NO

**THIS STUDENT'S APPLICATION CANNOT BE COMPLETED UNTIL THIS FORM HAS BEEN RECEIVED BY CCS!**

CALVARY CHRISTIAN SCHOOL
SCHOOL MEDICAL EXAMINATION FORM – INITIAL ENTRY

All local boards of education shall require a medical examination of each child first entering school within a period of six months prior to initial admission to school. Local school boards may extend this time not to exceed two (2) months. The administration shall have an approved program of continuous health supervision, which shall include hearing and scoliosis scheduled screening tests.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

STUDENT NAME:
SOCIAL SECURITY NUMBER: BIRTHDAY:
PARENT OR GUARDIAN NAME:

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230

MEDICAL HISTORY

SEIZURES:
CHRONIC ILLNESS:
ALLERGIES:
MEDICATION:
SIGNIFICANT HISTORICAL INFORMATION:

PHYSICAL EXAM:

Table with columns for Normal (N) and Abnormal (Abn.) findings for General Appearance, HEENT, Neck, Chest, Heart, Abd-Genitalia, Extremities-Back, and Neuro. Includes vital signs (Hgt, Wgt, BP) and screening results (Hearing, Vision, Amblyopia, School Readiness, HCT/HGB, UA).

Explain Abnormal Exam:

Recommendations:

No Restrictions: Normal Exam
No Restrictions: Abnormal Exam – Explain:
Special Seating Needed: Yes No
RESTRICTIONS AND SUGGESTIONS TO SCHOOL:

Age appropriate and suggested anticipatory guidance (health assessments)

- 1. Discuss injury prevention with parents (a) Bicycle Safety (b) Car Seat Belts (c) Memorization of Name, Address and Phone Number
2. Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.
3. Emphasize the importance of dental care.

Signed: Physician/ARNP/PA/EPSTD Provider Date:

Address: Phone:

# Kentucky Eye Examination Form for School Entry

8/2000

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

**PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS**

**IDENTIFYING INFORMATION**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

**RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230**

**CASE HISTORY**

Date of Exam: \_\_\_\_\_

Ocular History: Normal  or Positive for: \_\_\_\_\_

Medical History: Normal  or Positive for: \_\_\_\_\_

Drug Allergies: NKDA  or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:  Amblyopia     Strabismus     Glaucoma     Diabetes  
 Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (please indicate one)     YES     NO

	<b>OD</b>	<b>OS</b>
Unaided Acuity	20 / _____	20 / _____
Best Corrected Acuity	20 / _____	20 / _____

	Normal	Abnormal	Not able to Assess
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Exam (media, lens, fundus, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation and convergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Diagnosis:**     Normal     Myopia     Hyperopia     Astigmatism     Strabismus     Amblyopia  
 Other: \_\_\_\_\_

**Recommendations:**

- 1 Glasses prescribed:     YES     NO
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**Age appropriate and suggested anticipatory guidance (health assessments):**

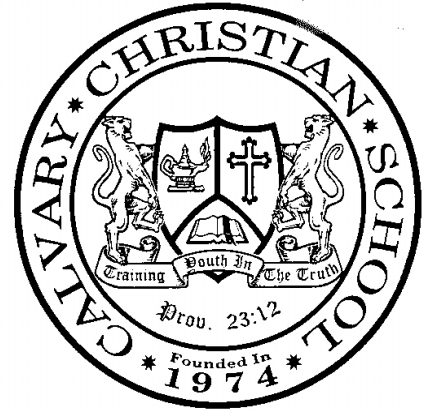
- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Optometrist/Ophthalmologist

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

# Calvary Christian School

5955 Taylor Mill Road  
Covington, KY 41015



This Student Questionnaire is to be completed by the student applying for Admission to grades 9-12. Complete carefully and clearly in your own handwriting.

## General

Your Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Entering \_\_\_\_\_ The church you attend is \_\_\_\_\_

Church Address \_\_\_\_\_ Member? \_\_\_\_\_

Church Attendance:	<u>Sometimes</u>	<u>Often</u>	<u>Regularly</u>
Sunday School	_____	_____	_____
Church	_____	_____	_____
Other Services	_____	_____	_____

List any organization, sports, hobbies, musical endeavor, etc. in which your are interested and have participated.

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# Educational

Where do you currently go to school? \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City Zip

Telephone no. \_\_\_\_\_ Approximate number of days absent last year \_\_\_\_\_

What are your education objectives?

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What are your favorite & least favorite subjects?

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Have you ever failed any courses? \_\_\_\_\_ If so, give details \_\_\_\_\_

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How would you describe your relationship with your teachers?

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Have you ever been dismissed or suspended from any school? \_\_\_\_\_ If so, why?

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# Personal

Describe your salvation experience and what it means to you. \_\_\_\_\_

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Is it your personal desire to attend C.C.S.? \_\_\_\_\_ If yes, why? \_\_\_\_\_

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Do you like to read? \_\_\_\_\_ If yes, list by author and title at least two books that were not assigned and which you have read within the past year. \_\_\_\_\_

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Which of the two books did you most enjoy and why? \_\_\_\_\_

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What kind of music do you listen to? \_\_\_\_\_

Who are your favorite singers or groups? \_\_\_\_\_

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List your favorite television programs \_\_\_\_\_

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Would you describe yourself as a good friend? \_\_\_\_\_ Why or why not? \_\_\_\_\_

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What characteristics do you look for in a friend? \_\_\_\_\_

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# Writing Sample

On a separate sheet of paper, write approximately 200 words in your own handwriting and in ink on the following subject:

*“The Responsibility of the Christian Student”*

(Include your thoughts on how you would like to contribute to Calvary Christian)

## References

Your last principal \_\_\_\_\_ Phone \_\_\_\_\_

Math or English teacher \_\_\_\_\_ Phone \_\_\_\_\_

Your Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Youth Leader \_\_\_\_\_ Phone \_\_\_\_\_

***Before completing this application, it is important that you and your parents understand the purpose of Calvary Christian School. Please read carefully:***

Calvary Christian School is a school for students who are serious about their academic studies and life objectives, and who desire to conduct themselves in such a way as to please and honor the Lord Jesus Christ.

Those applying to CCS should be willing to cheerfully abide by the procedures of the school without being prodded to engage in regular daily devotional reading and have as a rule of thought, conduct, and conversation to engage in those things that are true, honest, just, clean, and pure, and of good report (Phil. 4:8).

It is understood that the school may determine necessary disciplinary measures and, if in its opinion, it concludes that any student's actions or attitudes are such as to indicate that he is not susceptible to the disciplines or objectives of the school, such student shall be subject to immediate dismissal.

If you are willing to agree with the statements above and with those contained in the CODE OF CONDUCT, please sign below:

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Signature

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Date



## CALVARY CHRISTIAN SCHOOL NEW FAMILY AGREEMENT STATEMENT

**PLEASE READ CAREFULLY and place a check in the box beside each statement to indicate your agreement.**

In making this application, I/We agree that:

- 1. We will accept the challenge to “train up a child in the way he should go” and state that this training will be carried on in the home. We shall place our trust in Calvary Christian School to extend that training more completely.
- 2. At least one parent of the applicant is a Christian, having accepted Jesus Christ as personal Savior (Romans 10:9-13). Salvation is by faith alone in the death, burial and resurrection of Jesus Christ (I Corinthians 15:3-4), and is not of works - i.e. baptism, sacraments, confirmation, and church membership.
- 3. We will faithfully attend 80% of the services of a Bible-believing church. The Bible, consisting of 66 books from Genesis to Revelation, is the inspired Word of God and our authority in all matters of faith and practice.
- 4. We have read the Parent/Student Handbook and agree to abide by all standards, procedures, and regulations therein.
- 5. We will pray for the school’s staff.
- 6. We will not foster or exercise at CCS any personal religious doctrinal belief or practice contrary to that which is promoted by CCS.
- 7. The school’s personnel are authorized to discipline our child(ren) as necessary including corporal punishment (in grades K5-8). Parents will be notified prior to the administration of corporal punishment.
- 8. If for any reason our child does not respond favorably to the school’s standards, guidelines, or expectations, we will withdraw him/her.
- 9. We will pay all tuition and fees promptly and according to school policies. Late fees will be added to payments received after the 10<sup>th</sup> of the month and again after the 20<sup>th</sup> of the month. When a tuition account is two months in arrears, the student(s) may be withdrawn from school, and records will be withheld until required payments are made in full.
- 10. If our student is withdrawn, we will notify the school office **in writing before the first of the month** in order to avoid paying the entire month’s tuition.
- 11. Our child(ren) will go on scheduled field trips and other school activities.
- 12. We understand that CCS does not provide voluntary medical insurance coverage for students. Should a student become injured on the premises or during a school sponsored event, the student’s family insurance is the primary carrier.

(Over)

- 13. We will promote the spirit of unity within the school by following the Matthew 18 principle. If a problem arises, we will first contact the school personnel who can help (rather than those not involved). We will follow the proper chain of command when necessary until the problem is resolved. The parties to this agreement adhere to Christian principles and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of I Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or disputes arising out of or related to this agreement including, but not limited to, claims arising from statute, ordinance, regulation, case law or any other source shall be settled by biblical based mediation. If resolution of the dispute and reconciliation do not result from such effort, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree that the mediation and arbitration process will be conducted in accordance with the “Rules of Procedure for Christian Conciliation” contained in the Peacemaker Ministries booklet, *Guidelines for Christian Conciliation*, which both parties will have had opportunity to review. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes except to enforce a legally binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear one-half of the fees and costs of the arbitrator and any other arbitration expense. The parties to this agreement have had an opportunity to consult legal counsel before signing this agreement.
- 14. I give permission for my child(ren) to be photographed and/or videotaped. I understand that these may be used on the CCS website or in other promotional materials produced for the school.
- 15. Recommendation for admission of the applicant is at the discretion of the CCS Administration. Final approval of admission is determined by the CCS Admissions Committee.
- 16. Parents/Guardians of current CCS students are to be continuous role models of Christ-like behavior to their children and to the members of other school families. Expected to faithfully practice biblical standards in their home, church and community, parents are expected to glorify God in all that they do (I Corinthians 10:31), including striving to be godly examples in their dress (I Peter 3:3, 4), their words (James 3:5-12, Luke 6:45), their actions (James 3:14-18), and in their attitude (Philippians 2:1-16). Should a parent neglect one or more of these responsibilities, it may become incumbent upon the school administration and CCS Executive Committee to exercise the appropriate measures to resolve the situation in accordance with the decision of the board. If the situation cannot be resolved peaceably, then said parent[s] and/or guardian[s] will be expected to quietly withdraw their children from the school.

We have carefully read the above guidelines and have accurately completed all items outlined in this application, and we agree to uphold all guidelines as part of the CCS family.

\_\_\_\_\_  
**Father’s Signature**

\_\_\_\_\_  
**Student’s Signature (7-12)**

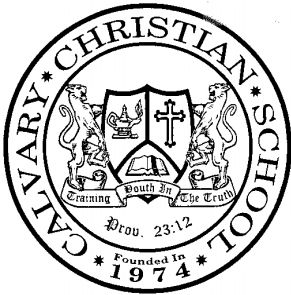
\_\_\_\_\_  
**Student’s Signature (7-12)**

\_\_\_\_\_  
**Mother’s Signature**

\_\_\_\_\_  
**Student’s Signature (7-12)**

\_\_\_\_\_  
**Student’s Signature (7-12)**

\_\_\_\_\_  
**Date**



## REQUEST TRANSFER OF SCHOOL RECORDS

**CALVARY CHRISTIAN SCHOOL  
5955 TAYLOR MILL ROAD  
COVINGTON, KY 41015  
PHONE # (859) 356-9201  
FAX # (859) 356-8962**

**Parents: Please complete this form and forward it to the last school that your child attended.**

**IT IS REQUESTED THAT AN OFFICIAL COPY OF THE SCHOOL RECORDS OF**

Name of Student \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name & Address of School Last Attended \_\_\_\_\_

**BE TRANSFERRED TO CALVARY CHRISTIAN SCHOOL (ADDRESS ABOVE).**

**Please send:**

- Copy of Report Cards
- Test Scores
- Copy of Birth Certificate

- Copy of S.S. Card
- Transcript
- Medical Forms

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Thank you.**

**Laurie Switzer  
Registrar**