



# APPLICATION FOR ADMISSION CENTRAL VIRGINIA CHRISTIAN SCHOOL

P.O. Box 8, Buckingham, Virginia 23921 Phone (434) 969-2827

Please complete one student application form for each child and one family page per family.

Submit completed forms with the application fee of **\$50.00** per child.

New students are required to submit an original **birth certificate** which will be returned.

A child must be 5 on or before September 30 of the year enrolling to apply for kindergarten.

<b>OFFICE USE ONLY:</b>	Date Received	Application Fee	Transcript	Pastoral Reference	Med. Form/Imm.	Birth Certificate
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Name (Last, First, Middle)	M/F	Preferred Name	Date of Birth (M/D/Y)	Grade	Social Security #

Schools Previously Attended by Applicant	Grade	Dates

Student Information

**Please answer the following questions if student is applying to transfer from another school:**

Reason for leaving previous school \_\_\_\_\_

Was child eligible for, or receiving special education services at previous school(s)? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Was child suspended or expelled from any previous school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Was child held back from promotion at previous schools? \_\_\_\_\_

Has the child ever been recommended for testing for possible learning disabilities? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Please discuss any additional information that might be helpful to the admission committee regarding this student. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Central Virginia Christian School does not discriminate against its members, students, teachers, or staff members on the basis of race, color, or national or ethnic origin. Central Virginia Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

# Family Information

Father or Guardian	Mother or Guardian
Name	
Home Address	
Home Phone	
Occupation/Employer	
Business Address	
Business Phone	
Mobile Phone	
E-mail Address	

Applicant(s) reside with \_\_\_\_\_

Name of Siblings	Age	Grade to Enter	School

Are you interested in before and/or after school care? Please specify.

Name of Church Attended by Parents/Guardians	Address of Church	Phone Number of Church	Pastor's Name

Names of persons authorized to pick up your child from school	Address	Phone Number

If we cannot reach you, whom should we call?	
Name/Relationship	Phone
Name/Relationship	Phone

**NEW FAMILIES:**  
*Whom should we thank for referring you to CVCS?* \_\_\_\_\_  
*Please state why you would like your child to attend CVCS.* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please initial box if it's okay for CVCS to publish your contact information in our school directory. (Includes name, email, address, & phone number.)

# Tuition and Policies

**In order for this application to be considered, it must be completed in full and the following information must be submitted:**

- Medical Information and Release Form
- Physical (kindergarten only) and Immunization Certification Record (all new students)
- Original Birth Certificate
- Home schooled or tutored students must supply a list of completed textbooks and annual achievement test scores to substantiate credits.
- Copies of report cards from two previous years, if applicable
- Pastoral Reference

*Upon acceptance, your child's transcripts and standardized testing results will be required from previous school.*

## Application Fee

A non-refundable application fee of \$50.00 is required prior to processing an application.

## Tuition Deposit

A deposit of \$300.00 per child is due on or before May 15 to ensure a place for your child(ren) at CVCS for the next academic year. This deposit is credited toward your tuition balance. This \$300.00 deposit is not refundable.

## Tuition Schedule

	<u>1<sup>st</sup> student</u>	<u>Each additional student</u>
Founders	\$3,150.00	\$3,150.00
All others	\$3,500.00	\$3,150.00

## Payment Schedule

<u>On or Before</u>	<u>1<sup>st</sup> student</u>		<u>Founders and/or second student</u>	
	<u>Option #1</u>	<u>Option #2</u>	<u>Option #1</u>	<u>Option #2</u>
May 15	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00
August 15	3,200.00	1,600.00	2,850.00	1,425.00
January 15		1,600.00		1,425.00

Option #3: \$320.00/month from August– May, due by the 15th of the month. With option 3, please add a \$150.00 administrative fee. For founders and additional children, the monthly payment would be \$290.00 per month with a \$150.00 administrative fee.

A late penalty fee of \$100.00 will be added to any overdue account. If an account is delinquent for 30 days, the student will be asked to withdraw until the account is paid in full.

## STATEMENT OF COOPERATION

1. We agree to pay tuition as stated in the CVCS handbook and on this application. Payments may be made in one lump sum (due by August 15), in two semester payments (due August 15 and January 15) or on a monthly payment plan as outlined in the application with payments due by the 15th of each month. A late fee of \$100.00 will be added to any overdue account. If an account becomes delinquent by 30 days, we understand that the student(s) will be asked to withdraw until the account is made current. If an approved early withdrawal becomes necessary, tuition will be prorated. All fees are non-refundable.

**Payment plan selected:** (Please check one.)

- Full payment on or before August 15.
- Payment of half on or before August 15 with remainder due Jan. 15.
- Ten monthly payments beginning August 15 and ending May 15.

2. Tuition alone does not cover the actual cost of educating our students. We recognize that our support is needed in prayer, service, and financial gifts in order to share in the successful education and training of our students.

3. Having read the CVCS Statement of Faith, Mission Statement, Philosophy and Goals, and Student/Parent Handbook, we support the aims and ideals of the school and will be diligent to follow proper procedures (as outlined in the student handbook) for addressing questions and concerns.

4. The school reserves the right to dismiss any student who does not cooperate with the educational process. CVCS students are expected to abide by the standards and policies of our school both on and off campus. If dismissed, students may not be considered for re-admittance until having been out for one full semester.

5. We give permission for our child(ren) to participate in school activities, including sports and school-sponsored trips, and we absolve the school from liability to us or to our child(ren) because of any injury to our child(ren) at school or during any school activity. In case of accident or serious illness, we request that the school contact us. If the school is unable to reach us, we authorize the school to make whatever arrangements seem necessary for the best interest of our child(ren).

6. \_\_\_\_\_ (Please initial your consent.) I hereby authorize and give full consent to Central Virginia Christian School to publish and copyright all photographs in which my child/children appears while enrolled as a student in any or all programs of Central Virginia Christian School. I further agree that Central Virginia Christian School may transfer or use these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMS and like publications, literature, or materials without limitations or reservations.

\_\_\_\_\_  
Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian)

\_\_\_\_\_  
Date

Medical Information & Release

Student's Full Name \_\_\_\_\_ SSN \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Any problems identified? Yes or No

If yes, please explain. \_\_\_\_\_

List all medications currently being used regularly including medication prescribed for the purpose of managing behavior and/or improving learning.

\_\_\_\_\_  
\_\_\_\_\_

List all allergies or sensitivities to food, drugs, etc. \_\_\_\_\_

\_\_\_\_\_

List any complications from childhood diseases. \_\_\_\_\_

List any mental or emotional conditions. \_\_\_\_\_

As parents/guardians of the above named child, we grant CVCS officials permission to secure necessary medical attention for our child in case of an emergency in our absence. We further agree to pay the expense incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

I authorize the CVCS staff to use the following items as part of basic first-aid care for my child, \_\_\_\_\_ (Please check which items may be used for your child.)

\_\_\_\_\_ Hydrogen Peroxide \_\_\_\_\_ First Aid Spray

\_\_\_\_\_ Neosporin Ointment \_\_\_\_\_ Baking Soda/Vinegar Paste for Bee Stings

\_\_\_\_\_ Calamine Lotion

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

All prescription medications must be hand-delivered by the parent/guardian to the school in their original containers and clearly labeled by the pharmacist. The parent/guardian is responsible for submitting doctor's orders to the school each time there is a change of medication dosage or time of administration.

## **WHY ARE WE HERE?**

*CVCS exists to provide a Christ-centered educational opportunity that will inspire and equip students to impact the world with Christian character, leadership skills and a superior education.*

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## **WHAT DO WE BELIEVE?**

*CVCS adheres to the belief that inherent in a superior Christian education are high standards, a nurturing, but disciplined learning environment, and parental involvement. CVCS also maintains that a K—8 Christian foundation combined with a continued network of support throughout the high school years will strengthen students' potential to impact their world for Christ.*

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## **WHY CHOOSE CVCS?**

### ***Small class size***

*Your child will reach his individual potential.*

### ***Challenging academics***

*Your child will excel.*

### ***Creative, hands-on instruction***

*Your child will love learning.*

### ***Christian faculty & staff***

*Your child will be loved.*

### ***Traditional values***

*Your child will be truthful, respectful, and accountable.*

### ***Biblical worldview***

*Your child will have an eternal perspective.*

### ***Safe, nurturing environment***

*Your child will love school.*

### ***Spanish, Music & Physical Education instruction***

*Your child will develop confidence.*

### ***Community & world missions***

*Your child will think of others.*