

# **Evangel Christian School**



**Character-Integrity-Honor**

**APPLICATION PACKET**

## **ADMISSIONS PROCESS**

Office of Admissions

### **EVANGEL CHRISTIAN SCHOOL**

- ✚ Parent-Student Interview
- ✚ Bring most current report card and transcript at time of appointment
- ✚ Application
- ✚ Student essay for grades 7-12
- ✚ Records review by committee

We will process the application after receiving the following:

- ✚ Birth Certificate
- ✚ Kentucky Immunization Certificate
- ✚ Kentucky Physical Form, if entering Kindergarten

ECS will request the student's records from the previous school.

Upon Acceptance the Admissions department will facilitate the tuition process through **FACTS** Tuition Management. The Registration and Book Fees to be paid through **FACTS** are due at this time.

## **FACTS Tuition Management**

**It is required that all families contract with FACTS Tuition Management Services. FACTS works with more than one million families at approximately 5,000 schools to set up monthly payments through automatic bank of credit card de-ductions. August-July payments will be set up the 1st of each months through FACTS. There is a yearly fee of \$45.00 to start the contract with FACTS. Please visit <https://factsmgt.com/> to set up your parent account. If you have any questions, please call the school office at - 502-968-7744 ext. 101**

**SCHEDULE OF TUITION**

Grades	Tuition	Annual	Month
K-12	First Child	\$5000.00	\$500.00
	Second Child	\$4000.00	\$400.00
	Third Child	\$3500.00	\$350.00
	Fourth Child	\$2500.00	\$250.00

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For Office Use:

Student(s) Name:\_\_\_\_\_

	✓	Amount Received	Date Received
Registration Paid			
Book Fees			
Sports Fees (if applicable)			
Senior Fees (if applicable)			
Paid in Full (if applicable)			

## **REGISTRATION COSTS**

Fees are per student. Upon acceptance, the fees will be nonrefundable, as arrangements will already be made for placement and books. Thank you for your cooperation.

<b>FEE</b>	<b>AMOUNT</b>	<b>COMMENTS</b>
<b>Registration Fee</b>	<b>\$300</b>	Students who register on or after June 1st
<b>Book, Tablet, Activity Fee</b>	<b>\$400</b>	Due by July 15th. (A \$20 late fee will incur after the 31st)
<b>Senior Fee</b>	<b>\$150</b>	Due by Oct 1st. Fee covers diplomas and other graduation expenses
<b>Sports Fee Grades 9-12 (fee paid per sport)</b>	<b>\$200</b>	Paid before student attends 1st practice
<b>Sports Fee Grades 7-8 (fee paid per sport)</b>	<b>\$150</b>	Paid before student attends 1st practice
<b>Sports Fee Grades Elementary (fee paid per sport)</b>	<b>\$75</b>	Paid before student attends 1st practice

All sports fees are exclusive of uniforms and cover only a portion of the cost of officials, coaches, game travel and equipment. This fee must be paid before first practice. Sports fees are for each individual sport.

# ***APPLICATION FOR ADMISSION/READMISSION***

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Returning Student? Yes\_\_\_\_ No\_\_\_\_

Please print clearly

## **Student Information:**

Last:\_\_\_\_\_ First:\_\_\_\_\_ Middle:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Place of Birth:\_\_\_\_\_ Ethnicity:\_\_\_\_\_ Gender:\_\_\_\_\_

Home Address:(include city, state, & zip)\_\_\_\_\_

Social Security #:\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Student email:\_\_\_\_\_

Student Phone # (if applicable)\_\_\_\_\_

## **Second Student Information:**

Last:\_\_\_\_\_ First:\_\_\_\_\_ Middle:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Place of Birth:\_\_\_\_\_ Ethnicity:\_\_\_\_\_ Gender:\_\_\_\_\_

Home Address:(include city, state, & zip)\_\_\_\_\_

Social Security #:\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Student email:\_\_\_\_\_

Student Phone # (if applicable)\_\_\_\_\_

## **Third Student Information**

Last:\_\_\_\_\_ First:\_\_\_\_\_ Middle:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Place of Birth:\_\_\_\_\_ Ethnicity:\_\_\_\_\_ Gender:\_\_\_\_\_

Home Address:(include city, state, & zip)\_\_\_\_\_

Social Security #:\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Student email:\_\_\_\_\_

Student Phone # (if applicable)\_\_\_\_\_

## **HOME ADDRESS**

Street:\_\_\_\_\_City, State:\_\_\_\_\_Zip Code:\_\_\_\_\_

### **Name of School Last Attended**

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

Telephone Number:\_\_\_\_\_Last Day in School:\_\_\_\_\_

Reason For Transfer:\_\_\_\_\_

## **FAMILY INFORMATION**

Father (or legal guardian)

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Cell Phone:\_\_\_\_\_

Home Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Marital Status:\_\_\_\_\_

Employer:\_\_\_\_\_

Work Phone:\_\_\_\_\_

Mother (or legal guardian)

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Cell Phone:\_\_\_\_\_

Home Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Marital Status:\_\_\_\_\_

Employer:\_\_\_\_\_

Work Phone:\_\_\_\_\_

**EMERGENCY CONTACTS (IN THE ORDER TO BE CONTACTED)**

Name\_\_\_\_\_ Relation\_\_\_\_\_ Day Phone\_\_\_\_\_

Name\_\_\_\_\_ Relation\_\_\_\_\_ Day Phone\_\_\_\_\_

Name\_\_\_\_\_ Relation\_\_\_\_\_ Day Phone\_\_\_\_\_

**PROHIBITED PICK-UP (PERSON(S) NOT ALLOWED TO PICK UP YOUR CHILD)**

*IF A PARENT IS PROHIBITED FROM PICKING UP THEIR CHILD, WE MUST HAVE A COPY OF THE LEGAL DOCUMENTS STATING THAT THEY ARE NOT ALLOWED TO PICK UP THEIR CHILD.*

**Name**\_\_\_\_\_

**Name**\_\_\_\_\_

**Name**\_\_\_\_\_

**Name**\_\_\_\_\_

**RELIGIOUS INFORMATION (REQUIRED)**

Church now attending:\_\_\_\_\_ Pastor:\_\_\_\_\_

Phone number:\_\_\_\_\_

Has the applicant made a profession of faith in Christ: Yes\_\_\_\_\_NO\_\_\_\_\_

Please describe your ( the student) relationship with Jesus Christ and His meaning in your life at this time.

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## **SCHOLASTIC INFORMATION**

**First Child:** \_\_\_\_\_

Has the applicant ever been in Special Education classes? **Yes\_\_ No\_\_**

Has the applicant ever been in Behavior Disorder classes? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with ADD/ADHD? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with dyslexia? **Yes\_\_ No\_\_**

Has the applicant ever been expelled/ suspended from any school? **Yes\_\_ No\_\_**

Has the applicant ever repeated a grade? **Yes\_\_ No\_\_**

If the answer is yes to any of the above questions, please give a full explanation:

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Level of the child's previous work: Excellent\_\_\_ Good\_\_\_ Average\_\_\_\_\_ Poor\_\_\_\_\_

**Second Child:** \_\_\_\_\_

Has the applicant ever been in Special Education classes? **Yes\_\_ No\_\_**

Has the applicant ever been in Behavior Disorder classes? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with ADD/ADHD? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with dyslexia? **Yes\_\_ No\_\_**

Has the applicant ever been expelled/ suspended from any school? **Yes\_\_ No\_\_**

Has the applicant ever repeated a grade? **Yes\_\_ No\_\_**

If the answer is yes to any of the above questions, please give a full explanation:

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Level of the child's previous work: Excellent\_\_\_ Good\_\_\_ Average\_\_\_\_\_ Poor\_\_\_\_\_

**Third Child:** \_\_\_\_\_

Has the applicant ever been in Special Education classes? **Yes\_\_ No\_\_**

Has the applicant ever been in Behavior Disorder classes? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with ADD/ADHD? **Yes\_\_ No\_\_**

Has the applicant ever been diagnosed with dyslexia? **Yes\_\_ No\_\_**

Has the applicant ever been expelled/ suspended from any school? **Yes\_\_ No\_\_**

Has the applicant ever repeated a grade? **Yes\_\_ No\_\_**

If the answer is yes to any of the above questions, please give a full explanation:

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Level of the child's previous work: Excellent\_\_\_ Good\_\_\_ Average\_\_\_\_\_ Poor\_\_\_\_\_

## FOOD ALLERGY FORM AND PARENT CONTACT INFORMATION

To protect your children, we are asking parents of children with food allergies to fill out this form and return to school. Please tell us what types of foods your child is allergic to. We will keep this form on file and safeguard your child from being offered something he/she should not have.

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

Is Student Asthmatic? \_\_\_\_\_

Food Allergy: \_\_\_\_\_

Type of reaction to allergy:

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Example of the type of food this particular product is in:

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Action:

If ingestion is suspected, give \_\_\_\_\_ (medication) \_\_\_\_\_ (dose) immediately.

Physicians Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

I give permission for EvangelChristian School staff to administer the above medication if necessary, and follow the course of action as directed by the above named physician.

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

Emergency Contact Name and Phone Number: \_\_\_\_\_



By my signature, I acknowledge that I have read, understand, and agree to the Policies and Procedures of Evangel Christian School as defined in Policies and Procedures section on the School Website. [www.evangelchristianschool.com](http://www.evangelchristianschool.com)

I also understand that these procedures may change from time to time, and understand that it is my responsibility stay up to date on them. Those policies and procedures include:

- ☐ Illness Policy/Parent Assurance
- ☐ Statement of Cooperation
- ☐ Student Agreement of Conduct
- ☐ Parental Statement of Support and Student Conduct Agreements
- ☐ Student Volunteer Form
- ☐ Payment Expectations
- ☐ Statement of Doctrinal Beliefs
- ☐ Covenant
- ☐ Handbook
- ☐ Media Release
- ☐ Cell Phone Policy

Parent Signature\_\_\_\_\_

Student Signature\_\_\_\_\_

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