

CRESCENT CITY CHRISTIAN SCHOOL



CRESCENT CITY
PIONEERS

ADMISSIONS APPLICATION

OUR MISSION, AS A DISCIPLESHIP CHRISTIAN SCHOOL, IS TO EQUIP STUDENTS SPIRITUALLY, ACADEMICALLY, PHYSICALLY AND SOCIALLY, ENCOURAGING THEM TO REACH THEIR HIGHEST POTENTIAL IN LIFE FOR CHRIST.

NAME _____
GRADE (APPLYING FOR) _____



APPLICATION PROCESS:

1. Submit an Application Packet to our Admissions Office. **Initial** each of the following items as included.

_____ Complete Application (pages 1-11 *neatly in ink* with additional documentation indicated below)

_____ Application Fee (Non-Refundable) - \$100.00

Initial Required Documentation (with completed application):

_____ Teacher Reference Form _____ Pastor Reference Form _____ Character Reference Form

_____ Report Cards/Transcript – grades earned in the current year and a minimum of three (3) full years prior to the current school year (an overall minimum ‘C’ average)

_____ Discipline Record – discipline record for the current year and a minimum of three (3) years prior to the current school year (no significant discipline record in one (1) full calendar year)

_____ Standardized Test Scores (Stanford, Iowa, LEAP, iLEAP, TerraNova, etc.) – scores from the current year and a minimum of three (3) full years prior to the current school year

*WE MAY REQUIRE ADDITIONAL TESTING FOR ANY STUDENT AT A CURRENT MINIMUM COST OF \$100 TO THE PARENT.

_____ Student Educational/Psychological Evaluation and any current or prior documented 504 educational accommodations plan (if applicable)

*WE DO NOT CURRENTLY OFFER A LEARNING CENTER/RESOURCE CLASSROOM FOR SPECIAL EDUCATIONAL NEEDS.

The following may be submitted at the time of the scheduled interview or with the initial application.

_____ Copy of Student’s Birth Certificate.

_____ Copy of Student’s Social Security Card

_____ Copy of Current/Updated Immunization Records.

_____ Copy of Custody Papers, if applicable.

2. Interview Meeting with the Parent(s) and Student

Once the Application Packet has been received and reviewed, the parent will be contacted to schedule an interview with one of our administrative or instructional staff members. Both the parent(s) and the child will participate in the interview process. In the event that an application is not approved, the parent will be contacted and informed of the decision.

3. Enrollment

Within three (3) school days following the interview, the parent will be contacted with an admissions decision. Once accepted for enrollment, the parent must submit the Non-Refundable Registration Fee (\$100), all required resource fees and complete financial arrangements with our Finance Office within three (3) days.



APPLICATION

PLEASE PRINT IN INK ALL INFORMATION AS REQUESTED

STUDENT INFORMATION:

Name:
First Middle Last

Grade Applying For: Race: Sex: Age: Social Security #:

Date of Birth: Place of Birth:

Home Address:

City: State: Zip:

Home Phone: (.....)..... Student's Cell #: (.....).....

Student's Email Address:

CURRENT (OR MOST RECENT) SCHOOL/PRESCHOOL/NURSERY ATTENDED:

Name:

Address:

City: State: Zip:

Principal/Director: School Phone:(.....).....

Dates of Attendance/Grades Completed:

Other Schools Attended (Dates of Attendance/Grades Completed):

EDUCATIONAL HISTORY:

Has the student ever repeated a grade? If yes, state reason and grade.....

Has the student ever had any disciplinary difficulty in school?

If yes, describe briefly:

Describe any physical or academic challenge(s) or learning differences that may affect your child's learning ability. Please reference and include appropriate documentation for any learning disability, dyslexia, ADHD, educational evaluation, psychological evaluation, visual, auditory or physical challenges, etc.

Does student receive any medication on a regular basis?

Name of Medication(s):

Reason for Medication(s):



STUDENT:

PARENTAL INFORMATION:

The child lives with (primary residence):FatherMotherStep-MotherStep-Father

Legal Guardian (if not the parent): (documentation required)

Describe briefly any shared or legal custody agreement (submission of any legal documentation is required):
.....

All school information will be sent to the student's primary residence unless otherwise specifically requested.

Father/Legal Guardian: Mother/Legal Guardian:

Address: Address:

City: City:

State: Zip: State: Zip:

Home Phone: (.....)..... Home Phone: (.....).....

Cell Phone: (.....)..... Cell Phone: (.....).....

Email: Email:

Occupation: Occupation:

Employer: Employer:

Work Phone: (.....)..... Work Phone: (.....).....

Church Affiliation: Church Affiliation:

Pastor: Pastor:

Church Member?..... How Long?..... Church Member?..... How Long?.....

Do you attend regularly? Do you attend regularly?

Marital Status: Marital Status:

Siblings: Age: M / F: Current School:

.....

.....

.....

EMERGENCY CONTACTS (INCLUDE STEP-PARENTS):

#1 - Name: Relationship:

Address: Home Phone:

City: Zip: Cell Phone: (.....).....

#2 - Name: Relationship:

Address: Home Phone:

City: Zip: Cell Phone: (.....).....

#3 - Name: Relationship:

Address: Home Phone:

City: Zip: Cell Phone: (.....).....



STUDENT:

STUDENTS ENTERING GRADE 3 - 12

THIS PAGE IS TO BE COMPLETED IN INK BY THE STUDENT IN HIS/HER OWN HANDWRITING.

Do you attend church regularly? Name of Church:

Church Address:

City: State: Zip:

Do you have a personal relationship with Jesus Christ? Do you know Him as your Personal Savior?

Yes No Undecided

Write your testimony including how you came to know Christ as your Personal Savior. Include a description of your present relationship with Jesus Christ.

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Is it your personal desire to attend Crescent City Christian School? Yes No
Explain your answer in at least 25 words.

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.....
.....
.....
.....

Have you ever used tobacco, alcoholic beverages, narcotics, or abused any other substances?
If yes, please explain.

.....
.....
.....

STUDENT PLEDGE (Grades 5-12): I understand that there are **Biblical Behavioral Expectations** for all students at Crescent City Christian School. I will not participate or remain in fellowship with students who use tobacco, alcohol, drugs, or are involved in any sexual activity. I will do my best to perform the tasks required, and diligently study the academic work assigned by my teachers. I understand that my academic responsibilities include all assignments as well as additional personal study time. I agree to a **minimum of 1½ hours of home study for grades 5 - 8 and 2 hours of home study for grades 9 - 12 for a minimum of 5 days per week.** If at any time I choose to violate this pledge, I may be disciplined, suspended, or expelled by the school authorities.

.....

Student's Signature

Date



STUDENT: GRADE:

STUDENT CODE OF CONDUCT (Grades 5 - 12)

HONOR COVENANT

- I will endeavor to follow the will of God for my life and to exemplify Christ-like character through daily personal prayer and consistent study of the Word of God, and through faithful group worship both at school and at church. (Matthew 7:7-11)
- I will practice good health habits and regularly participate in wholesome physical activities. (1 Corinthians 3:16, 17)
- I will refrain from participating in sexual immorality, drunkenness, or the use of illegal substances. (1 Corinthians 6:9, 13, 18, 19; Galatians 5:16-26)
- I will yield my personality to the healing and molding power of the Holy Spirit. (James 5:14-16; Acts 2:1-4)
- I will endeavor to faithfully give heed to the call of God on my life and develop the gifts and abilities God has given me. (1 John 2:20; 1 Corinthians 12:18-31; Ephesians 4:11,12)
- I will seek to practically share the love of Christ through personal witness and specific ministry on a regular basis in an area of Christian service. (Matthew 28:19, 20; Matthew 10:18; John 15:17; 1 Corinthians 15:58; 2 Corinthians 5:18; 1 Corinthians 9:22)
- I will acknowledge the need to preserve my language for words that uplift and encourage the peers and the adults in my life. (Matthew 12:36, 37)
- I will not lie, cheat, or steal nor tolerate those among us who do. I am not only expected to adhere to this policy but also to promote and encourage my peers in following it. (Psalm 15:1-3; James 1:8; Deuteronomy 5:19, 20)
- I will submit myself to the leadership of Crescent City Christian School. I realize that my attendance at Crescent City Christian School is a privilege and not a right. I determine to give my best and prayerfully support CCCS and its philosophy of providing a quality education without compromising the Word of God. (Hebrews 13:17)

..... Student's Signature Date
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..... Parent's Signature Date
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STUDENT:

TO BE COMPLETED BY THE PARENT or LEGAL GUARDIAN

What abilities (physical, spiritual, academic, musical, social, athletic, artistic, etc.) does your child possess? Please comment on any unusual factors in the child's life (e.g. absence of father, mother, or grandparents in home, unusual accidents or serious illness, adoption, etc).

.....
.....
.....

List the special interests or hobbies you have as a family:

.....
.....
.....

I want my child to attend Crescent City Christian School for the following reasons:

.....
.....
.....

As parents, what has been your past involvement in, or support of Christian school education?

.....
.....
.....

CRESCENT CITY CHRISTIAN SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER OR RELIGION IN ADMINISTRATION OF ITS EDUCATIONAL AND ADMISSIONS POLICIES OR OTHER SCHOOL ADMINISTERED PROGRAMS.

PRIVACY ACT

Parents/Guardians of students or students 18 years of age or older, wishing to withhold any or all of the directory information items (FERPA notice available at www.ccchristian.net) may do so by signing below. Once information has been published, it cannot be removed from that publication.

Parent Signature: Date:

Student: (PRINT)



STUDENT:

FOR PARENTS OR GUARDIANS:

I have read and understand this request for admission and accompanying information. I have also discussed with my child, his/her decision to attend Crescent City Christian School, and believe that all the statements made are true, to the best of my knowledge. In making this request for admission, I accept, on behalf of my child, the principles of the school and I further understand that:

1. I hereby release Crescent City Christian School, Celebration Church, and their staff members from any liability concerning the medical needs of my children and understand that it is my responsibility to provide medical insurance and pay for any medical treatment that is needed.
2. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against the school or any employee or agent thereof on my child's behalf, and the school or its legal agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that the school or its agent should incur to defend itself against such action.
3. Understanding that discipline is something you do for a child rather than to him/her, I instruct the school administration to use discretion in the discipline of my child according to the school's guidelines. Corporal punishment is a biblical tool used in disciplining the heart of a child. As the parent/legal guardian, I will be contacted prior to the use of corporal punishment.
4. The administration has my full support in the placement of my child in the proper grade or class.
5. I understand that my children will be instructed from the Bible and will receive spiritual training pursuant of a committed Christian life; this is something I desire for my child.
6. I commit to agree with any policy or policy implementation including, but not limited to, any and all planned, mandatory and/or random drug testing. I accept the Biblical instruction of unity among the brethren as talked about in 1 Peter 3:8, Ephesians 4:4-6, Acts 2:42-47, and 1 Corinthians 12:25, and the teaching of correct behavior as a follower of Christ found in 2 Timothy 2:23, Ephesians 4:32, Philippians 2:4, James 3:5-8 and Matthew 18. Crescent City Christian School encourages a Biblical approach to any differences or misunderstandings by promptly meeting with the appropriate teacher, staff member or administrator. The Administration of Crescent City Christian School welcomes any concerns or questions regarding policies that exist.
7. I understand my cooperation is expected in: (a) involvement in my student's academic and social life (b) regular tuition payments; (c) special monetary gifts, if possible, as tuition does not cover all costs.
8. The school reserves the right to dismiss my student if he/she does not respect its spiritual standards or cooperate in the educational program or if I, the parent, do not support school policies, etc.
9. I give my permission for my children to accompany the CCCS staff on school-approved off campus field trips and organizational trips. Please notify me prior to such trips.
10. I understand that in the event my child is deemed in violation of any dress or hygiene code (i.e. improper uniform, hair code violation, shaving violation, etc.) of Crescent City Christian, I will immediately come to the school and check my child out of school until such time as the violation is rectified.

Date: Parent's Signature:

Date: Parent's Signature:



STUDENT MEDICAL FORM

Student : **Grade:**

Physician's Name:

Address:

City: Zip:

Office Phone: (.....).....

Dentist's Name:

Address:

City: Zip:

Office Phone: (.....).....

Specialist: **Specific Medical Condition:** (.....)

Address:

City: Zip: Office Phone: (.....).....

Medical History:

Please provide information on any medical condition past or present that we should be aware of including allergies, chronic conditions, etc.

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.....

Medical Insurance Information:

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.....

I understand that my child may not at any time have any medication – prescription or otherwise (cold, aspirin, etc.) - with him/her at school. All doctor-prescribed medications required during the school day must be brought immediately upon arrival to the school office. The medication must be in the original prescription bottle that indicates the child's name, medication and specific prescribing instructions. Additionally, I agree to include a note with specific dosing instructions indicating permission for my child to receive the prescribed medication.

Date:

Parent's Signature:

Student's Signature (Grades 3 - 12):



TEACHER REFERENCE FORM

TO BE COMPLETED BY A RECENT TEACHER OF THE STUDENT.

.....has applied for admission to Crescent City Christian School. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate.

Please use backside of this sheet for any additional information, which you think might be useful to us in our evaluation, seal it in an envelope, and return it to parents of student or directly to us - Attention: Admissions Department. Thank you.

How long have you known the applicant? In what capacity?

How well do you know the applicant? ___ Very well ___ Somewhat ___ Not at all

Please respond to the following categories as related to the applicant. When evaluating, compare the student to other students his/her age. If a category does not apply to your interactions with the student, you may leave it blank.

	1(Poor)	2	3(Average)	4	5(Excellent)
Academic Achievement					
Academic Potential					
Creativity					
Leadership Ability					
Personal Integrity					
Study Habits					
Initiative					
Written Expression					
Oral Expression					
Sense of Humor					
Emotional Maturity					
Conduct					
Character - Overall					
Relationship with Peers					
Relationship with Adults					

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance?

If yes, please explain.

Has applicant ever, to your knowledge, been suspended or expelled from school? If yes, please explain.

What are the applicant's strong points (special abilities)?

In what area(s) is improvement needed?

Would you recommend this student for admittance to Crescent City Christian School?

___ Recommend ___ Do Not Recommend ___ Recommend with Reservations

TEACHER'S SIGNATURE

PLEASE PRINT NAME

DATE

SCHOOL

SCHOOL ADDRESS, CITY, STATE, ZIP

SCHOOL PHONE

4828 Utica Street Metairie, Louisiana 70006 • Phone (504) 885-4700 / Fax (504) 885-4703 • www.ccchristian.net



PASTOR REFERENCE FORM

TO BE COMPLETED BY A PASTOR, YOUTH OR CHILDREN'S MINISTER.

.....has applied for admission to Crescent City Christian School. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate. Please use backside of this sheet for any additional information, which you think might be useful to us in our evaluation, seal it in an envelope and return it to parents of student or directly to us - Attention: Admissions Department. Thank you.

How long have you known the applicant? In what capacity?

How well do you know the applicant? Very well Somewhat Not at all

How regular does this child/youth attend Church and Bible Class or Sunday School?

What is the level of participation of this individual's family?

Please respond to the following categories as related to the applicant. When evaluating, compare the student to other students his/her age. If a category does not apply to your interactions with the student, you may leave it blank.

	1(Poor)	2	3(Average)	4	5(Excellent)
Personal Motivation					
Reliability					
Trustworthy					
Respected by Others					
Leadership Ability					
Conduct					
Sense of Humor					
Emotional Maturity					
Overall Character					
Concern for Others					
Relationship with Peers					
Relationship with Adults					

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance?

If yes, please explain

Has applicant ever, to your knowledge, been suspended or expelled from school? If yes, please explain.

What are the applicant's strong points (special abilities)?

In what area(s) is improvement needed?

Would you recommend this student for admittance to Crescent City Christian School?

Recommend Do Not Recommend Recommend with Reservations

.....
SIGNATURE

.....
PLEASE PRINT NAME

.....
DATE

.....
CHURCH

.....
ADDRESS, CITY, STATE, ZIP

.....
PHONE

*****If the child/youth does not currently maintain regular church attendance and is unable to have this form completed, the parent (or youth if entering 5th - 12th grade) is asked to write an explanation below.**



CHARACTER REFERENCE FORM

TO BE COMPLETED BY A RELATIVE OR ADULT OVER THE AGE OF 24.

.....has applied for admission to Crescent City Christian School. To assist us in making an appropriate selection of students and learn something about their needs before they come to us, we are seeking information from you concerning the above candidate. Please use backside of this sheet for any additional information, which you think might be useful to us in our evaluation, seal it in an envelope and return it to parents of student. Thank you.

How long have you known the applicant? In what capacity?

How well do you know the applicant? ___ Very well ___ Somewhat ___ Not at all

Please respond to the following categories as related to the applicant. When evaluating, compare the student to other students his/her age. If a category does not apply to your interactions with the student, you may leave it blank.

	1(Poor)	2	3(Average)	4	5(Excellent)
Personal Motivation					
Reliability					
Trustworthy					
Respected by others					
Leadership Ability					
Overall Character					
Sense of Humor					
Emotional Maturity					
Conduct					
Concern for Others					
Relationship with Peers					
Relationship with Adults					

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance?

If yes, please explain.

Has applicant ever, to your knowledge, been suspended or expelled from school? If yes, please explain.

.....

What are the applicant's strong points (special abilities)?

.....

In what area(s) is improvement needed?

.....

Would you recommend this student for admittance to Crescent City Christian School?

___ Recommend ___ Do Not Recommend ___ Recommend with Reservations

.....
SIGNATURE OF RELATIVE/ADULT (over age of 24)

.....
PLEASE PRINT NAME

.....
DATE

(.....).
PHONE



STUDENT: GRADE:

PAYMENT AGREEMENT
(MUST BE RETURNED TO THE OFFICE AT TIME OF ACCEPTANCE)
2010 - 2011

As the Parent/Guardian of:

Entering Grade:

OUR INTENTION IS TO PAY THE TUITION BY ONE OF THE FOLLOWING:

*FINANCE INFORMATION MUST BE SET UP AT TIME OF ACCEPTANCE.

Tuition Will Be Paid in Full by (DATE)

.....
(Parent's Signature)

Setting up Payment through FACTS

.....
(Parent's Signature)

Celebration/CCCS Staff Member: NO YES (Required Pre-Approval from Celebration Church)

Minister or Seminary Student: NO YES _____
Church or Seminary

Application Fee Due with Application (New Students) \$100.00
Registration Fee Due at Acceptance (New Students) \$100.00
Application Fee Due with Application (Current Students) \$200.00
Resource Fee Due at Acceptance\$150.00 (PreK-4th) / \$200.00 (5th-8th) / \$300.00 (9th-12th)
Capital Improvement Fee Due before July 1\$400.00

Office Use Only:

Date of Form Receipt:

Date of FACTS Application (if applicable):

Application Fee Paid:

Registration Fee Paid:

Resource Fee Paid:

Capital Improvement Fee Paid:

Required Pre-Approval Received from Celebration Church:

Enrollment Completed

Signature/Finance Office: Date:



TUITION SCHEDULE ~ 2010-2011

❖ PreK3 – PreK4	.....	\$4,150.00
❖ K – 4 TH	.....	\$4,550.00
❖ 5 TH – 8 TH	.....	\$4,850.00
❖ 9 TH – 12 TH	.....	\$5,650.00

FEE SCHEDULE (Fees are Non-Refundable):

❖ Application Fee	.....	\$100.00 (Due with Application)
❖ Registration Fee	.....	\$100.00 (Due at Acceptance)

RETURNING STUDENTS WILL SUBMIT A TOTAL OF \$200 WITH APPLICATION

❖ Student Resource Fees (Due at Acceptance)		
PreK – 4 TH	.....	\$150.00
5 TH – 8 TH	.....	\$200.00
9 TH – 12 TH	.....	\$300.00
❖ Capital Improvement Fee	.....	\$400.00 (Per Family – Due Before July 1 st)

DISCOUNTS

- 10% Tuition Payment in Full - **Cash Payment by April 1, 2010**
- 5% Tuition Payment in Full - **Cash Payment by August 1, 2010**

AND UP TO ONE OF THE FOLLOWING:

- 10% Multiple Child Discount – Discount on Tuition of Youngest Student
- 10% Ministerial Discount – Pastors and Seminary Students
- 15% Celebration Member Discount – Required Pre-Approval by Celebration Church

FACTS TUITION PAYMENT PROGRAM

Crescent City Christian School uses a tuition management service for monthly tuition payments. The FACTS tuition management company charges a one-time \$41.00 set-up fee which is in addition to any tuition and fees charged by Crescent City Christian School. Tuition payments will automatically deduct from your checking account and is financed through FACTS Tuition Management at 0% interest. If a child ceases enrollment, it is the parent's responsibility to contact FACTS Tuition Management to cancel all transactions.

RETURNED CHECKS/FINANCIAL DELINQUENCY:

Any payments that are returned because of insufficient funds will automatically be re-deposited one time. If the check is returned a second time, the issuer will redeem the returned check with either cash or a money order. Checks or drafts returned by the bank are subject to the late fee plus a minimum \$20 charge to cover reprocessing. The tuition due date will remain in effect. Any repeated occurrence will necessitate an administrative conference and/or dismissal of the student from school. At any time a tuition account becomes delinquent, Crescent City Christian reserves the right to withhold grades and/or a student from classes.