

Kingsway Christian School

2009 - 2010

New Student Application For Enrollment

Application Checklist

Please include this form with the following items when completed.

All of the following must be received before the application will be processed.

- ___ Application for Enrollment
- ___ Application Fee
- ___ Medical Information
- ___ Discount & Tuition Information
- ___ Parent Agreement
- ___ Electronic Funds Transfer
- ___ 3 Completed Reference Forms *(Grades 6-8 only)*
- ___ Copy of Most Recent Standardized Test Score
& Report Card *(Grades 1-8 only)*
- ___ Copy of Any Special Testing Results, IEP or 504 Plans
- ___ Signed Request for Release and Transfer of School Records Form



Mission Statement

Kingsway Christian School exists as a ministry of Kingsway Christian Church to honor Christ by providing an excellent education to students, using a Biblically integrated curriculum for spiritual, academic, social & physical development.

Vision Statement

KCS strives to honor Christ by educating and motivating students to excel in future academic pursuits, to develop a confident Christian worldview, and to impact the world for Christ in partnership with parents and the Christian community.



Kingsway Christian School

Application For Enrollment

The Registration Fee **MUST** accompany this application. Ck # _____ Amount \$ _____

Application Date _____

Circle grade you're applying for (*Pre Cubs is our 3 year olds program, Pre-K is our 4 year olds program*):

Pre Cub AM, Pre Cub PM, Pre-K AM, Pre-K PM, Kdg.-AM, Kdg.-PM, Kdg. Full Day*, or Grade _____

* Full day kdg. if both parents work OR you **NEED** full day

Student Information

Student's legal name (*including FULL middle name*) _____
First Middle Last

Name child goes by _____ Age: _____ Date of Birth ____/____/____

Gender (*circle one*): Male or Female Race _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Public School Corp. _____

Name of Church your family attends _____ Are you members? Yes No

Does the student attend regularly? ___ Yes ___ No Does your family attend regularly? ___ Yes ___ No

Last school attended _____ Grade _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Family Information

Fathers Name _____ E-mail _____

Employer _____ Occupation _____

Daytime Phone _____ Cell Phone _____

Mothers Name _____ E-mail _____

Employer _____ Occupation _____

Daytime Phone _____ Cell Phone _____

*If parents are separated, divorced, or single, with whom does the child live? _____

Two adults to contact if parents cannot be reached:

Name _____ Daytime Phone _____ Relationship to student _____

Name _____ Daytime Phone _____ Relationship to student _____

Grandparent Information

Maternal _____ Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

Paternal _____ Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

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Has your child ever skipped a grade? Yes No *If yes, what grade(s)?* _____

Has your child ever repeated a grade? Yes No *If yes, what grade(s)?* _____

Has your child ever been suspended, asked to withdraw from school, or expelled? Yes No

If yes, please explain _____

Has your child ever received any Educational or Psychological testing or services Yes No

If yes, please submit the test results and explain _____

Has your child ever had:

an Individual Educational Plan (IEP)? Yes No

a section 504 plan? Yes No

If yes to either of these, you must submit a recent copy of the IEP or 504 plan and explain _____

Has your child ever participated in any high ability or gifted student testing program? Yes No

If yes, please explain _____

Why do you want your child to attend Kingsway Christian School? _____

Is there anything else we need to know in making our admission decision? Yes No

If yes, please explain _____

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Discount Application

Only one discount per family. Please check appropriate option.

_____ KCS Family Discount (*Please list names & grades of siblings attending KCS in grades 1-8*):

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

_____ Covenant Christian High School Discount (*siblings attending C.C.H.S.*).

Please list sibling names:

_____ Minister Discount (*must be full time and ordained*).

Church Name: _____ Phone (_____) _____

_____ Employee Discount (*circle one*) Full Time Part Time

Tuition Payments

In making application for our child(ren), it is our desire that he/she/they attend Kingsway Christian School and agree to pay the Registration Fee to reserve a space. We anticipate making tuition payments on the following timetable:

_____ **Payment In Full by June 1**, with a 5% discount.

_____ **Quarterly Payments** via cash or check on June 5, September 5, December 5, and March 5.

_____ **Twelve Monthly Electronic Debit Payments** on the 5th or 20th of each month (*June - May*).

Attached "*Authorization For Electronic Debit*" form **MUST** be returned with application.

_____ **Payroll Deduction** (*KCS Employees Only*)

- A \$25 late fee will be assessed on any balance when not paid by the due date.
- All returned checks or electronic debits will be assessed a \$25 fee.
- If account balance falls more than SIXTY (60) DAYS LATE, student(s) may be dismissed from school.

Parent's Signature _____ Date _____