



# CALVARY CHRISTIAN SCHOOL

## Student Information

Campus: Grace Bible Church  
936 W. 5<sup>th</sup> St.  
Oxnard, CA 93030  
(805) 487-7200

Financial Office: Calvary Chapel of Oxnard  
1925 Eastman Ave.  
Oxnard, CA 93030  
(805) 485-0111

Email: Office@ccsoxn.org  
Website: ccsoxn.org

Thank you for your interest in Calvary Christian High School. Below you will find some basic information about our school. Our school offers grades 9 – 12. Attached is the student application. Our website provides additional information about our school.

**IMPORTANT:** Please enroll now to lock in placement in our school.

**Application & Fee:** The application fee is \$25 per new student and is non-refundable. Applicants must attach a copy of:

- ✓ current report card
- ✓ school transcript
- ✓ SAT9 or CTBS scores (test scores from a previous year are acceptable if the current year is not yet available)

Incomplete applications will delay enrollment. Return the completed application, in person, to the Financial Office and your application fee will be collected at that time.

**Notification of Acceptance Status:** Please apply early with all forms properly signed. Notification of acceptance status will be made within two weeks.

**School Year/Hours:** School begins Wednesday, August 26, 2015. All grades: 8:15 a.m. - 3:00 p.m.

**Tuition:** Annual tuition for the 2015-2016 school year is **\$5,140** per student. Tuition is optionally payable monthly, due the first of the month, with the final payment on May 1<sup>st</sup>. Parents are required to volunteer 24 service hours per family per year in support of our school programs and if that service is completed a tuition refund of \$240 will be issued. Additionally, since tuition does not cover all of our costs, we expect families to participate in various fundraising opportunities and donate financially to the school. We will be using FACTS to manage tuition. Limited financial aid is available.

**Registration:** No registration fees are due until after the student is accepted for enrollment. The yearly registration fee is **\$300** per student before June 15<sup>th</sup> and **\$350** thereafter. This fee is nonrefundable.

**Materials:** An annual textbook and materials fee of **\$300** is due at the time of enrollment.

**Car Pools:** Parents may submit an information card at registration time if interested in a car pool. The information cards will be available for parents to make their own contacts and arrangements.

**Athletics/Extra Curricular:** Calvary Christian School is a member of CIF & the Omega League for our teams. Sport fees are \$150. Additional programs such as band, drama and various other activities will be available as needed. Costs will vary.

**Spiritual Life:** Bible study, prayer, and worship are a part of student life at school. Students attend chapel weekly and Bible classes are included and are required classes for graduation. During the school day, students are encouraged to seek the Lord's will in every situation in their lives.

OFFICE USE ONLY:

Application Fee \_\_\_\_\_

Note \_\_\_\_\_

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Calls \_\_\_\_\_

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Interview \_\_\_\_\_

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# CALVARY CHRISTIAN SCHOOL

2015-2016 SCHOOL YEAR  
9<sup>th</sup> - 12<sup>th</sup> GRADE STUDENT APPLICATION

1. Please write clearly. In order for us to fairly consider this application, please be as thorough as possible. Incomplete applications will not be given serious consideration.
2. All applicants must attach a copy of their most current report card and current transcript.
3. All applicants must also attach their most recent SAT9 or CTBS test scores available.
4. Return completed application to the Financial Office at Calvary Chapel of Oxnard as soon as possible so we may begin the application review process. Keep the information sheet for your reference.
5. Application Fee - \$25 per new student is due with application.

## Student Data

Application for Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name: \_\_\_\_\_  Check here if a returning student

Address: \_\_\_\_\_  Male  Female

City & Zip: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

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

Grade Presently Enrolled	School Presently Attending & City	School Phone Number
Has your child been enrolled in, or recommended for, any of the following special classes: <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> GATE <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other _____ Please explain.		Has your child had any problems with discipline in school? Please explain.
List Siblings Currently Attending CCS Name/s _____ Grade/s _____		List Any Siblings Applying for Enrollment to CCS Name/s _____ Grade/s _____

## Parent Information

	First & Last Name	Occupation	Employer	Contact Numbers	Lives w/student Y/N
Father				Work: ( ) Mobile: ( )	
Mother				Work: ( ) Mobile: ( )	
Step Parent				Work: ( ) Mobile: ( )	
Marital Status of Parent/s: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Are you financially able to meet the tuition requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:					

**PARENTS**, PLEASE FILL OUT THE INFORMATION ON THIS PAGE

What do you see as your part in your child's education? \_\_\_\_\_

How did you learn of our school? What has prompted your application? \_\_\_\_\_

Why would you like your child to attend Calvary Christian School? \_\_\_\_\_

**Church Information and Christian Walk**

Do you regularly attend Calvary Chapel of Oxnard? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you attend church services? \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Which services do you attend? \_\_\_\_\_

List your child's youth pastor: \_\_\_\_\_

Name

Phone

List a pastor or elder who could give you a reference (if possible): \_\_\_\_\_

Name

Phone

"We participate in the ministry of our church in the following ways": \_\_\_\_\_

Do you attend a church other than CCO? \_\_\_\_\_ If so, what church? \_\_\_\_\_

**Parents:** Please describe, briefly, your walk with the Lord at the present time: \_\_\_\_\_

Only one parent signature is required, however, both parents should sign if possible.

I/we certify that the information on this application is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for dismissal from this school.

I have attached the required transcripts, most recent report card, and testing scores for my child.

Date \_\_\_\_\_ Parent Signature (required) \_\_\_\_\_

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

**Student Testimony**

**STUDENT**, PLEASE FILL OUT THE INFORMATION ON THIS PAGE

Students applying must personally complete this testimony section of the application in order to be eligible for enrollment.

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

When did you ask Jesus Christ to be your Lord and Savior? \_\_\_\_\_

Please give your personal testimony as to your relationship with Jesus Christ. (Attach an additional sheet of paper if necessary.) \_\_\_\_\_

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

What is the Lord teaching you at this time in your life? \_\_\_\_\_

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

What church do you attend? \_\_\_\_\_

What services/Bible studies do you attend? \_\_\_\_\_

How often do you attend church services/Bible studies? \_\_\_\_\_

Who is your youth pastor? \_\_\_\_\_

Do you feel the Lord has called you to CCS? \_\_\_\_\_ Please explain your answer \_\_\_\_\_

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

I certify that the information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for dismissal from this school.

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

# CALVARY CHRISTIAN SCHOOL

## Annual Enrollment Agreement

Financial Office

1925 Eastman Ave.  
Oxnard, CA 93030

Office hours: **Tuesday – Friday** 9am – 5pm  
(805) 485-0111



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

Grade: \_\_\_\_\_

The undersigned hereby agree to (re)enroll the above student at Calvary Christian School (CCS) for the 2015-2016 school year. I/We have read, understand, and acknowledge the provisions listed below and agree to be governed by these policies of CCS.



	<u>F-T/year</u>	<u>P-T/class/year.</u>
<b>Tuition each student</b>	\$5,140	\$900

I. Payment plans. It is my understanding that all tuition and fees for the school year are payable and due at the time of enrollment. The election of a payment plan does not release me from this obligation. Tuition is the only charge that the payment plan includes. Materials and registration fees must be paid at the time of registration. Please initial one of the following plans.

Application Fee (new students)	\$25
Registration <b>By 6/15</b> <b>After 6/15</b>	\$300 \$350
Materials	\$300
1 <sup>st</sup> Tuition pmt.	
<b>Total 1<sup>st</sup> pmt.</b>	

\_\_\_\_\_ PLAN A – Payment in full by August 26<sup>th</sup>.

\_\_\_\_\_ PLAN B – I/We will pay in 3 installments. I/We understand that the calendar quarterly payments will be made on this schedule: August 25<sup>th</sup>, November 25<sup>th</sup> and February 25<sup>th</sup>. Calendar Quarterly payment: \$\_\_\_\_\_.

\_\_\_\_\_ PLAN C – I/We will pay equal monthly installments. The first payment is due now, in the amount of \$\_\_\_\_\_ and each identical monthly payment thereafter will be paid on or before the 1st of each month until the last payment on May 1<sup>st</sup>.

**NOTE:** A \$30 change fee will be assessed if a payment plan option is changed to plan C after this agreement has been submitted. To change a payment plan option, a new copy of this Enrollment Agreement form must be submitted, in person, to the Business Office.

II. Tuition fees are payable on the dates agreed to above as part of this agreement even if you do not receive a reminder. In order to pay our teacher salaries on a regular, routine basis, we encourage our families not to allow their tuition account to become delinquent. Missed payment may result in cancellation of the tuition payment plan. In that case, remaining tuition will be due immediately. If tuition is in arrears for one month, School Board action may occur. No financial adjustments will be made for any student absences, vacation, or school cancellations.

III. Students who withdraw during the school year will be assessed tuition for the exact number of days of school until officially withdrawing in writing. Please note that no refunds are given for fees other than tuition.

- IV. All accounts must be current before students are allowed to:
- Re-enroll for the following school year.
  - Take their semester and final exams.
  - Obtain transcripts.
  - Receive their final year-end report cards and, for students graduating, their diplomas.
- V. Late payment fees
- \$25.00 for payments not received by the due date.
  - \$30.00 for returned checks.
  - Accounts not paid in full by **May 1<sup>st</sup>, 2016** will be charged 1.5% per month until paid.
- VI. The School Board reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or enrollment agreement of any student who fails to fulfill the student's obligations or whose presence at CCS is, in the CCS School Board's judgment, contrary to the best interests of the school.
- VII. We accept Visa or MasterCard payments for an additional 3.5% fee.
- VIII. Tuition for late registering students will be prorated only after the 4th full week of each semester. Late registrants are still responsible for full registration and book fees. Please call the **Assistant Administrator, Julie Petralia, at 485-0111 x113** if you have any questions concerning tuition payments.

Tuition billing address and person(s) responsible for payments: (Please print.)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**CALVARY CHRISTIAN SCHOOL**  
**EMERGENCY AND MEDICAL AUTHORIZATION FORM**  
**EFFECTIVE FOR 1 YEAR FROM DATE OF EXECUTION**

Student may NOT begin school without an Emergency Information Agreement/Medical Authorization Form on file.

Student's Last Name:	First Name:	Middle Name:	Gender:	Grade in Fall
Date of Birth:	Student's Cell Phone:	Siblings at <b>Calvary</b> Christian School (Names/Grades)		
PLEASE STUDENT LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER % <input type="checkbox"/> FATHER% <input type="checkbox"/> OTHER %				
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2		
<i>Mr., Mrs., Ms., Dr. (Please Circle One)</i> First and Last Name:		<i>Mr., Mrs., Ms., Dr. (Please Circle One)</i> First and Last Name:		
Relationship to Student:		Relationship to Student:		
Home Address::		Home Address::		
City, State, Zip:		City, State, Zip:		
E-Mail:		E-Mail:		
Home Phone:	Cell Phone/Pager:	Home Phone:	Cell Phone/Pager:	
Business Name & Phone:		Business Name & Phone:		

**EMERGENCY CONTACTS (MUST INCLUDE ONE CONTACT)**

**PLEASE LIST THREE LOCAL PEOPLE (OTHER THAN PARENT OF GUARDIAN) AS EMERGENCY CONTACTS:**

Contact 1 Name:	Relationship to Student:	Home Phone:
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone:	Cell Phone/Pager:
Contact 2 Name:	Relationship to Student:	Home Phone:
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone:	Cell Phone/Pager:
Contact 3 Name:	Relationship to Student:	Home Phone:
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone:	Cell Phone/Pager:

If possible, please list an out-of-state contact (for use in case of disruption of local phone lines)

Name/Relationship to Student:	Home Phone:	Cell Phone/Pager:
City/State:	<input type="checkbox"/> Work Phone:	

**MEDICAL CONTACTS**

Physician's Name:	City:	Phone:	Date of last exam:
Dentist:	City:	Phone:	Date of last exam:
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs, food, medications, etc.?		
Comments:			
Other Medical conditions or surgeries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	Treatment:	
Does child have hearing difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child wear:	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Brace <input type="checkbox"/> Prosthesis	
Date of Last Tetanus:			

**NON PRESCRIPTION MEDICATION:**

PLEASE CHECK *THE APPROPRIATE BOX (ES)	<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> Antacids
(Tylenol)	(Advil, Motrin)	HCL (Benadryl)	(Turns, Mylanta)	

**PRESCRIPTION MEDICATION:**

Please list all current Medication and reason for taking:	Taken at home?	Taken at School?	Emergency Only
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* OPTION ONE: Calvary Christian School is authorized to administer the above medications/remedies to my child. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication/remedies or with any changes to the information provided on this form. I understand that the school will have limited liability while administering medication.

\* OPTION TWO: Calvary Christian School is NOT authorized to administer any medication without parent or guardian consent.

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



# CALVARY CHRISTIAN SCHOOL STUDENT RECORDS REQUEST

Parents: Please fill out and return to us so we can request your student's records.

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

School Name & Address: \_\_\_\_\_  
\_\_\_\_\_

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

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Please send the following:

CUM Folder

Health Records

Transcript

To: Calvary Christian School  
Business Office  
1925 Eastman Ave.  
Oxnard, CA 93030  
805-485-0111

Campus: Calvary Christian School  
936 W. Fifth Street  
Oxnard, CA 93030  
(805) 487-7200



