

CHRISTIAN HERITAGE SCHOOL

961 C.R. 1143, Tyler, Texas 75704 Phone (903) 593-2702 FAX (903) 531-2226

RE-ENROLLMENT APPLICATION 2010-2011 SCHOOL YEAR

Name of Student Applicant (Please Print)	Last:	First:	Middle:	Preferred Name:
Street Address or P. O. Box				
City/State/Zip:				Home Phone:
Date of Birth:	Place of Birth: City: State:		____ Male ____ Female	Social Security Number -- --
With whom does the applicant live?			School year admission is desired	Applying for which grade?
Has the applicant been diagnosed with or is he or she suspected of having ADD or any other learning disability? Please specify any special treatment or medication being used. Also specify any other physical, mental, or emotional condition of which the school should be aware. (Use a separate paper if more space is needed.)				

Father's Name:	Father's SSN:	Cell Phone:
Occupation:	Employer's Name & Address:	Business Phone:
If self-employed, type of business:		Father's E-mail:

Mother's Name:	Mother's SSN: -- --	Cell phone:
Occupation:	Employer's Name & Address:	Business Phone:
If self-employed, type of business:		Mother's E-mail:

Billing: Name of Parent(s) or Guardian(s) to whom billing and other correspondence should be sent (First, Middle I., Last) (If different from above) ____ Mr. & Mrs. ____ Mr. ____ Mrs. ____ Miss ____ Ms.	
SSN: -- --	Address - City/State/Zip:
Relationship to Student:	Telephone:

Name of Church:	Pastor:	
Address:	City/State/Zip:	Telephone:
Church Attendance	Regular: 3-4 times a month	Occasional: At least once a month
	Seldom: Less than once a month	
Father:	____ Regular ____ Occasional ____ Seldom	Member? ____ Yes ____ No
Mother:	____ Regular ____ Occasional ____ Seldom	Member? ____ Yes ____ No
Applicant:	____ Regular ____ Occasional ____ Seldom	Member? ____ Yes ____ No

FOR OFFICE USE ONLY (Please initial all responses)		
Date application received _____	Application fee paid _____	Interview completed _____

CHRISTIAN HERITAGE SCHOOL

PERMISSION AND RELEASE FORM

Student's name _____ Grade _____ School year _____

DISCIPLINE PERMISSION

Teachers have a tremendous responsibility to maintain a classroom atmosphere that allows learning to take place. Your permission is required to administer godly discipline to your child. Discipline includes teaching, training, correction and punishment. Teachers depend on God for wisdom to help them know what is needed in each specific situation.

I give permission for the teachers of Christian Heritage School to administer godly discipline to my child. (We rarely find it necessary to spank a student in the junior high and it would be unlikely that we would ever use spanking in the high school.)

Regarding the use of spanking, my decision is:

- _____ My child may be spanked when necessary.
- _____ Contact me before using spanking to discipline my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

LIBRARY PERMISSION

(For grades 2-12 only)

I give permission for my child, _____ Grade _____ to check books out of the CHS library. I agree to pay any fines and to cover the cost of any books lost by my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

RELEASE

I, _____, hereby agree to the performance of such treatment as in the opinion of the attending physician is deemed necessary on my child.

I, _____, do hereby release Youth With A Mission, Inc., its agents, employees, volunteers, and assistants from any liability whatsoever arising out of any injury or damage which may be sustained by my child.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

CHRISTIAN HERITAGE SCHOOL

DISPENSING OF MEDICATION

If you child is under a doctors care and must receive medication, parents must bring us a doctor's note informing us about the medication, times to be administered, and the prescribed dosage.

In the event of an unexpected illness, we will only dispense Ibuprofen to the child if the following form is completed and signed by the parent. If your child is **10 or younger**, we will also call to receive verbal permission to dispense the medicine.

During the **2010-2011** School Year CHS staff has my permission to give my child _____ the following medications as needed:

Child's Name

Type of Medicine	Dose	Permission
Equate Junior Strength (Chewable/Meltaway 160mg.)	____ Tablets	yes / no
Ibuprofen (Adult Strength 200 mg.)	____ Caplets	yes / no
Cough Drops	____ Drops	yes / no

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

List any medical information the school should be aware of (drug or environmental allergies, asthma, epilepsy, etc.).

MEDICAL INFORMATION

Physician's name _____ Telephone _____

**A COPY OF CURRENT/ UPDATED IMMUNIZATION RECORDS
MUST BE SUBMITTED WITH APPLICATION**

CONCILIATION AGREEMENT

Christian Heritage School has always sought to conduct its affairs in a manner that is consistent with Scripture and honoring to the Lord. This commitment has caused us to re-examine and revise our policy for dealing with conflict in the school. We will now use conciliation clauses in all of our enrollment agreements. Through these clauses we are committing ourselves, both morally and legally, to resolving any disputes within the school according to Biblical principles rather than turning to secular courts. We are asking you to make the same commitment.

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the school relationship, including any claim or statutory claims, shall be settled by Biblically-based mediation.

If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be submitted to a panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the book Christian Conciliation Handbook. [406-256-1583].


The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Each party, regardless of the outcome of the matter, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

SIGNATURE(S):

Father or guardian _____ Date _____

Mother or guardian _____ Date _____

Calvin Todd, *Director of Dayspring Ministries*  Date _____

TUITION PAYMENT PLAN

SIGNATURE(S):

Father or guardian _____ Social Security # _____ - _____ - _____

Mother or guardian _____ Social Security # _____ - _____ - _____

Name(s) of student(s) _____

I(we) agree to follow the selected tuition plan, and I(we) understand that 1) all payments are due by the 10th of each month, 2) all previous year's fees and tuition are to be paid before a place will be guaranteed in a class, a student will be admitted in the new year, or transcripts will be released (including report cards and diplomas), 3) a late fee of \$25 will be assessed if tuition is more than 10 days late, 4) accounts in default over 30 days will be considered an acceptable reason for requesting that students be withdrawn from school.

Yearly plan (total amount) \$ _____ Semester plan (total amount) \$ _____

10-month plan (total monthly amount \$ _____ (August through May)

JUNIOR HIGH AND HIGH SCHOOL STUDENTS, NOT PARENTS, SHOULD COMPLETE THE FOLLOWING QUESTIONS PRAYERFULLY AND CONCISELY. THIS FORM SHOULD BE RETURNED WITH THE RE-ENROLLMENT APPLICATION.

1. Explain your reasons for wanting to continue your education at Christian Heritage School next year.

2. As stated in the CHS Parent/Student Handbook, the conditions for continued enrollment require that students be:

obedient to teachers and to the school rules,
respectful to adults (especially their teachers) and other students,
diligent in their schoolwork and interested in learning; and
willing to be disciplined in their relationship with Jesus Christ.

Are you willing to meet these conditions if re-enrolled in CHS for another year?

3. Explain how meeting these conditions will enhance your education.

Student signature: _____

Date: _____

CHRISTIAN HERITAGE SCHOOL
SCHOOL DIRECTORY INFORMATION FORM

The CHS directory includes the names, addresses, and phone numbers of the CHS Faculty and each family whose child(ren) is(are) enrolled in CHS. A sample listing for individual families is as follows:

Family Information

Joe and Lisa Smith
123 Apple Lane
Tyler, TX, 75702
(903) 555-5555

Student/Grade

Kay Smith (10th)
James Smith (6th)

This directory is used by the school staff, CHS families to contact families, homeroom moms for class-related activities, and other school-related events.

- _____ **NO**, our information **may not** be listed in the CHS school directory.
- _____ **YES**, our information listed below may be published in the CHS school directory.

A parent signature is required for either answer you may have checked. Thank you.

Parent Signature

PLEASE PRINT!

Parent Name(s): _____

Student's Name _____ Grade _____

Name of sibling(s) also attending CHS: _____

Family Address: _____

E-mail address: _____

Home Phone: _____ Cell Phone: _____

CHRISTIAN HERITAGE SCHOOL

Polo-Shirt Order Form

Student's Full Name _____ Grade _____ School Year: **2010-2011**

Please print each child's name and check the appropriate size. **Cost per shirt is \$12.00.** Please fill out and return to the school ASAP so we can place your order. **Please fill out the form below and make checks payable to CHS.**

Parents are also welcome to purchase polo-shirts for themselves for field trips, outreach week, sporting events, etc.

If you have any questions, please call the school office at (903)593-2702.

Student Name	Youth SM 6-8	Youth Med 10-12	Youth Large 14- 16	Youth XL 18-20	Adult Small	Adult Med.	Adult Large	Adult XL	Adult XXL (+ \$1.50)

Total #

Student Polo-shirts ordered: _____

Total # Parent Polo-shirts ordered: _____

Total Amount due: \$ _____