



WHAT YOU WILL NEED TO REGISTER

New Students:

1. Completed **Application for Admission** with \$150 application fee
2. Completed and signed **Tuition and Fee Schedule**
3. Completed and Signed **Contract of Enrollment**
4. Completed and Signed **Withdrawal Policy**
5. Completed and signed **Emergency Contact, Medical Information, and Pickup Authorization**
6. Completed **Authorization for Automatic Draft** with voided check attached
7. Completed and signed **Website, Photo, and Publicity Release Form**
8. Completed **Emergency School Closing Form**
9. Completed **Request for Records Form**
10. Two Completed **Recommendation Forms**
11. Completed signature page of the **Parent-Student Handbook**. ([Complete 2017-2018 Handbook](#) is available for download on our website.)
12. **Tennessee Health Record** from Physician
13. Completed **Diagnostic Test Results** (Kindergarten and others as requested)
14. **Required Documents** (Social Security Card, Birth Certificate, Immunization Records, Proof of Custody*, Power of Attorney*)

*if applicable



Application for Admission

Child's Information

Full Name: Last First Middle
Preferred Name: Birth Date: Age (as of 9/30/17):
Gender: Social Security #: Grade for 2017-18
Previous School: Phone Number:
Principal's Name: Fax Number:
Referred by: How did you hear about CCS? (circle one) Sign Billboard Radio Internet Magazine Friend Newspaper Church Other
Do you know anyone who has attended CCS? Copy of Birth Certificate on file? Yes No
T-Shirt Size (circle one) XS YS YM YL AS AM AL XL 2XL
IEP Needs (if applicable) Local Church Congregation (Optional)

Family Information

Father's (or Guardian's) Name: Mother's (or Guardian's) Name:
Relationship to Student (Guardian Only): Relationship to Student (Guardian Only):
Copy of Custody Paperwork On-File (Guardian Only): Copy of Custody Paperwork On-File (Guardian Only):
Address: Address:
City, State, Zip: City, State, Zip:
Home Phone: () Mobile Phone: ()
E-mail Address: E-mail Address:
Employer: Employer:
Work Phone: () Work Phone: ()
Parent/Guardian Signature: Date:

Registration Fee of \$150 is due and payable upon receipt of this application by CCS and is non-refundable.
Clarksville Christian School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at this school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

TUITION AND FEE SCHEDULE 2017-2018

REGISTRATION FEE: A nonrefundable fee of \$150 is due with application.

TUITION DEPOSIT: This nonrefundable fee reserves your child's place in class. **For all current students, the \$500 deposit is due on June 1, 2017. New students will be invoiced for \$500 after the child's application for admission has been accepted. Payment will be due upon receipt of this invoice if acceptance was issued after June 1, 2017.**

ACADEMIC RESOURCE FEE : \$300 due by July 1, 2017 or upon enrollment if after July 1, 2017

TECHNOLOGY FEE: \$110 due by July 1, 2017 or upon enrollment if after July 1, 2017 (**Students in grades 7-12 are required to bring their own device. See Technology Responsible Use Policy in CCS Handbook.*)

DEVELOPMENT FEE: \$450 due by July 1, 2017 or upon enrollment if after July 1, 2017

*****ANNUAL TUITION OF \$6,010 (STANDARD) OR \$13,300 (ASD) IS DUE AND PAYABLE AUGUST 1, 2017.*****

Please initial the payment option of your choice:

Standard Tuition	Yearly	Amount Due After Deposit	Due Date(s)
_____ Option 1: Year Pre-Payment Discount	\$5,900	\$5,400 (one payment)	August 1 st
_____ Option 2: Semester Pre-Payment Discount	\$5,955	\$2727.50 (two payments)	August 1 st & January 1 st
_____ Option 3: Ten Monthly Payments (Aug.-May)	\$6,010	\$551 (ten payments)	1 st or 15 th of each month
Autism Spectrum Disorder Program Tuition	Yearly	Amount Due After Deposit	Due Date(s)
_____ Option 1: Year Pre-Payment Discount	\$13,100	12,600 (one payment)	August 1 st
_____ Option 2: Semester Pre-Payment Discount	\$13,200	\$6,350 (two payments)	August 1 st & January 1 st
_____ Option 3: Ten Monthly Payments (Aug.-May)	\$13,300	\$1,280 (ten payments)	1 st or 15 th of each month

_____ Second Child: 10% Discount

_____ Third Child: 5% Discount

If my student is withdrawn after May 30, 2017, I understand that I will be financially responsible for tuition for the entire 2017-2018 school year.

Name of Student _____

Parent Signature: _____

Date: _____

CONTRACT OF ENROLLMENT

As the parent or guardian of a Clarksville Christian School student, and by signing the Parent-Student Handbook, I acknowledge and agree that I have full authority to enter into this Contract of Enrollment with Clarksville Christian School, Inc. In consideration of Clarksville Christian School accepting my child for enrollment and other good and valuable consideration, I agree to abide by the terms and conditions of the Contract of Enrollment as set forth herein. I further agree to abide by any and all rules and regulations of Clarksville Christian School.

By signing this Contract of Enrollment, I further acknowledge and agree that, after May 30, 2017, I shall be financially responsible for the payment of tuition and any and all other school-related fees associated with said student for the entire 2017-2018 school year. No fees or deposits are refundable or prorated. I further agree that should I default in the payment of any fees due Clarksville Christian School, I shall be responsible for any and all expenses incurred by Clarksville Christian School associated with enforcing this Contract of Enrollment, including but not limited to court costs, discretionary costs and reasonable attorney fees. I further understand and acknowledge that should I default in the payment of any fees due Clarksville Christian School, my default shall result in the immediate termination of said student's enrollment. (*See Tuition Schedule)

Student Name

Parent/Guardian Signature

Date

WITHDRAWAL POLICY

The Contract of Enrollment is a commitment for the entire 2017-2018 school year. Parents should notify the school as soon as they know that their child(ren) will be withdrawing. A “Withdrawal Clearance Form” must be completed stating the date of withdrawal, the reason for withdrawal, and all books (both classroom and library) have been returned. Immediately upon withdrawal from CCS, 100% of tuition, cafeteria, and any other fees on account are due before records will be released. Please set up an appointment with the bookkeeper to make arrangements.

Clarksville Christian School’s withdrawal policy is as follows: If a student withdraws after May 30, 2017, the parent (or guardian) will be financially responsible for the payment of tuition and any and all other school-related fees associated with said student for the entire 2017-2018 school year. No fees or deposits are refundable or prorated. (Exception to the policy for tuition may be made for military families upon our receipt of official orders to move.)

If a student’s family has a non-military job change that requires them to move their primary residence out of the greater Clarksville area, they will owe only the remaining balance of their current semester tuition, as well as any unpaid fees.

Both the parent and the principal must sign the “Withdrawal Clearance Form.” Transcripts will be sent to the new school upon request by that school. No academic credit can be given until the withdrawal process is complete. **No copies of files will be given to the parent, new school, etc. until the account is paid in full.** CCS will complete the records request from the new school and then seal the record once student has been withdrawn and paid in full. **A telephone call 48 hours in advance regarding withdrawal of a student will enable the office to have the form ready for signatures and will avoid delays in completing the process.**

Withdrawal Process:

1. Formal Request (*48 Hours’ Notice Required)
2. Withdrawal Paperwork Completed by the Guidance Counselor (all textbooks, fees cleared, current grades from the teachers, and signature of principal and the parent)
3. All fees and tuition are to be paid in full before records will be released.

Student Name

Parent/Guardian Signature

Date

Emergency Contact, Medical Information and Pick-Up Authorization

Child's Full Name _____ Date of Birth _____ M F
Sex

Ethnicity: Hispanic Native American Asian Black Pacific Islander White Alaskan Native

Parent's/Guardian's Name Relationship Parent's/Guardian's Name Relationship

()

()

Phone #1 Cell Cell Phone Carrier

Phone #1 Cell Cell Phone Carrier

Email Address

Email Address

Alternative Emergency Contacts

Primary Emergency Contact/ Can pick up? Yes No

Secondary Emergency Contact Can pick up? Yes No

()

()

Phone #1 Relationship

Phone #1 Relationship

Others Authorized to Pick up Your Child

Name ()
Phone # Relationship

Name ()
Phone # Relationship

Name ()
Phone # Relationship

Name ()
Phone # Relationship

*It is the responsibility of the parent to inform the office when any changes to those authorized to pick up your child occurs.

Medical Information

Legal Alerts/Notes

Medical Alerts/Notes

Hospital/Clinic Preference Military Dependent? Yes No

Physician's Name Phone Number

Insurance Carrier Policy Number

Food or Drug Allergies / Special Health Considerations

Is your child currently under the supervised care of a physician? Yes ___ No ___ If yes, please explain and include a list of any medications your child is currently taking. (Please use back or attach sheet if necessary.)

Please list any physical and/or emotional disabilities with which your child has been diagnosed.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

School Year

Child's Grade

AUTHORIZATION FOR DIRECT DRAFT (ACH DEBITS)

I hereby authorize Clarksville Christian School, Inc. to initiate debits on my bank account listed below for the purpose of collecting payments due. I understand that in any month I anticipate cash flow problems, I must contact the administration of the school at least three days prior to my draft date to make other arrangements. Further, I understand that for any month my payment is returned for insufficient funds, I will be required to submit to the school office the tuition payment plus an additional \$25 Returned ACH fee.

School Year: 2017-2018

Financial Institution: _____

Type of Account: _____ Checking _____ Savings

Day of Month: _____ 1st _____ 15th

This authority is to remain in full force until Clarksville Christian School, Inc. has received written notification from me of its termination in such timely manner as to afford Clarksville Christian School and the financial institution listed above a reasonable opportunity to act on it.

Name: _____ (As shown on account)

Address: _____

Student(s) Name: _____

Parent Signature: _____ Date: _____

Please attach a voided check with this authorization or initial below.

_____ Please continue using my account information on file.

WEBSITE, PHOTO, AND PUBLICITY RELEASE FORM

Clarksville Christian School is utilizing the Internet and the latest technologies through its school website at www.clarksvillechristianschool.org and Sycamore Education to streamline communications and support student learning. The CCS website is primarily used to publish school and related information for new and prospective students and their families, while Sycamore Education is geared toward current students and their families. As such, student photographs may be included to highlight school and class projects and activities. The student's full name and other personal information such as address and telephone number will NOT be published on the CCS website, but is listed internally in Sycamore Education unless opted out by the parent. However, photos of groups of students (such as a class or team picture) may be published on the CCS website, Sycamore Education, or the official CCS Facebook page WITHOUT parental or guardian permission.

Additionally, CCS is making a concentrated effort to promote the positive activities, honors, and work of our staff and students. This includes working with the local newspapers, radio, and television stations. At times, there will be opportunities for various students to be interviewed and/or photographed and **identified by name and classroom or school** (i.e. recent articles about CCS in the Leaf-Chronicle). However, we understand that some parents may request that we do not identify their child(ren).

Please **choose one of the first two options below and initial the third.**

____ I **give permission** to use individual photographs of my child on the school web site, Sycamore Education, and the official CCS Facebook page following the guidelines above. **I also give permission** for my child to be interviewed, identified, and/or photographed/filmed for use in publications, including, but not limited to, videos, newspapers, radio, or television.

____ I **do not give permission** to use individual photographs of my child on the school web site, Sycamore Education, or the official CCS Facebook page. Additionally, **I do not give permission** for my child to be interviewed or photographed for any publications other than the CCS web site.

____ **(Initial here)** I understand that photos of groups of students may be published on the CCS website, Sycamore Education, and the official CCS Facebook page WITHOUT parental or guardian permission.

Name of Student _____

Parent/Guardian Signature _____ Date _____

EMERGENCY SCHOOL CLOSING FORM

In the event of inclement weather, television Channels 2, 4, and 5 will report school closing information for Clarksville Christian School. Additionally, school closings will be sent by email, text message, Remind app, and posted on Sycamore Education and the official CCS Facebook page.

In the event of a weather-related or emergency school closing, Clarksville Christian School needs to know where to send your child. Please select one of the following options:

_____ A person on my emergency contact list or I will pick up my child.

_____ Send my child to Hilldale Christian Child Care Center (**Ages 4-12 only - see important note below**).*

_____ Send my child to Clarksville Christian School After Care (**Ages 13-18 only**).
Extended care closings are reported on Channels 2, 4, and 5.

Hilldale Christian Child Care Center (HCCCC) Information:

*Only students who are registered and using after-school care have the option to go to HCCCC (if they remain open). HCCCC also reports closings on Channels 2, 4, and 5.

Additionally, HCCCC is occasionally open when school is closed due to bad weather. Registered students with HCCCC may come to the child care on such days at an additional cost if space permits. Please check with HCCCC for specific cost.

Name of Child

Parent Signature

Date



REQUEST FOR RECORDS

Date

(Current School)

(Address)

(City, State, Zip)

(Telephone Number)

Please forward ALL school records (including test results, all grades from Kindergarten forward, disciplinary and attendance records, medical information, IEP, 504/Behavior Plan, etc.) for:

Name of Student (Full Name): _____

Address: _____

Date of Birth: _____ SSN: _____ Current Grade: _____

The student named above has applied for admission to Clarksville Christian School. In order to process his/her application, CCS needs the above-mentioned official school records.

I have requested and authorized the release of all school records including test results, grades, disciplinary records, IEP, 504/Behavior Plan, and medical information.

Signature of Parent *Print Name*

Date

Thank you in advance for returning the requested records as promptly as possible.

Clarksville Christian School

Letter of Recommendation

2017-2018

STUDENT RECOMMENDATION FORM GRADES 1-5

Student's name _____ Grade applying for _____ School Year 2017-18

Address _____

City _____ State _____ Zip Code _____

Recommendation Form is to be completed by a previous Teacher, Principal, or School Counselor from most recent school attended. These forms are to be mailed directly to Clarksville Christian School's Office. Recommendations will become confidential property of Clarksville Christian School and are not subject to applicant, parent, or guardian review.

Parent/guardian signature

Date

To the Respondent: The above student has applied for admission to Clarksville Christian School and has submitted you as a reference. Your help in our evaluation of this applicant will be greatly appreciated, and the information will be kept in strict confidence.

Mail, Email, or Fax Directly to:

Clarksville Christian School
Attention: Admissions Director
505 Hwy 76
Clarksville, TN 37043

Fax: 888-741-0953

Email: admissions@clarkvillechristianschool.org

Respondent's Name _____

School Name & Address:

Daytime Phone () _____

Signature: _____ Date _____

Title or Relationship to Applicant: _____

Has applicant ever been suspended or expelled? Yes _____ No _____ If yes, please explain _____

Clarksville Christian School

Letter of Recommendation

2017-2018

To your knowledge, has applicant had any history of physical or emotional problems? _____ If yes, please explain _____

Will applicant be permitted to re-enroll at your school? _____ If no, please explain _____

Please indicate to what degree you recommend the applicant.

Enthusiastically _____ Confidently _____ With Reservation _____ Do Not Recommend _____

Please evaluate the applicant in the following areas:

Please use the following scale to rate the student on individual qualities:

1-Below average 2- Average 3- Above Average 4-Outstanding 5- N/A

Classroom Participation _____
Classroom Behavior _____
Self Control _____
Self Confidence _____
Attentiveness in Class _____
Academic Potential _____
Concern for Others _____
Respect for Property _____
Respect for Authority _____
Honesty _____
Relation to Teachers _____

Please evaluate the following areas for grades 3 -5 only.

Reading Skills _____
Reading Comprehension _____
Math Computation _____
Verbal Expression _____
Written Expression _____
Enjoys School _____

Are there any concerns involving the applicant to which we should be alerted?

Please give any additional comments that you feel may be relevant.

Clarksville Christian School

Letter of Recommendation

2017-2018

STUDENT RECOMMENDATION FORM GRADES 6-12

Student's name _____ Grade applying for _____ School Year 2017-18

Address _____

City _____ State _____ Zip Code _____

Recommendation Form is to be completed by a previous Teacher, Principal, or School Counselor from most recent school attended. These forms are to be mailed directly to Clarksville Christian School's Office. Recommendations will become confidential property of Clarksville Christian School and are not subject to applicant, parent, or guardian review.

Parent/guardian signature

Date

To the Respondent: The above student has applied for admission to Clarksville Christian School and has submitted you as a reference. Your help in our evaluation of this applicant will be greatly appreciated, and the information will be kept in strict confidence.

Mail, Email, or Fax Directly to:

Clarksville Christian School
Attention: Admissions Director
505 Hwy 76
Clarksville, TN 37043

Fax: 888-741-0953

Email: admissions@clarkvillechristianschool.org

Respondent's Name _____

School Name & Address:

Daytime Phone () _____

Signature: _____ Date _____

Title or Relationship to Applicant: _____

Has applicant ever been suspended or expelled? Yes _____ No _____ If yes, please explain _____

Clarksville Christian School

Letter of Recommendation

2017-2018

To your knowledge, has applicant had any history of physical or emotional problems? _____ If yes, please explain _____

Will applicant be permitted to re-enroll at your school? _____ If no, please explain _____

Please indicate to what degree you recommend the applicant.

Enthusiastically _____ Confidently _____ With Reservation _____ Do Not Recommend _____

Please evaluate the applicant in the following areas:

Please use the following scale to rate the student on individual qualities:

1-Below average	2- Average	3- Above Average	4-Outstanding	5- N/A
Study Habits _____			Respect for Property _____	
Study Skills _____			Leadership _____	
Classroom Participation _____			Respect for Authority _____	
Classroom Behavior _____			Christian Commitment _____	
Attentiveness in Class _____			Personal Integrity _____	
Academic Potential _____			Relation to Teachers _____	
Concern for Others _____				

Are there any concerns involving the applicant to which we should be alerted?

To your knowledge, has applicant had any history of involvement with alcohol, drugs, or juvenile delinquency?

Yes _____ No _____ If yes, please explain

Please give any additional comments that you feel may be relevant.

