

## **Payson Community Christian School** **Application for Admission**

This Application does not ensure enrollment, but provides information upon which a decision to accept for enrollment will be considered. When the application is submitted, a registration fee of \$125.00 (non-refundable) must be paid. New enrollments may require that the parents and students meet with the admissions committee for an interview before admission. The application will not be processed until all information and documents are provided. All information and documents provided with the application and the interview will be confidential.

Application Date: _____	Student ID# _____	Current Grade: _____
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### **Student Information**

First: _____ Middle: _____ Last: _____		
Mailing Address: _____ City: _____ State: _____ Zip: _____		
E-mail address _____		Home Phone: _____
Physical Address: _____ City: _____ State: _____ Zip: _____		
How long as student lived in Payson? _____ Student Social Security #: _____		
Goes by: _____ Gender: Male: _____ Female: _____ Age: _____		
Date of Birth: _____ How many children in family: _____ Place of this child: _____		

### **Academic Information**

Last school attended: _____		Grade: _____
		Completed
Address of school: _____ City: _____ State: _____ Zip: _____		
Has student ever been retained? Yes No (circle one). If yes which grade(s) _____		
Has student had any disciplinary difficulty in school? Yes No (circle one). If yes please explain: _____		
_____		
Any special physical or learning disabilities? Yes No (circle one). If yes please explain: _____		
_____		
Any special factors in the student's life? (Such as absence of parents, illness, traumatic events, ect). If so explain _____		
_____		
Describe the level of cooperation which your child as given the teacher(s) during the past year. Circle one: Excellent, Good, Fair, Poor, Other _____		

**Payson Community Christian School  
Parent/Guardian Information**

Father/Guardian Name: \_\_\_\_\_

Address: Same as student: \_\_\_\_\_ If different: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Martial Status (circle one) Married Divorced Separated Single Widowed

Mother/Guardian Name: \_\_\_\_\_

Address: Same as student: \_\_\_\_\_ If different: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Martial Status (circle one) Married Divorced Separated Single Widowed

Student lives with: (circle one) Both Parents One Parent Step Parents Legal Guardian Grandparent  
 Parent & Step Parent Other \_\_\_\_\_

**Persons authorized to pick up student  
(no exceptions will be made without authorization from parent or guardian)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Church Information**

Church Attendance (circle one) Regular Occasionally Seldom

Name of Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



**Payson Community Christian School  
Health/Emergency Information**

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

2009-2010

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please check the item(s) that apply to your child:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches	<input type="checkbox"/> Eye or Vision Problems
<input type="checkbox"/> Neurological Disorders	<input type="checkbox"/> Fainting	<input type="checkbox"/> Mental Disorders,
<input type="checkbox"/> Epilepsy, Seizures, ect.	<input type="checkbox"/> Sinus Headaches	<input type="checkbox"/> Depression, Anxiety, ect.
<input type="checkbox"/> Hay Fever or Allergies	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> High or Low Blood Sugar

Other (Please explain) \_\_\_\_\_

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

Have difficulty with (check all that apply):

 Eyes     Ears     Nose     Lungs     Digestion

Have Had (check all that apply):

 Mumps Date: \_\_\_\_\_     Chicken Pox Date: \_\_\_\_\_     Whooping Cough Date: \_\_\_\_\_

**Allergies**

My Child is allergic to: \_\_\_\_\_

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

**Immunizations**

New Student: Please attach Immunization Record  
 Returning students: Please verify attached Record

**Payson Community Christian School  
Medications Authorized to Administer**

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

2009-2010

Below is a list of commonly used medications, please check the items below that the school is authorized to administer to your child;

<input type="checkbox"/> Acetaminophen/Tylenol	<input type="checkbox"/> Moisture Eye Drops	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Throat Lozenges	<input type="checkbox"/> Peroxide for cleaning wounds	<input type="checkbox"/> Visine Eye Drops
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Caladryl Lotion	<input type="checkbox"/> Ibuprofen/Advil
<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Eye Wash	<input type="checkbox"/> Sinus Medication
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Allergy Medication	<input type="checkbox"/> Motrin
<input type="checkbox"/> Bactine for cleaning Wounds	<input type="checkbox"/> Tums	

Other comments or instructions \_\_\_\_\_

**Restrictions to Physical Activity**

Please explain any medical conditions that require restrictions to physical activity: \_\_\_\_\_

**Authorization for Medications listed and Authorization for Treatment of a Minor**

I/We authorize the administration of the medications as checked above. I/We do hereby authorize Payson Community Christian School (administration and teachers) who have supervision of my child while attending the school and school activities the consent to provide x-rays, medical examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Arizona, when the need for such treatment exists in an emergency situation. I/We further state that I/We will under no condition hold any administrator, teacher or representative of Payson Community Christian School responsible or liable while acting under the terms of this consent for treatment agreement.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize PCCC to take my child to a hospital, and I agree that I will pay all physician's and hospital bills, and said center shall not be responsible for them.

\_\_\_\_\_  
Mother/Guardian\_\_\_\_\_  
Father/Guardian

and \_\_\_\_\_

have personally appeared before me and affixed their signatures above.

Date: \_\_\_\_\_ Notary Public: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

Affix Seal Here:

**Payson Community Christian School  
Liability Release Form  
Field Trip and School Activity Participation Agreement**

Name of Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contacts:  
Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

If parent cannot be reached in an emergency please contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Relation: \_\_\_\_\_ Other: \_\_\_\_\_

Is school authorized to approve medical treatment?      Yes      No      (Circle one)  
Is Student covered by personal/family medical insurance?      Yes      No      (Circle one)  
If yes, name of insurer: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_

By signing below, I/We for and on behalf of my child as a participant in field trips and school activities acknowledges and accepts the risks of physical injury associated with participation in the activity. Except for gross negligence on the part of Payson Community Christian School, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during activities and field trips. Further, the participant (or parent/guardian) promises to hold harmless Payson Community Christian School and its representatives for any injury related to the activities.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Further, authorization and permission is hereby given to said school to furnish any necessary transportation, food and lodging for this student.

The undersigned further hereby agree to hold harmless and indemnify the school, administrators, teachers, directors and representatives for any liability sustained by the school as the result of the negligent, willful or intentional acts of the student including expenses incurred.

I/We the parent(s)/guardian(s) of the student hereby grant permission for the student to participate fully in field trips and school activities. We will notify the school of any trips or activities that the student cannot participate. I/We authorize medical treatment in accordance with the authorization to treat a minor form which we have signed.

Further, should it become necessary for the student to return home due to medical, disciplinary or other reasons I/We assume responsibility for any associated transportation costs.

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

**Payson Community Christian School**  
**PARENT AGREEMENT/COMITTMENT FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_

This commitment is between Payson Community Christian School and

\_\_\_\_\_. Dated: \_\_\_\_\_

I/We understand and agree:

1. It is a privilege to attend Payson Community Christian School and, therefore, we will uphold the school through our prayers and positive attitude, and share any complaints only with the staff and not with our children and other parents.
2. To wholeheartedly support the spiritual teachings of the school and, therefore, we will strive to regularly attend church as a family.
3. To show honor to the Holy Trinity and to the Bible, as God's Word. Further, we agree that our children will show respect to teachers, staff and administration of PCCS and will be obedient to the school's rules and policies.
4. To uphold the school's standards of conduct and discipline; therefore, we will cooperate with the disciplinary program of the school and cooperatively work with teachers and staff.
5. To provide, at the time of admission, any information that will assist the school faculty and staff to effectively meet the educational needs of our children, such as reporting any prescribed program of medication my children may need and reporting results from our children's educational testing or tutoring.
6. To uphold the school's standards of academic excellence by providing a place of study for our children at home, by supervising homework as needed and encouraging the timely completion of all assignments.
7. To be financially responsible for any injury to any person or damage to the property of others caused by our children.
8. To support the school through our participation in fundraising projects, attendance at school functions and participation and feedback with the administration. We agree to attend parent/teacher conferences as scheduled and to regularly communicate with children's teacher and to respond to requests for meetings from the teacher.
9. That the Bible commands Christians to make every effort to live at peace and resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1<sup>st</sup> Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore we agree that any claim or dispute arising out of, or related to, the admission of my child at PCCS, including any claim or statutory claims, shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation does 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

Procedures For Christian Conciliation of the Institute as printed in the Christian Conciliation Handbook. We agree that these methods shall be the sole remedy for any controversy or claim arising out of the parental agreement and expressly waive our right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

- 10. We also understand and agree to honor our financial obligation for tuition and fees to PCCS. All obligations will be paid when due and we understand that a late fee of \$30.00 per incident will be assessed for late payments and a returned check fee of \$50.00 will be assessed for each returned check. We also understand that any fee or tuition amount that is over 30 days past due may result in the student being dropped from enrollment at PCCS.
- 11. PCCS assumes that all students will attend the full year unless notification is given at enrollment time. All budgets and financial planning by the school is based on year-round enrollment. Therefore, we agree to give a written 30 days notice for withdrawal from PCCS. Families who do not give a written 30 days notice will pay 30 days of tuition in lieu of the notice.

**Signed:** \_\_\_\_\_ **and/or** \_\_\_\_\_  
 Father/Guardian Mother/Guardian

“Train up your child in the way he should go; and when he is old, he will not depart from it.”  
 Proverbs 22:06

**Payson Community Christian School  
213 S Colcord Road  
Payson, AZ 85541  
(928)474-8050 Fax (928)468-1176**

**RECORDS REQUEST**

\_\_\_\_\_ has recently applied for enrollment  
in grade \_\_\_\_\_ at Payson Community Christian School. Please provide the  
following cumulative records for this student. The student will not be considered for  
enrollment until the records are received and reviewed by the admissions committee.

- **ACADEMIC TRANSCRIPT**
- **STANDARD TEST SCORES**
- **ATTENDANCE RECORDS**
- **HEALTH RECORDS**
- **BIRTH CERTIFICATE**
- **PSYCHOLOGICAL TESTING INFORMATION**

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State Law 815-828 States the NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. New Federal law 99.31 – No parent or guardian signature required for educational records to be sent to another educational agency.

“Train up your child in the way he should go; and when he is old, he will not depart from it.”  
Proverbs 22:06