



# Christian Life Schools

## 2021-2022

## New Student Application

### Applicant Information

Student Name (Last, First, Middle): ..... Grade entering (PreK - 12): .....

Student Birth Date: ..... Student SSN/SIN: ..... Student's Home Phone: (.....) .....

Cell Phone: (.....) ..... Student Email: ..... How Did You Hear About Us? .....

Street Address: ..... City: ..... State: ..... Country: ..... Zip: .....

*Please utilize the following codes when filling out School District Information:*

Rockford-205, Harlem-122, North Boone-200, Stillman Valley-223, Freeport-145, Belvidere-100, Hononegah-207, Rockton-140, Winnebago-323, Byron-226, Pecatonica-321, South Beloit-320, Prairie Hill-133

Local School District of Residence: .....

Student Gender: ☐ Female ☐ Male Student Race: ☐ American Indian ☐ Asian ☐ African American ☐ Hispanic  
☐ Multi-Racial ☐ Pacific Islander ☐ Unknown ☐ White ☐ Brazilian

Student Citizenship: ☐ Pending ☐ USA ☐ Resident Alien

What program are you applying for at Christian Life? ☐ Full-Time at CLS ☐ Full-Time Home Education ☐ Part-Time at CLS # of classes: .....  
☐ Foreign Exchange .....1 Semester .....2 Semester ☐ Full-Time Kindergarten ☐ Half-Day Kindergarten (5 Days M-F, 8AM-11AM)  
☐ Full-Day Pre-K 4\* ☐ Half-Day Pre-K 4\* (3 days, MWF, 8AM-11AM) ☐ Half-Day Pre-K 4\* (5 days, M-F, 8AM-11AM)  
☐ Full-Day Pre-K 3\* ☐ Half-Day Pre-K 3\* (3 days, MWF, 8AM-11AM) ☐ Half-Day Pre-K 3\* (2 days, T/TH 8AM-11AM)

\* ☐ My Pre-K student is potty-trained.

### Previous Schools

Most Recent/ Previous School Attended School Name: ..... City: ..... State: .....

From Date: ..... To Date: ..... Grade Completed: .....

Has the student repeated or skipped any grade? ☐ Yes ☐ No If yes, state reason and grade: .....

Has the student ever been suspended or expelled from school? ☐ Yes ☐ No If yes, please state the reason: .....

### Religious Affiliation

Religious Affiliation: ☐ 7th Day Adventist ☐ Assembly of God ☐ Atheist ☐ Baptist ☐ Buddhist ☐ Catholic ☐ Christian ☐ Church of Christ ☐ Episcopal  
☐ Greek Orthodox ☐ Islam ☐ Jewish ☐ Lutheran ☐ Methodist ☐ Nazarene ☐ Non-denominational ☐ Presbyterian ☐ Unknown

City First Church member? ☐ Yes ☐ No If no, which church do you attend? .....

*Christian Life Schools admits students of any race, color, and national or ethnic origin.*

#### OFFICE USE ONLY

*A ministry of City First Church*

Date received / / Registration Fee \$ ..... Test date / / School forms received / / Smart Tuition / /  
 Rec. received / / Health forms / / Date of accept. / / Cash/Check # ..... Credit ..... Office Initials .....

Revised 1/21/21

# Additional Student Information

2021-2022

Has your child received or does he/she currently receive special services as listed below:

Title 1 Services? ☐ Yes ☐ No If any, please select: ☐ Past ☐ Current

IEP (Individualized Education Plan)?\* ☐ Yes ☐ No

504 Plan?\* ☐ Yes ☐ No

\*IEPs and 504 plans MUST accompany this enrollment application

Private Tutoring? ☐ Yes ☐ No If yes, what subject area: ..... Learning Center (Sylvan/Huntington/Other)? ☐ Yes ☐ No

If you answered yes to any of the above special services, please give reason/explanation. ....

Parent /Guardian Signature: ..... Date: .....

## Household 1

Please answer the following questions about the applicant's **primary** custodial household. Home Phone: ( ) .....

Home Address: ..... City: ..... State: ..... Country: ..... Zip: .....

### Parent/Guardian One

Name (Last, First, Middle): .....

Suffix: ..... Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Date of Birth: ..... Relationship to Applicant: .....

Custodial Rights? ☐ Yes ☐ No Financially Responsible? ☐ Yes ☐ No

Receive Correspondence? ☐ Yes ☐ No

Marital Status: ☐ Divorced ☐ Married ☐ Remarried ☐ Separated  
☐ Single ☐ Widowed

Email 1: .....

Email 2: .....

Work Phone: ( ) ..... Cell: ( ) .....

Employer: .....

Employer City: ..... Employer State: .....

Member of City First Church? ☐ Yes ☐ No

### Parent/Guardian Two (leave blank if not applicable)

Name (Last, First, Middle): .....

Suffix: ..... Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Date of Birth: ..... Relationship to Applicant: .....

Custodial Rights? ☐ Yes ☐ No Financially Responsible? ☐ Yes ☐ No

Receive Correspondence? ☐ Yes ☐ No

Marital Status: ☐ Divorced ☐ Married ☐ Remarried ☐ Separated  
☐ Single ☐ Widowed

Email 1: .....

Email 2: .....

Work Phone: ( ) ..... Cell: ( ) .....

Employer: .....

Employer City: ..... Employer State: .....

Member of City First Church? ☐ Yes ☐ No

### Siblings

Does the applicant have any siblings? ☐ Yes ☐ No If yes, .....

Are you applying for admission for all your children?

☐ Yes ☐ No

If no, why not? .....

.....

.....

	Sibling Name	Age/Grade	Gender M/F	Current School
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....

Does the applicant have a parent/guardian that lives at another address? ☐ Yes ☐ No If yes, please fill out the below information.

### Parent/Guardian

Name (Last, First, Middle): .....

Home Address: .....

Suffix: ..... Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

City: ..... State: ..... Zip: .....

Relationship to Applicant: .....

Country: .....

Custodial Rights? ☐ Yes ☐ No Financially Responsible? ☐ Yes ☐ No

Home Phone: (.....) ..... Cell: (.....) .....

Receive Correspondence? ☐ Yes ☐ No

Work Phone: (.....) .....

Marital Status: ☐ Divorced ☐ Married ☐ Remarried ☐ Separated  
☐ Single ☐ Widowed

Email 1: .....

Email 2: .....

Employer: .....

Member of City First Church? ☐ Yes ☐ No

Employer City: ..... Employer State: .....

## Alumni

Are applicant's parents graduates of CLS? ☐ Yes ☐ No

If yes, Name: .....

If mother is an alumni, please provide maiden name:

Relationship to applicant: .....

.....

Graduation date: .....

## Parent Questionnaire

Are there any unusual factors in the child's life? (Absence of father or mother, unusual accidents, serious illness, death, etc.) ☐ Yes ☐ No

If yes, please explain: .....

## Photo Release

I give permission for use of my child's pictures. ☐ Yes ☐ No

## Required Documents

Please submit the following documentation directly to the school:

- \$100 Application Fee
- Copy of certified birth certificate
- Report Cards - minimum of 2 years of previous grades, if applicable
- Standardized Test Scores - minimum of 2 years previous scores
- Official Transcript, required for admission - 9th-12th only
- Release of information form
- Current IEP Assessment or 504 Plan, if applicable
- \$250 Enrollment Fee\*
- **Current Physical:** required for all students entering PK, K, 6th and 9th grades
- **Immunization Records:** required for all returning students entering PK, K, 6th and 9th grades

- **Religious Exemption:** Exemption forms are available online or in the CLS office. Exemption form must be filled out by the student's doctor and turned back in to the CLS office.
- **Dental Examinations:** Required for all students entering K, 2nd, 6th and 9th
- **Eye Examinations:** Required for all students entering K

\* Mid-year transfers must provide current withdrawal grades prior to acceptance.

Documentation may be submitted using one of the below methods:

- E-mail to Narvis Penix at npeni@clschools.org
- Fax to 815.639.7979
- Mail to Christian Life Schools Attn: Admissions Office 5950 Spring Creek Rd. Rockford, IL 61114
- Drop off to one of our CLS offices.

\*A \$250 enrollment fee will be required, only AFTER a student is accepted to CLS.

Student Name (Last, First): .....

**SELECT A PAYMENT METHOD**☐ I agree to make payments by mail, web or telephone. I agree to the following due date:

0 1

Your school uses the following due date:  
1st of each month of plan chosen below☐ I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:

0 1

Your school uses the following due date:  
1st of each month of plan chosen below

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR ☐ SAVINGS

BANK ACCOUNT NUMBER

PLEASE CHARGE MY:

CREDIT CARD NUMBER

☐ AMEX☐ DISCOVER☐ MASTERCARD☐ VISA

EXPIRATION DATE

A 2.65% convenience fee applies to all credit/debit card payments.

**SELECT A PAYMENT PLAN**

Plan A 10 Month Plan (Aug - May)

Plan B 12 Month Plan\* (Jun - May)

Plan C Semester Plan (Aug &amp; Jan)

Plan D Pay in Full (Aug)

First payment is due August 1st and last payment is due May 1st

First payment is due June 1st and last payment is due May 1st \*Cannot be selected past June 2021

Payment due August 1st &amp; January 1st

Payment due August 1st

ENTER PLAN

LETTER HERE

**Please choose your payment plan and enter that letter in the box to the right.****Terms & Conditions**

Smart Tuition receives and processes your tuition payment on behalf of your school. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Fees – Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide follow-up services, which will contact you via mail, telephone or e-mail. Your account will be assessed a late fee of \$40.00 plus 7% of your balance for any balance that becomes delinquent.

Dishonored Payments – A fee of \$30 will be applied to your account for any failed auto-debit or failed check payments. Your bank may impose additional fees.

Auto-debit Terms – (Applies to auto-debit enrollees only) By signing this enrollment form, you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or to stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

Amendments – By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

Smart Tuition Privacy Policy – We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to Payment Card Industries Standard for storing family information.

**Withdrawal Policy:** This policy applies to any enrolled student who has attended at least one (1) day at Christian Life Schools. If a student drops before the end of the semester, the responsible party will be charged for the entire semester. If tuition is prepaid, the credit balance, after the tuition adjustment, will be refunded. If the tuition was handled on the payment plan, the responsible party will be refunded if there is a credit, or billed for any balance of the adjusted tuition. International Students are not eligible for refunds.

Parent /Guardian Signature: ..... Date: .....

**Parent/ Student Agreement****In consideration of CHRISTIAN LIFE SCHOOLS, we agree to the following terms and conditions:**

- Applications made during the school year for admission for the following year are subject to any all possible modifications that might be made by school leadership.
- Physical, dental and eye examination are required by state law of all pupils in public, private, or parochial schools prior to or upon entrance: physical exams in Kindergarten, sixth, and ninth grades; dental exams in Kindergarten, second and sixth grades. All preschool students are required to have a physical exam. In addition to the physical and dental examinations, every child shall be immunized against measles, tetanus, diphtheria, poliomyelitis, pertussis (whooping cough), rubella (German measles), hepatitis B and varicella (chicken pox). Proof of examinations are required no later than the first day of school. Students will not be allowed to stay if these forms have not been turned in.
- I give permission to have my child's grade posted to a secure, internet site (RenWeb).
- I give permission for my child to take part in all school activities, including sports and school sponsored trips away from Christian Life Schools' premises, and absolve and waive any claim against the school from liability to me or my child because of any injury to my child at school or during any school activity.
- I understand that I will receive my child's grades as follows: Elementary: Mid-Quarter and Quarterly grades are made available electronically. Quarterly grades are sent made available electronically. Quarterly grades are sent home with students in the backpacks with the exception of end of year (Quarter 4) grades which are mailed home in late-June. Middle/High School: Semester grades are available electronically. All School: Daily grades are available via RenWeb. Please keep a current email address on file with the school offices.
- I understand the standards of Christian Life Schools do not allow use of illegal drugs, profanity, alcohol, cigarettes, obscene behavior, or disrespect to God or His Word. I also understand that disrespect to faculty and staff is not allowed. These guidelines apply both in and out of school as a student's outside conduct impacts his attitudes and influence while at school. As a parent, I agree to work with the school and encourage consistent behavior both at school and when away from school.
- I affirm that there are standards that must be maintained for the welfare of each student as well as for the entire school. Therefore, if this application is accepted, we will acquaint ourselves with the grounds for dismissal under both academic and disciplinary circumstances outlined in the handbook, and we will cooperate fully in this regard.

Parent /Guardian Signature: ..... Date: .....

Student Signature (Grades 3rd-12th): ..... Date: .....

Student's Name \_\_\_\_\_ Sex ☐ M ☐ F Grade Entering \_\_\_\_\_  
 Address \_\_\_\_\_ Last First M.I. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Siblings: Name \_\_\_\_\_ Grade \_\_\_\_\_ Student Lives with: ☐ Both Parents ☐ Mother ☐ Father  
 Name \_\_\_\_\_ Grade \_\_\_\_\_ Guardian/Other \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_  
 Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACTS/AUTHORIZED PICK UP

List the names of two (2) adults who will assume responsibility in the event you can't be reached/who are allowed to pick up your student(s).

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship: ☐ Non-custodial Parent ☐ Grandparent ☐ Aunt/Uncle ☐ Family Friend  
 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship: ☐ Non-custodial Parent ☐ Grandparent ☐ Aunt/Uncle ☐ Family Friend

## STUDENT HEALTH HISTORY: Does the student have any of the following? If so, please describe.

Allergies ☐ Yes ☐ No List \_\_\_\_\_  
 Has the allergy required emergency treatment in the past? Describe \_\_\_\_\_  
 Bee Sting Allergy ☐ Yes ☐ No Describe the reaction \_\_\_\_\_  
 Difficulty breathing? ☐ Yes ☐ No Emergency Medication? ☐ Yes ☐ No  
 Asthma ☐ Yes ☐ No Triggered by \_\_\_\_\_ Medication \_\_\_\_\_  
 Diabetes ☐ Yes ☐ No Insulin ☐ Yes ☐ No Hypoglycemic ☐ Yes ☐ No Regimen \_\_\_\_\_  
 Epilepsy/seizures ☐ Yes ☐ No Describe seizures \_\_\_\_\_  
 Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_  
 Heart Condition ☐ Yes ☐ No Describe \_\_\_\_\_ Physical Restrictions \_\_\_\_\_  
 Bone/Joint problems ☐ Yes ☐ No Describe \_\_\_\_\_ Physical Restrictions \_\_\_\_\_  
 Blood Disorders ☐ Yes ☐ No ☐ Hemophilia ☐ Sickle Cell ☐ Other \_\_\_\_\_  
 ADD/ADHD ☐ Yes ☐ No Medication \_\_\_\_\_  
 Autism/Asperger's Syndrome ☐ Yes ☐ No Medication \_\_\_\_\_

## Please check the appropriate boxes regarding health concerns that pertain to the student

Eyes ☐ Glasses ☐ Contacts ☐ Lazy Eye  
 Ears ☐ Frequent infections ☐ Tubes ☐ Hearing Aids ☐ Hearing Difficulties Explain \_\_\_\_\_  
 Other ☐ Nose Bleeds ☐ Speech Problems ☐ Anxiety ☐ ADHD ☐ Skin ☐ Dental ☐ Neurological ☐ Stomach  
 Daily prescription medication at home ☐ Yes ☐ No  
 Daily prescription medication at school ☐ Yes ☐ No (If given at school, a parent & physician signature sheet must be signed - available in the office)  
 List medications: \_\_\_\_\_  
 Please list any serious illnesses, injuries and/or surgeries: When \_\_\_\_\_ What for \_\_\_\_\_  
 When \_\_\_\_\_ What for \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE IS REQUIRED ON REVERSE SIDE**

## 2021-2022

Revised 1/21/21