

Applying for Admission to North County Christian School



North County Christian School welcomes your application for admission and looks forward to assisting you. This packet contains instructions and materials necessary for making application. Please complete the application process according to the steps listed below.

Application Procedure

Step 1: Complete and sign the following documents and submit them with a copy of the student's birth certificate and nonrefundable \$50 application fee.

Student Application
Release of Records (K-12)
School Recommendation

Step 2: Complete the parent section of the *Pastoral Recommendation* and give it to your pastor to complete and return to the school. If you do not have a church home, please complete the top portion and submit with your application.

Step 3: (K-12) Student assessment test will be scheduled by the Admission's Office.

Step 4: (K-12) The parent/student interview with the principal will be scheduled when all school records have been received. The interview **may** be waived if the family already has a student in the school.

Step 5: Schedule a meeting with the Business Manager, Mrs. Hart, to set up your payment plan.

Acceptance/Denial Procedure

You will be notified of acceptance or denial in writing within 10 days after the interview.

The nonrefundable registration fee is due within five days of notification of acceptance.

Payments

Tuition can be paid in full, by semester or 10, 11 or 12 monthly payments. All tuition payments are due in full by April 1st of each school year.

Monthly payments are due on the 1st of each month and considered late after the 15th. The due date remains the same even when the 1st or 15th of the month falls on a week-end or holiday.

Payment Options

- Cash payment in office
- Personal check made payable to NCCS
- Automatic bank withdrawal (complete Automatic Payment Withdrawal Form)
- On-line credit card payment on our website at www.nccsedu.org/make_a_payment.

Need-based Financial Aid (K-12)

NOTE: All financial aid and scholarships are based on family need and not offered to anyone without completing the FACTS Financial Assistance application available in the Administration Office.

1. Complete and submit the FACTS application online with all required documents. Applications submitted by March 23 will receive first priority
2. Complete the NCCS page of the FACTS application and submit to the school office once you have completed the online portion of the application

Admission Contacts:

Wayne Moss, Admissions Administrator
314-972-6227 x 110 w.moss@nccsmo.org

Kendra Smith, Administrative Assistant
314-927-6227 x 100 k.smith@nccsmo.org

Mary Hart, Business Administrator
314-972-6227 x 108 m.hart@nccsmo.org

Investing in Eternity One Student at a Time

Start children off on the way they should go, and even when they are old they will not turn from it. Proverbs 22:6 NIV



North County Christian School

New Student Application for Admission K-12

Investing In Eternity One Student at a Time

APPLICANT INFORMATION:

Start Date: _____

Which grade level are you applying for? _____ **Kindergarten Only** Half Day Full Day

Name: _____
Last First Middle

Male Female

Birth date: _____ Age: _____ Country of Citizenship: _____

Mailing Address: _____
Street

_____ City State Zip

Telephone: () _____

- Check here if you have previously applied to North County Christian School.
- Check here if you give permission for your contact information to be published in the school directory.

Please check all that apply (optional, for statistical purposes only)

Ethnic Background: African-American Asian Caucasian Hispanic Native American Other

What public school district do you reside in and if not enrolled at NCCS what public school would your child attend? _____

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

Sibling: _____ Age: _____ School currently attending: _____

For Office Use Only														
AP	DR	CK#	REG	DR	CK#	PA	MC	ER	TE	2C	I	T	TR	FA

FAMILY INFORMATION:

Student resides with (check all that apply): Father Mother Stepfather Stepmother
 Other _____ (please specify)

Correspondence should be sent to: Both Parents Father Mother Other _____ (please specify)

Name of parent or guardian:
 Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (____) _____

Name of parent or guardian:
 Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (____) _____

If applicable, name of step parent:
 Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (____) _____

If applicable, name of step parent:
 Mr. Mrs. Ms. Other _____

First Last

Relationship to applicant: _____

Home Address: _____

City State Zip

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Position: _____

Employer: _____

Address: _____

City State Zip

Work Phone: (____) _____

EMERGENCY NUMBERS AND PICKUP INFORMATION:

It is imperative that we have current emergency numbers to locate parents.

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

PERSONS NOT AUTHORIZED TO PICK UP STUDENT:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

GRANDPARENTS INFORMATION:

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name: Dr. Mr. Mrs. Ms. Other _____

Street Address: _____ City: _____ State: _____ Zip: _____

STUDENT MEDICAL INFORMATION: Please complete all information in this section and submit any health information (including immunizations) received from your doctor's office.

Allergies: _____ Drug Allergies: _____

Routine Medication: _____ How Often: _____

Name of Doctor: _____ Phone Number: _____

Insurance Company: _____ Group Number: _____

If Asthmatic: Please provide an inhaler or breathing apparatus that can be administered to your child in case of emergency or as needed on a daily basis along with an **Asthma Action Plan**.

School Policy: All medications administered to students require a **Written Parental Consent**. This includes over the counter medication such as: Advil, cough drops, and nasal spray. All medication must be provided by the parent.

STUDENT BACKGROUND INFORMATION: (List most recent school first)

Current School: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Principal: _____ **Dates attended:** _____ **Reason for leaving:** _____

Previous School : _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Principal : _____ **Dates attended:** _____ **Reason for leaving:** _____

Has the student ever repeated a grade? No Yes If yes, please give grade and reason: _____

Has the student participated in any special learning programs (gifted, resource, special education, IEP/ISP) Yes No

If yes, please specify: _____

Has the student ever received a disciplinary action? No Yes Explain: _____

Has your student ever been in trouble with the civil authorities? Yes No

If yes, please explain: _____

Why would you like your student to attend NCCS? _____

How did you hear about NCCS? website open house friend other _____

CHURCH INFORMATION: If you attend a church, please provide the following information:

Name of Congregation: _____ **Denomination:** _____

Pastor's Name: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip:** _____

Our mission at NCCS is to work together with the home and church to aid in the academic and spiritual development of your child. Please share your personal testimony in the space provided.

EMERGENCY CARE / FIELD TRIPS / PUBLICITY

North County Christian School will treat all information regarding a candidates application with complete confidentiality. Only authorized school personnel have access to this information unless otherwise required by law. Information recorded within the scope of this policy is not disclosed to the applicant or the applicant's family.

_____ I give North County Christian School permission to take my child to the nearest hospital for emergency
(Initials) treatment if I cannot be reached in case of medical emergency.

_____ I give permission for my child to participate in North County Christian School sponsored field trips.
(Initials) All teachers and other school representatives in charge of these trips will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School and staff are waived.

_____ I give permission for my child's photograph to be used for promotional school purposes, including but not
(Initials) limited to print or media advertising.

_____ I hereby verify that the information on this application is true and correct to the best of my ability.
(Initials)

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____

STUDENT STATEMENT (For Students in Grades 7-12)

I desire to attend North County Christian School or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at North County Christian School.

I understand that Christian teachers are in partnership with my parents. I will strive to obey them as they seek to train me according to God's Word.

I have read the above student statement and will seek to live a Godly life in and out of school in order that Jesus Christ will be glorified.

Signature of Student _____ Date _____

STATEMENT OF BELIEFS

North County Christian School subscribes to the following Biblical teaching:

- God is one eternally existent, infinite Triune God and has revealed Himself as Father, Son, and Holy Spirit.
- Jesus is divine and was fully God and fully man at the same time.
- The Holy Spirit is active today, convincing the world of sin, giving new life to those who repent and believe, sanctifying believers, and guiding into all truth.
- The Bible was inherently inspired by God and reveals the will of God in all matters of faith and salvation.
- Original sin, the corruption of man by Satan, continues to exist in a Christian's life until cleansed by the Holy Spirit.
- Salvation started in God's loving heart, and is grounded in Jesus' sufferings, shedding of blood, death on the cross, and resurrection.
- Man is morally responsible for his use of free will and God never takes his freedom of choice from him.
- Repentance involves a sense of personal guilt and a voluntary turning away from sin.
- In salvation God sees a person as if he had never sinned, is given a new life beginning, and is adopted into God's family.
- God gives a pure heart to those who are brought into complete devotion to God and this work of God's grace is complete sanctification.
- Jesus will come to earth again and those who are in His will go to live with Him eternally and those that do not belong to Him will spend eternity in Hell.
- Christian baptism shows acceptance of Jesus.
- Communion is a sacrament that declares Jesus' sacrificial death.
- God can and does heal body, mind, and emotions, and allows providential agencies and persons to aid in the healing process.
- A person receives the fruit of the Spirit when he becomes a believer, the gifts of the Spirit are given by God's will alone, no gift is superior to any other and no gift is universally given to all believers.

Scripture reference for each of these statements can be found in the student handbook

PHILOSOPHY OF EDUCATION

- Our philosophy of education is a theology of education, because it is built on Biblical principles. Pertinent passages of scripture are Deuteronomy 6:5-7, Ephesians 4:11-16 and Romans 12:1-2.
- According to Deuteronomy 6:5-7, all education, and especially Christian education, begins in the home. Parents are the primary developers of a child's education. This responsibility cannot be taken from them, nor can they give it away.
- Ephesians 4:11-16 teaches that God has given some the gift of teaching. Their responsibility is to "equip the students for works of service." They do not take the parents place, but become "para-parent" for the students.
- Our ultimate goal in Christian education is found in Romans 12:1-2: to help the students be transformed by the renewing of their minds, so they will be able to test and approve what God's will is for them. This renewing is always based on a student's submission to the Lordship of Jesus.
- The academic requirements at North County Christian School are secondary to the fact that we are first Christians. This does not mean that academics are of little importance. We have a higher academic standard than many schools because Christians should exemplify only the highest standards.

MISSION STATEMENT

The mission of North County Christian School is to work in partnership with the family and church to provide excellent education rooted in Biblical truth and to nurture students as they... **Embrace** a personal relationship with Jesus Christ, **Discover** their God-given gifts, **Seek** His plan for their life, and **Serve** Him with their mind, body and spirit.

Have you read the statement of beliefs, philosophy of education and the mission statement, and do you desire this education for your child? Yes No If no, please explain: _____



NORTH COUNTY CHRISTIAN SCHOOL

Release of Records

We must have records from the last school attended in order to evaluate your student.
Please complete and submit with the child's application

Student's Name: _____

I hereby authorize _____
Name of Student's School

to release to:
North County Christian School
845 Dunn Rd.
Florissant, MO 63031
314-972-6227
Fax: 314-972-6220

Academic Records (with grading scale, quarter & semester grades)
Standardized test scores
Discipline records (Please let us know if there are none on file)
Health Records/Immunizations
Special Education (including current IEP and most recent evaluation)
Additional information that would be helpful in placing student

Signed: _____
Parent or Guardian

Address: _____
Street Address City State Zip

We cannot proceed with an interview unless we have these records. Please forward the final transcript to NCCS when available.

*Records brought in by parents will not be accepted as official and will be viewed as temporary until official copies are received from the previous school.

North County Christian School reserves the right to deny admission to a student previously accepted if the final transcript:

- Reveals a marked discrepancy with the original application
- Behavioral or disciplinary records reveal a marked discrepancy from previously provided information.

Statement of Confidentiality

North County Christian School will treat all information regarding a candidates application with complete confidentiality. Only authorized school personnel and agents have access to this information unless otherwise required by law. Information recorded within the scope of this policy is not disclosed to the applicant or the applicants family.



NORTH COUNTY CHRISTIAN SCHOOL

School Recommendation

TO BE FILLED OUT BY A PREVIOUS TEACHER OR ADMINISTRATOR

Parent: Please complete and submit with the child's application

Applicant's Name: _____ Grade Applying For _____

Parent's Signature _____

The student named above, having applied for admission to North County Christian School, is required to have this form on file before admission can be considered.

How long have you known the applicant? _____ In what context? _____

Please evaluate the applicant by checking the most appropriate heading.

	Below Average	Average	Above Average	Excellent (top 15% this year)	Outstanding (top 5% this year)
Conduct					
Concern for Others					
Relationships with Peers					
Emotional Maturity					
Self-confidence					
Honesty					
Academic Motivation					
Ability to Work in a Group					
Ability to Work Independently					
Academic Creativity					
Academic Self-discipline					
Growth Potential					

Please comment on special strengths and weaknesses and level of maturity.

Please list any significant limitations (physical, social, mental) the applicant may have.

What special encouragement, guidance or supervision would you suggest?

I recommend this student for admission:

Academic Achievement Enthusiastically Confidently With reservation Do not recommend
Character & Personal Qualities Enthusiastically Confidently With reservation Do not recommend

Signed: _____ Date: _____

Print name: _____ Position: _____

Phone Number: _____

Please return this form to:

North County Christian School 845 Dunn Road Florissant, MO 63031 Fax 314-972-6220



NORTH COUNTY CHRISTIAN SCHOOL

Pastoral Recommendation

North County Christian School is an extension of the Christian home and church. Although we do not require our school families to be church members, we do highly recommend it and encourage our families to be an active part of a local church. With this thought in mind, please answer the following questions and complete the form as directed.

Do you have a church home? Yes No Where? _____

If YES, please complete the INSTRUCTION TO PARENT portion of this form and give it to your church with a stamped envelope addressed to:

North County Christian School
845 Dunn Road
Florissant, MO 63031

If NO, would you like to receive information on the Ferguson Church of the Nazarene?

Yes No Please sign and return to NCCS

Parent Signature

Phone

INSTRUCTION TO PARENT: Please complete your name and address, list the children you plan to enroll in NCCS, and sign below.

FAMILY NAME _____ PHONE # _____

ADDRESS _____
Street City State Zip Code

APPLICANT NAME 1. _____ GRADE _____
2. _____
3. _____

I give permission for my pastor or other church authority to complete this form with utmost honesty and confidentiality.

Date

Parent Signature

INSTRUCTION TO PASTOR OR OTHER CHURCH AUTHORITY: Please complete this form. We will treat all information as strictly confidential. Thank you for your assistance.

1. How long have you known this family? _____

In what capacity? _____

2. How often does this family attend church? **W**-weekly **M**-monthly **S**-Seldom

Father _____ Mother _____ Applicant 1 _____ Applicant 2 _____ Applicant 3 _____

3. Would you recommend that we accept this family into our school? _____

4. Please give any information that would help us in making our decision to accept or decline enrollment to any of the applicants:

Pastor or other church authority information:

Name _____ Position _____

Church _____ Phone _____

Address _____
Street City State Zip Code

Signature _____ Date _____

Thank you for taking the time to complete this form. It will be very beneficial to us in maintaining a quality Christian atmosphere at North County Christian School. Please mail or fax this form to NCCS 845 Dunn Rd. Florissant MO 63031 Fax: 314-972-6220

NORTH COUNTY CHRISTIAN SCHOOL

Missouri Department of Health
2018-19 IMMUNIZATION FORM

Name (LAST) (FIRST) (MI)			Age	Date of Birth	Grade		
Address (Street, City, State)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Physician		Name of Parents or Legal Guardians		Phone Number			
Dose	DtaP/DTP Td/DT	Polio IPV/OPV	MMR/MR	Chicken Pox Varicella or Date/Disease	Hep. B	HIB	Other
Dose No. 1							Menactra
Dose No. 2							
Dose No. 3							
Dose No. 4				Hep A			
Dose No. 5							
Dose No. 6							
DATE	ADVERSE REACTIONS						

Physical Exam

North County Christian School requires all NEW students to have a physical before attending school.

Name _____ Date _____ Height _____

Weight _____ BP _____ Lab: Urinalysis (dipstick) Albumin _____ Sugar _____

Vision: Normal Glasses Contacts Hearing: Normal Abnormal

Check the box if normal and circle if abnormal:

- | | | | | |
|--|--|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Growth Development | <input type="checkbox"/> Ears, nose | <input type="checkbox"/> Eyes | <input type="checkbox"/> Skin, glands | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Thyroid, head, neck | <input type="checkbox"/> Lungs <input type="checkbox"/> Hernia | <input type="checkbox"/> Teeth, tonsils | <input type="checkbox"/> Genitalia | <input type="checkbox"/> Other |

Explain any abnormal findings: _____

Allergies: _____

Can student carry full program of school? Yes No Is special seating recommended? Yes No

If yes, specify: _____

Other recommendations and remarks: _____

Signature _____ M.D./D.O. Date _____ Name (print) _____

Phone _____ Address _____ City _____ State _____ Zip _____

North County Christian School Summer Camp 2018



3yrs. - 2nd grade

We offer a separate program for 3rd - 8th grade

- Registration Form/\$75 Activity Fee due at time of registration** *Non-refundable
Weekly Rate: \$130 - lunch included (*Weeks of Memorial Day and 4th of July-prorated \$104)
- Payments must be received by **Wednesday** of the **prior** week to be eligible to attend the next weeks' camp. **No Exceptions.**
 - No refunds or credits will be given for days missed for non-attendance, vacation or illness.
 - No transfer of weekly payments from one week to another. No exceptions.
 - Weeks attending must be checked to be guaranteed participation in scheduled field trips.

Summer camp is for children age three (must be potty trained) through students entering 2nd grade.

Please place an **X** next to the weeks your child will be attending.

Activities are from 8:00 a.m. to 3:30 p.m. Extended hours are available from 7:00 a.m. to 6:00 p.m. at no additional charge. It is recommended that no child be in attendance for more than ten hours per day.

Camper's Name _____ **Grade 2018-19** _____

_____ *May 29-June 1	payment due May 23	_____ *July 2-6	payment due June 27
_____ June 4-8	payment due May 30	_____ July 9-13	payment due July 3
_____ June 11-15	payment due June 6	_____ July 16-20	payment due July 11
_____ June 18-22	payment due June 13	_____ July 23-27	payment due July 18
_____ June 25-29	payment due June 20		

Please make payments in the administration office or by mail:

845 Dunn Road, Florissant, MO 63031, Summer office hours: 7:30 a.m.-4:00 p.m.

Online payments can be made through our website—www.nccsedu.org—under Links.

For Office Use Only:

Date registration form & \$75 fee received _____

Parent Copy _____ Office Copy _____ Director Copy _____

2018 Summer Camp Application 3yrs. - 2nd grade

Camper Information

(Entering 2018-2019 School Year)

Camper's Name _____ Please circle grade: P3 P4 K5 1st 2nd

Address _____ Birth Date _____

_____ ()
City State Zip Telephone

Parent Information

Father's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____
Street City State Zip

Mother's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____
Street City State Zip

Emergency Contact and Authorized Pick-up Information

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Individuals picking up children will need to provide a picture ID.

Camper's Medical Information

Allergies: _____ Medications: _____

Allergies: _____ Medications: _____

Routine Medication: _____ How Often? _____

Name of Doctor/Telephone _____ () _____

Insurance Company: _____ I.D. # _____

I give permission for my child to participate in off campus field trips. I realize that my child will be transported to and from field trips on a school bus which is not required to have seat belts. I understand that the NCCS staff takes every precaution while riding on the bus by not allowing young children to sit in the front or rear seats. It is understood that in giving permission, claims against North County Christian School are waived.

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____

North County Christian School ASAP Summer Camp 2018



3rd - 8th grade

We offer a separate program for 3yr olds – 2nd grade

- Registration Form/\$75 Activity Fee due at time of registration. *Non-refundable**
Weekly Rate: \$115 (Lunch Included)(*Weeks of Memorial Day & 4th of July-prorated \$92.00)
- Payments must be received by **Wednesday** of the **prior** week to be eligible to attend the next weeks' camp. **No exceptions.**
 - No refunds or credits will be given for days missed for non-attendance, vacation or illness.
 - No transfer of weekly payments from one week to another. **No exceptions.**
 - Weeks attending must be checked to be guaranteed participation in scheduled field trips.

Please place an **X** next to the weeks your child will be attending.
Activities are from 8:00 a.m. to 3:30 p.m. Extended hours are available from 7:00 a.m. to 6:00 p.m. at no additional charge. It is recommended that no child be in attendance for more than ten hours per day.

Camper's Name _____ **Grade 2018-19** _____

_____ June 4-8	payment due May 30	_____ *July 2-6	payment due June 27
_____ June 11-15	payment due June 6	_____ July 9-13	payment due July 3
_____ June 18-22	payment due June 13	_____ July 16-20	payment due July 11
_____ June 25-29	payment due June 20	_____ July 23-27	payment due July 18

Please make payments in the administration office or by mail:
845 Dunn Road, Florissant, MO 63031, Summer office hours: 7:30 a.m.-4:00 p.m.
Online payments can be made through our website—www.nccsedu.org—under Links.

For Office Use Only:

Date registration form & \$75 fee received _____

Parent Copy _____ Office Copy _____ Director Copy _____

2018 ASAP Summer Camp Application 3rd-8th

Camper Information

(Entering 2018-19 School Year)

Camper's Name _____ Please Circle Grade: 3rd 4th 5th 6th 7th 8th

Permanent Address _____ Birth Date _____

_____ ()
City State Zip Telephone

Parent Information

Father's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____

Street City State Zip

Mother's Name _____ Telephone () _____

Email _____ Cell #() _____

Address _____

Street City State Zip

Emergency Contact and Authorized Pick-up Information

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Individuals picking up children will need to provide a picture ID.

Camper's Medical Information

Allergies: _____ Medications: _____

Allergies: _____ Medications: _____

Routine Medication: _____ How Often? _____

Name of Doctor/Telephone _____ () _____

Insurance Company: _____ I.D. # _____

I give permission for my child to participate in off campus field trips. All NCCS Camp staff in charge of activities will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School/ASAP are waived.

My child may participate in swimming activities in locations with life guards on duty. Yes No

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____