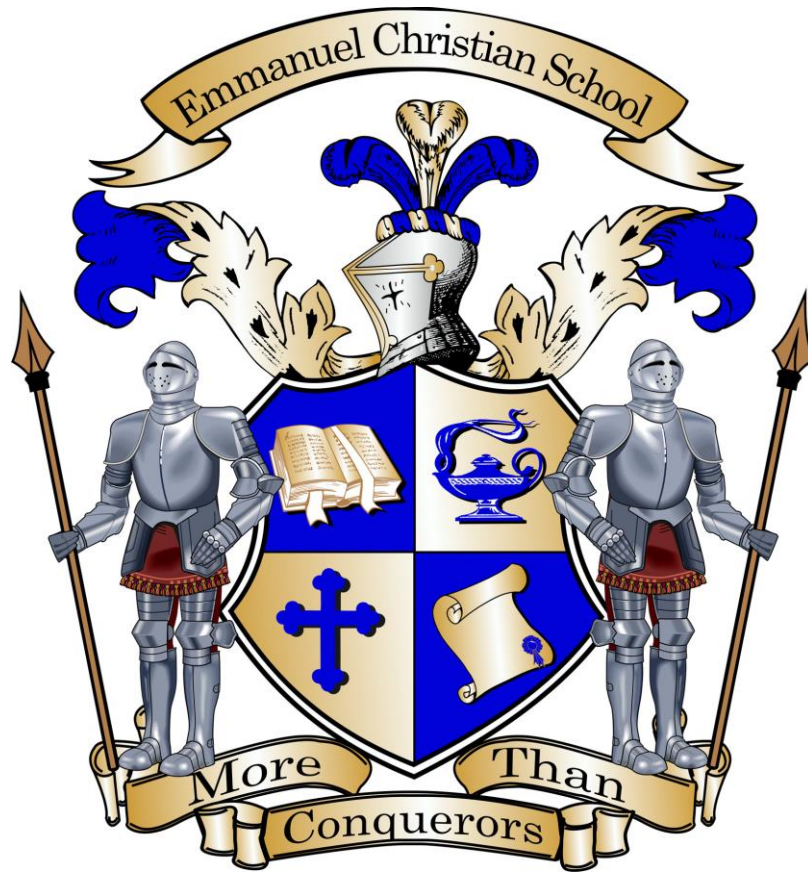


APPLICATION TO

Emmanuel Christian School

“Training the Next Generation of Godly Leaders”

16221 National Pike
Hagerstown, Maryland 21740
(301) 582-0368 • ECSooffice@ecs.school



A Distinctively Fundamental Christian School

APPLICATION TO *Emmanuel Christian School*

OFFICE USE ONLY
Account # _____
Date Rec'd _____ T: _____
GENERAL INFORMATION
Reg. _____
S.F. _____
T. _____ X _____
Date _____

TO BE FILLED OUT BY PARENT (one per student):

Student's Name _____
PRINT Last First Middle

Grade to enter _____

Present Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth (MM/DD/YYYY) _____ Race _____ Sex _____

E-mail _____ Social Security Number _____ - _____ - _____

Place of Birth _____ Birth Certificate Number _____
City County State

Have you ever attended Emmanuel Christian School before? _____ If so, when? (20____ to 20____)

Name of school last attended _____

Address of school last attended _____

Has the applicant ever failed a grade? _____ If so, why? _____

Has applicant ever had any serious problem in school? _____ If so, please explain. _____

Has applicant ever been expelled from school? _____ If so, why? _____

Does the applicant have any mental, physical, or social challenges? _____ If so, please explain. _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Father's Business Address _____ Phone _____

Mother's Business Address _____ Phone _____

Other Children enrolled in Emmanuel Christian School:			Other children in family:	
Name	Age	Grade	Name	Age

What church does the family attend at the present time? _____

How frequently do you attend services? Sunday AM _____ Sunday PM _____ Midweek _____

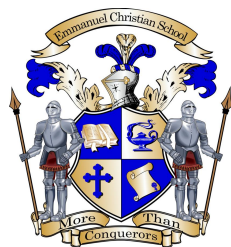
Is Father (stepfather) a Christian? Y/N _____ Mother (stepmother)? Y/N _____ Applicant? Y/N _____

On what do you base your answer? _____

Who referred you to Emmanuel Christian School? (The person referring you will receive a "referral fee") _____

Why do you wish to send your child to Emmanuel Christian School? _____

Student lives with: Father and Mother _____ Father only _____ Mother only _____ Guardian _____



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Statement of Cooperation

(Please read this carefully.)

1. It is hereby understood that we, the parents/guardians, will pay all applicable fees and tuition for the amount as stated on a yearly or monthly basis. If our child(ren) enters ECS after the beginning of the school year, the tuition will be prorated according to the policies of ECS. We understand that records may be held if the account becomes outstanding during any grading period or if satisfactory arrangements have not been made with the school. Any account is delinquent after 30 days. If after 60 days delinquent payments are not brought up to date, or satisfactory arrangements have not been made, our child(ren) will be suspended until payment has been made.
2. The teacher and administration is hereby given full discretion in the discipline of our child(ren). This would include the issuing of a detention, suspension, or expulsion from the school program. A detention may be used after school for various offenses, and transportation will fully be our responsibility. We will be notified of any detention.
3. We understand the school reserves the right to dismiss our child(ren) if they do not cooperate with the educational process. If our child(ren) is dismissed for any reason, fees and tuition through the current month will not be refunded.
4. We will notify Emmanuel Christian School in advance before withdrawing our child(ren). Withdrawal forms must be completed and all fees paid before any records will be released. If we withdraw our child(ren) before the end of the school year, we are still responsible for one month's tuition plus a \$200 early withdrawal fee.
5. In making application for our child(ren), it is our desire to have him/her attend the school year 20_____ to 20_____. It is also our understanding that the policy for the school is to make NO REFUNDS on application, enrollment, textbook, or student fees. We also give permission for our child(ren) to take part in all school activities, including sports, and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child(ren) because of any injury to our child(ren) at school or during any school activity. In case of accident or serious illness, we request the school to contact us. If the school is unable to reach us, the school may make whatever arrangements deemed necessary.
6. I understand that the administration may want to use photographs/videos of my child(ren) to post on websites or displays for advertising/promoting purposes. I hereby give my permission unless I have written a letter to the school requesting otherwise.

We _____ and _____, have read the Statement of Cooperation; know the rules and regulations of the school; are in full agreement with the policies and standards; and will exhibit the right spirit and attitude in supporting the school and its activities.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Student(s) Signature (Grades 4th-12th)

Date

* All parents of students enrolled in grades 7-12 are to have the SECONDARY CHURCH INFORMATION form completed by their church pastor and returned to the school.