



CHRISTIAN ACADEMY SCHOOLS

2151 W. Russell Rd. Sidney, Ohio
Phone (937) 492-7556 Fax (937) 492-5399

*"Our Mission is to Equip and Inspire Students to be a
New Generation of Christ-Centered Leaders"*

Application Process

Family Name _____

School District of Residence _____

Church Affiliation _____

1. Contact the Christian Academy School's office to arrange a campus visit. Be sure to bring the following items to the interview:
 - Most recent report card
 - Results of the most recent Standardized Testing
 - Grades 9th—12th transcript
 - Current IEP, if applicable (if necessary, testing will be scheduled at this time)
2. \$200 one-time, non-refundable application fee paid, per family
3. Return the completed application to the office including the following information:
 - Birth Certificate (copy)
 - Child's Social Security Card (copy)
 - Consent for Release of Student Records Form
 - Custody paperwork, if applicable
 - Immunization Records (copy)
 - Payment Plan Form
 - Picture of Child
 - Student Health Questionnaire (1 per student)
 - Volunteer Form
4. Send Pastoral Referral Form to pastor
5. Letter of Acceptance will be sent within 10 days of receiving all items listed.

Mission Statement

Our Mission is to Equip and Inspire Students to be a New Generation of Christ-Centered Leaders

We are delighted that you are interested in obtaining a quality education for your child at Christian Academy Schools. It is our desire to partner with you by offering an academic program integrated with the truth of God's Word that will enable your child to succeed and think biblically.

We offer a structured and disciplined environment that nurtures your child's spiritual, emotional, and cultural growth. At Christian Academy Schools our mission is *"to equip and inspire students to be a new generation of Christ-centered leaders."*

Statement of Faith

I believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.

Genesis 1:1; John 10:30,37,38

I believe in the deity of our Lord Jesus Christ, in His Virgin Birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

Isaiah 7:14; Matthew 1:23; Luke 1:35; Hebrews 4:15, 7:25, 9:12; John 2:11, 11:25; Colossians 1:14;
Acts 1:11; Revelation 19:11-16

I believe that man is sinful by nature and that regeneration by the Holy Spirit is essential for His salvation.

Romans 3:19,23; John 3:16-19, 5:25; Ephesians 2:8-10; Titus 3:5,6

I believe the Bible to be the inspired and the only infallible authoritative Word of God.

I Timothy 3:16; II Peter 1:21

I believe in the continuing ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life.

Ephesians 4:30, 5:18; I Corinthians 3:16, 6:10-20

I believe in the resurrection of both the saved and the lost: they who are saved unto eternal life, and they who are lost unto eternal damnation.

John 5:28, 29

I believe in the spiritual unity of believers in our Lord Jesus Christ.

Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28

I believe in the creation of man by the direct Act of God.

Genesis 1:26-28, 5:1-2

Non-Discrimination Policy

Christian Academy Schools, Inc. recruits and admits students of any race, color, or ethnic origin, to all rights, privileges, programs and activities. The school does not discriminate on the basis of race, color or ethnic origin in administration or educational policies, scholarships, loans/fees/waivers/educational programs or athletic/extracurricular activities. Nor is Christian Academy Schools intended to be an alternative to court administrative agency-ordered or public school district-initiated desegregation. The school does not discriminate on the basis of race, color or ethnic origin in the hiring of its certified or non-certified personnel.

Parent Information

Preferred Salutation: ◇ Mr. ◇ Rev. ◇ Dr.

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Are you living with child? _____ ◇ Married ◇ Separated ◇ Divorced ◇ Widowed

Education: High School Diploma: _____ Highest College Degree Earned: _____

Employer: _____ Occupation: _____

Business Phone: _____ Business E-mail: _____

Name of Church Attending: _____ Member: _____

Preferred Salutation: ◇ Miss ◇ Ms. ◇ Mrs. ◇ Rev. ◇ Dr.

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Are you living with child? _____ ◇ Married ◇ Separated ◇ Divorced ◇ Widowed

Education: High School Diploma: _____ Highest College Degree Earned: _____

Employer: _____ Occupation: _____

Business Phone: _____ Business E-mail: _____

Name of Church Attending: _____ Member: _____

Name of Step-parent living with child: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Education: High School Diploma: _____ Highest College Degree Earned: _____

Employer: _____ Occupation: _____

Business Phone: _____ Business E-mail: _____

Name of Church Attending: _____ Member: _____

Legal Guardian (if other than parent). Please include a copy of custody papers.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Education: High School Diploma: _____ Highest College Degree Earned: _____

Employer: _____ Occupation: _____

Business Phone: _____ Business E-mail: _____

Name of Church Attending: _____ Member: _____

Parent Information (continued)

Father/Guardian: Please describe your relationship with Jesus Christ at this current time.

Mother/Guardian: Please describe your relationship with Jesus Christ at this current time.

Please share your reasons for applying to Christian Academy Schools.

Please list the names, grades, and schools that all children in your household are currently attending.

To the best of my ability, I/We have provided accurate and truthful information on this application. The admissions process cannot be completed until CAS has received all of the materials on the check list found on the front of the booklet.

Father/Guardian's Signature: _____ Date: _____

Mother/Guardian's Signature: _____ Date: _____

Family Covenant Agreement

This Covenant is something that the families and staff of Christian Academy School do together with an important part being the mutual support and accountability that we extend to one another as brothers and sisters in Christ.

We do not view these values as matters of mere convenience or personal preference. We believe they are essential marks of lives transformed by God's grace. As a community of born-again believers, we commit ourselves to the pursuit of these spiritual growth markers and maturity so that God may be glorified on the Christian Academy Campus in Sidney, Ohio.

- We covenant together to express our love for God through our obedience to the authority of His Word, our practice of spiritual disciplines, and regular expressions of worship and Christian service.
- We covenant together to express our love for others through acts of kindness, wholesome and uplifting speech, redemptive expressions of confrontation and forgiveness, merciful acts to those in need, and loving proclamation of the gospel.
- We covenant together as people of integrity and self-control, truthful in our speech, honest in our conduct, and moral purity in both thought and action.
- We covenant together to pursue excellence in all that we do as an expression of our gratitude to God and our desire to be good stewards of all God's gifts, including our talents, time and resources.
- We covenant together to guide our students to use Philippians 4:8 concerning their conduct and choices on and off campus. *"Finally, brothers, whatever is admirable—if anything is excellent or praiseworthy—think about such things."* Christian conduct is expected of our students at all times. It is important for our students and staff to remember they are representing our Lord at Christian Academy Schools on and off campus.

Student Signature

Date

Parent Signature

Date

Permission (please initial)

_____ My child has permission to use the transportation provided for school sponsored activities. Field trips will be announced in the newsletter and in each homeroom.

_____ CAS has permission to use my child's pictures in any promotional material - printed or electronic. No names will be associated with pictures in electronic form.

Student Information

Student's Legal Name _____ ◇ Male ◇ Female

Student's Anticipated Grade Placement _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Current School Attending _____ Grade _____

Public School District _____ Public School Building _____

Place of Birth (City & State) _____ Date of Birth _____

Social Security # _____

Name of Church Attending _____ Member _____

Ethnicity: ◇ African American ◇ Asian ◇ Bi-racial ◇ Caucasian ◇ Hispanic ◇ Native American ◇ Other



List all previous schools attended with most recent listed first:

Name of School _____ Grades Completed _____

Address of School _____

Reason for Leaving _____

Name of School _____ Grades Completed _____

Address of School _____

Reason for Leaving _____



Has the student ever repeated a grade? If yes, what grade and why? _____



Has the student ever been suspended, expelled, or had any disciplinary difficulty in school? Please attach school records documenting the incident.



Has your child ever been referred or treated for: (please check all that apply)



◇ Learning Disabilities ◇ Language Processing ◇ ADHD/ADD ◇ Emotional Difficulties

If you have checked any of these, please explain and attach IEP & ETR. _____



Does your child have any physical disabilities that we need to provide for? _____





Student Health Questionnaire

Christian Academy Schools
 2151 W. Russell Rd. Sidney, Ohio 45365
 Phone: 937-492-7556 Fax: 937-492-5399

The information requested below begins your child's school health record. This record is required for all new students, regardless of grade level. In order for each child to be given the best individual attention, we ask that you please provide information regarding your child's medical history and physical development. This form should be completed by the parent/guardian and returned with the registration packet. This information will be kept in the student's file and will be reviewed by a Health Department nurse.

Student Information

 Last Name First Name Middle Initial Date of Birth

 Address City State Zip Code

Parent/Guardian Information

 Father's Last Name Father's First Name Mother's First Name Mother's Last Name

 Guardian's Last Name Guardian's First Name

School Information

 School Grade Male Female

 Transferred From (name of school)

Medical History

 Name of Physician Telephone

 Name of Dentist Telephone

Has your child had any of the following diseases/conditions? If so, please list approximate year below checked box.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seasonal Allergies
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Food/Medicine Allergies (please list)
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Behavior/Nervous	<input type="checkbox"/> Skin Conditions (hives, eczema)	

Please explain treatment options to any of the checked conditions as needed:

Please list any hospitalizations (reasons and dates) and/or any disabilities/medical conditions:

		Hearing Aides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Infections	Hearing Difficulties	<input type="checkbox"/> Right ear	<input type="checkbox"/> Left ear	<input type="checkbox"/> Both ears
Visual Difficulty	Wears Glasses/Contacts			

Date of Last Examination by Eye Specialist

Eating, Sleeping, Bowel/Bladder Problems

Parent Signature Date



Pastoral Referral Form

Christian Academy Schools
2151 W. Russell Rd. Sidney, Ohio 45365
Phone: 937-492-7556 Fax: 937-492-5399

This form is to be completed by your Pastor, Youth Pastor, Youth Group Leader, or Sunday School teacher who best knows your student. The form may be returned by mail, fax or given to the family to return to Christian Academy Schools. The student listed below has applied for admission to Christian Academy Schools. As a Christian School it is important for us to know the student's level of faithfulness to their church. Please answer the following questions as honestly as possible.



To be completed by student:

Student's Name _____ Next Year's Grade _____
Name of Church _____ Church Phone _____
Denomination/Association _____
Church Address _____ City _____ State _____

The following is to be completed by the church representative:

- Does this student regularly attend weekly services at your church? (at least 3x monthly)
 Yes No
- Do the student's parents or guardians attend weekly services at your church?
 Yes No
- How long has this family been regularly attending your church? _____
- Does the student regularly attend classes such as Sunday School/Youth Group?
 Yes No
- Please list any ministries in which the student is involved.

- Would you recommend this student for admission to CAS?
 Yes No

Please evaluate the student in relation to other children of their age whom you have known.

1. Interest in spiritual matters	Excellent	Good	Fair	Poor
2. Respect for authority	Excellent	Good	Fair	Poor
3. Strength of character	Excellent	Good	Fair	Poor
4. Kindness towards peers	Excellent	Good	Fair	Poor
5. Honesty	Excellent	Good	Fair	Poor
6. Evidence of commitment to Jesus Christ	Excellent	Good	Fair	Poor

Pastor's Signature _____
Date _____



Consent for Release of Student Records

Christian Academy Schools
2151 W. Russell Rd. Sidney, Ohio 45365
Phone: 937-492-7556 Fax: 937-492-5399

Our Mission is to Equip and Inspire Students to- be a New Generation of Christ-centered Leaders



**CHRISTIAN ACADEMY
SCHOOLS**
Grades K – 12

SCHOOL BOARD
Mrs. Deborah Adkins
Dr. Robert Amsden
Mrs. Cathy Clayton
Mr. Todd Miller
Mr. Andrew Rogers
Mr. Kevin Smith

HEAD OF SCHOOL
Mr. Richard Dray

DIRECTOR OF STUDENTS
Mr. Rusty Kirkpatrick

DIRECTOR OF MARKETING
Mrs. Kristina Baughman

Office Use Only	
Date Sent Form	_____
Date Faxed	_____
Initials	_____
Date Received Records	_____

School last attended _____

Street Address _____

City

State

Zip

Last Date Attended _____ Grade While Attending _____

Student's Name _____

Birthdate _____

Entering Grade _____

I am requesting all records (including psychological testing and immunization records) pertaining to this student be sent to:

Christian Academy Schools
2151 W. Russell Road
Sidney, Ohio 45365

Signature of Parent or Guardian _____

Sincerely,
Mr. Richard Dray
Mr. Richard Dray
Head of School

This form will be mailed from our office. In order for school records to remain official, they must remain in the hands of authorized personnel.



Volunteer Information

Christian Academy Schools
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At Christian Academy, we believe it is important to be involved in the total life of your child. When the entire family is actively involved in the child's school and extracurricular life, there are more investments in the child's education.

To encourage parent involvement, as well as to help maintain low costs, each family is required to complete 20 hours of volunteer work in the school each year. Volunteer cards will be distributed to parents during parent/ student orientation requesting their assistance in many areas. If parents find their schedules too full to assist, they may pay \$100 in lieu of the 20 hours of volunteer time.

It is the responsibility of the family to contact the school secretary to report their volunteer hours. The secretary will record the volunteer hours in RenWeb. When calling please provide the event, how many volunteered and the date.

If hours are not completed and documented, **PARENTS WILL BE BILLED AT \$5.00 FOR EACH VOLUNTEER HOUR NOT COMPLETED BY THE END OF THE SCHOOL YEAR.**

While all parents are required to participate, the program is "volunteer" in the sense that many parents serve far in excess of 20 hours. Also, parents do have a choice to serve hours in lieu of paying \$100.



General Fees & Information

Christian Academy Schools
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REGISTRATION PROCEDURE

- Application Fee: One-time payment of \$200 to cover processing.
- After all paperwork is returned, new families will have an interview with the superintendent.

The purpose of the interview is to ensure that parents understand and agree with the philosophy and operation of the school.

2018-2019 CAS Tuition		
Level	Tuition	Supply Fees
K – 5 th Grade	\$4,650	\$250
6 th – 8 th Grade	\$5,200	\$275
9 th – 12 th Grade	\$5,400	\$300

CURRICULUM

A God-centered curriculum (Publishers: Abeka, Bob Jones, Purposeful Design, and ACSI) integrates God’s truth in every academic area and complies with state content standards.

STANDARDS

We are chartered K -12. Our teachers are certified through the State of Ohio.

LENGTH OF SCHOOL DAYS

- 8:20 School Starts
- 3:18 Busses load
- 3:22 Parent pick-up and student driver dismissal

LUNCHES

Hot lunches are provided for the students from our own kitchen. For those who pack their lunches a drink may be purchased.

BUS TRANSPORTATION AVAILABLE

TUITION HELPS

- **EdChoice**
- **Jon Peterson**
- **Kroger Cards**
- **Pastor Scholarship**
- **Multi-student discount**
- **Scholarships** are available for families who qualify
- **SCRIP** Use scrip to purchase everyday expenses like food, clothing, and other essentials, and with every purchase, earn up to 13% or more as a credit on your account

Christian Academy Schools will not discriminate based on race, color, and gender or ethnic origin in recruiting or admittance of students or in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public-school district initiative desegregation.



Tuition & Fees 2018-2019

Christian Academy Schools
 2151 W. Russell Rd.
 Sidney, OH 45365
 Phone (937) 492-7556

	12 monthly payments with supply fee	Tuition per year	Supply Fee	Lunch Costs
Kindergarten – 5th Grade	\$408.33	\$4,650.00	\$250.00	Elementary \$3.00
Junior High 6th – 8th Grade	\$456.25	\$5,200.00	\$275.00	Middle School \$3.25
High School 9th – 12th Grade	\$475.00	\$5,400.00	\$300.00	High School \$3.25

Sports Fees	One Fee All Sports
	\$250.00

Fees	Registration
	\$200.00



Financial Payment 2018-2019

Christian Academy Schools
2151 W. Russell Rd.
Sidney, OH 45365
Phone (937) 492-7556

Family Name _____

Payment plan (*please select one*)

_____ **Full year:** Payment is to be postmarked by July 1, 2018. (2% off tuition is awarded)

_____ **Semester:** Half year payment is to be postmarked by July 1, 2018 for the first semester and by Nov. 15, 2018 for the second semester.

_____ **Ten month payment plan*:** Payments are made through bank account deductions. Payments will be deducted August 2018 through May 2019.

_____ **Twelve month payment plan*:** Payments are made through bank account deductions. Payments will be deducted July 2018 through June 2019.

**If you chose the ten or twelve month payment plan please complete the following:*

_____ ***Please use my account information on file.***

Account Information for Tuition Payment

Use the example of the check to encode the correct information.

Deductions will be taken on the:

_____ **20th** of every month (**Please initial**)

_____ I understand there is an annual \$35 non-refundable fee deducted with the first payment. (**Please initial**)

Checking Account Savings Account

Signature of Account Holder _____

Checking / Savings Routing Number: _____

Account Number: _____

Bank Name
Anywhere, USA 11111

Memo
123456789: 123456789 ||▪

Routing Number Account Number

Office Use Only

Financial Form Received _____



Scholarship Application 2018/2019

Family Name: _____

Please Select ONE of the following types of assistance for each student:

- Ed Choice Expansion Scholarship - Provided by the Ohio Department of Education**
This scholarship is an income-based scholarship for students in K thru 5 for 2018/2019.
ODE Application Deadline is 4/30/18.

Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____

- Jon Peterson Special Needs Scholarship for students with IEPs - Provided by the Ohio Department of Education**

Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____

- Employee Scholarship – Provided by Christian Academy Schools for students of contracted full-time employees.**

Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____

- Variable Scholarship – Provided by Christian Academy Schools for those with hardship needs.**
A copy of your 2017 tax forms (1040) must be attached. If you have a special hardship need that is not reflected on your 2017 tax form you must also provide a letter stating that need.

Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____
 Student Name: _____ Grade: _____

Are you a pastor? YES/NO If so – please attach a letter from your church verifying that you are a pastor. An extra 10% will be awarded to your Variable Scholarship.

PARENT SIGNATURE: _____ DATE: _____



For Office Use Only:

APPROVED BY: _____ DATE: _____