

Date Received _____

Received by _____

Attach Current
Picture Here



Community Christian School Application for Resident Admission

Student's Full Name _____ Preferred Name _____
First Middle Last

Student's Home Address _____
Phone: _____
FAX _____ E-Mail _____

Application for Grade ____ 1st/2nd Semester, 20____ Current Grade ____ Age ____ Birth Date ____ / ____ / ____ Sex ____
Month Day Year

Citizenship _____ Place of Birth _____

Applicant lives with: _____ Both Parents _____ Other: _____
Check any that apply: _____ Father is deceased _____ Mother is deceased _____ Parents are separated
_____ Father has custody _____ Mother has custody _____ Parents are divorced

Father's Full Name (Mr./Rev./Dr.) _____

Mother's Full Name (Mrs./Ms./Dr.) _____

Parents' Home Address _____

Phone _____ FAX _____ E-Mail _____

Father's Profession _____ Business Phone _____

Mother's Profession _____ Business Phone _____

Current Church Name and Denomination _____

Other members of the family who attend or have attended Nebraska Christian? _____

Brothers/Sisters (name, grade, school attending) _____

Academic Information

Name of Previous School _____ FAX _____ E-Mail _____

School Address _____ Phone _____

Has the applicant ever been referred for academic evaluation, either remedial or accelerated? ____ If yes, please explain on a separate page.

English as a Second Language (ESL)

Has the applicant had any ESL courses? ____ If so, how long? ____ Where? ____

Medical Information

Does the applicant have a physical health problem(s) of which the school should be aware? _____ If yes, please specify (include prescriptions or limitations of normal activities) _____

Is the applicant taking any medication on a regular basis such as insulin, Ritalin, etc.? Please list _____

Has the applicant ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? _____
If yes, please describe the circumstances _____

Check any of the following used or experienced with (in the last 12 months). Give explanation.
____ Narcotic drugs ____ tobacco ____ alcoholic beverages ____ stimulants _____

From what source did you learn about Community Christian School? _____

This application for admission is not complete until the following items are received:

1. A non-refundable application fee of three hundred dollars (\$300.00) payable to Community Christian School
2. A complete and signed application
3. Copy of Passport
4. Previous school records including current grades and TOEFL or SLEP test scores
5. Proof of Financial Responsibility (or Financial Resources Certification)
6. Parent and Student Supplementary Forms including:
 - Immunization Record
 - Health Exam Form
 - Student Participation Form
 - Medical Consent Form
 - Vision Form
 - Permit Sheet
7. All Reference Forms (3)

To the best of our knowledge the above information is correct.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature

Please return the completed application to:

Community Christian School
511 W. 14th Street
Scottsbluff, NE 69361
(308) 632-2230 FAX: (308) 632-2230
info@ccsneb.com

Community Christian School is a Christian, co-educational, elementary and junior high school. It is approved by the Nebraska Department of Education and is a member of the Association of Christian Schools, International (ACSI).

Notice of Nondiscriminatory Policy

Community Christian School admits students of any race, color, and national or ethnic origin.

COMMUNITY CHRISTIAN SCHOOL

**Confidential Reference Form
English for International Students**

Applicant's Name _____ **Applicant has studied English** _____ **years** _____ **months.**

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Community Christian School is a co-educational, elementary and junior high school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

Reading: Given an American newspaper or magazine article of at least five paragraphs (pronunciation may be odd, as long as the student's understanding of the meaning is correct), the student is able to:

- _____ Excellent Read aloud with few errors and explain its meaning clearly and completely (understands at least 9 out of every 10 words).
- _____ Good Read aloud except for difficult terms or places, and explain most of its meaning (understands 7-8 out of every 10 words).
- _____ Fair Read most of the basic vocabulary and explain the basic idea of the article (understands 5-6 out of every 10 words).
- _____ Poor Read and understand only the simplest words (understands 1-4 of every 10 words), and can explain little or none of the article's meaning.

Writing: When asked to write a short essay stating an opinion about his or her school, town, political view, sports interests, etc., he or she:

- _____ Excellent Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar rather than composing the grammar of the native language into English.
- _____ Good Uses good vocabulary, sentences are lengthy and sensible, but grammar is sometimes irregular.
- _____ Fair Can make only simple sentences using limited, or basic vocabulary. Grammar is extremely irregular, but understandable.
- _____ Poor Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is difficult to understand what the student means at times.

Comments: _____

Do you have any reservations concerning the applicant's (check if "yes") _____ character? _____ integrity?
If you checked "yes", please explain. _____

Do you recommend this applicant for college-preparatory level work: _____ without reservation? _____ hesitantly? _____ not at all?

Name and Title _____

Address _____ **Phone/E-mail** _____

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information please do so on another sheet of paper. Please return the completed form to:

Community Christian School
511 W. 14th Street, Scottsbluff, NE 69361
308-632-2230/ Fax: 308-632-2230 email: info@ccsneb.com

Community Christian School

Confidential Reference Form Math for International Students

Applicant's Name _____ How long have you taught this applicant? _____

Your name has been provided by the applicant as one who is able to furnish information concerning his or her family and the character, personality, and ability of the student. Community Christian School is a co-educational, elementary and junior high school with a Christ-centered curriculum. Please respond as honestly and completely as possible.

DIRECTIONS: Score the applicant's ability in the areas listed below based on the following scale by placing the corresponding number in the blank provided.

- | | | | |
|---------------------|---------------------------------------|----------------|---|
| 1. Excellent | Answers at least 9 out of 10 problems | 4. Poor | Answers fewer than 5 out of 10 problems |
| 2. Good | Answers about 7 out of 10 problems | 5. N/A | Has not studied this area yet |
| 3. Fair | Answers about 5 out of 10 problems | | |

Computation Concepts

Able to add, subtract, multiply, and divide:

- ___ Fractions
- ___ Four digit whole numbers
- ___ Units of measure
- ___ Decimals
- ___ Percents

Able to:

- ___ Construct & interpret line, bar and circle graphs
- ___ Find perimeter & area of geometric shapes
- ___ Convert between fractions/decimals & percents
- ___ Round to nearest 10, 100, 1000, and 1/10, 1/100, 1/1000

Algebra I Concepts

Able to add, subtract, multiply, and divide:

- ___ Integers (signed numbers)
- ___ Polynomials
- ___ Radicals (square roots)
- ___ Rational expressions

Be able to solve:

- ___ Linear equations in one variable
- ___ Quadratic equations by using factoring
- ___ Quadratic equations by using quadratic formula
- ___ Fractional equations and inequalities

Do you have any reservations concerning the applicant's (check if "yes") ___ honesty? ___ integrity?

If you checked "yes," please explain:

Do you recommend this applicant for college-preparatory level work?

___ without reservation ___ hesitantly ___ not at all

Name and Title _____

Address _____

Phone/E-mail _____

The time and effort that you have given to completing this form is appreciated. If you wish to give additional information, please do so on another sheet of paper. Please return this completed form to:

Community Christian School
511 W. 14th Street, Scottsbluff, NE 69361
(308) 632-2230/Fax: (308) 632-2230 email: info@ccsneb.com

Health Examination Form

Student Name _____

Address: _____

City/Country: _____ Date of Birth: _____

Age: _____ Male ___ Female ___ Grade: _____

School: **Community Christian School**
 Address: **511 W. 14th Street, Scottsbluff, NE 69361**
 Phone: **308-632-2230**

Revised 5/04

PLEASE COMPLETE PRIOR TO EXAMINATION

HISTORY

- | | YES | NO |
|--|-----------------------------------|--------------------------|
| *1. Have you ever fainted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever fainted during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had chest pain during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| *2. Has anyone in your family died suddenly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Before age 35? _____ Before age 50 _____ | | |
| Cause _____ | | |
| *3. Have you ever had a concussion, loss of consciousness, been knocked out or had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ | | |
| *4. Have you ever had heat stroke or heat exhaustion? | <input type="checkbox"/> | <input type="checkbox"/> |
| *5. Do you wheeze or cough during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any history of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| *6. Do you have any allergies? (medications, bee sting, pollens, etc.) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *7. Any injuries since last exam? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, list injuries: _____ | | |
| *8. Do you take any medication? (include vitamins and nonprescription drugs) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain _____ | | |
| 11. If female, when was your first menstrual period? _____ | | |
| When was your most recent menstrual period? _____ | | |
| 12. In the last year, what was your: | | |
| Lowest weight _____ Your highest weight _____ | | |
| What do you think is your ideal weight? _____ | | |
| 13. Immunizations: Last tetanus _____ | | |
| Measles, Mumps, German Measles (MMR) (1) _____ (2) _____ | | |
| Hepatitis B (1) _____ (2) _____ (3) _____ | | |
| *14. Circle any of the following you have had: | | |
| Abnormal bleeding/bruising | Anemia | |
| Appendicitis | Broken bones/stress fracture | |
| Bronchitis | Chicken Pox | |
| Diphtheria | Diabetes | |
| Dislocation (shoulder, etc.) | Frequent Colds | |
| Hearing Impairment | Heart murmur/palpitations | |
| Hepatitis/jaundice | Hernia | |
| High blood pressure | Influenza (flu) | |
| Kidney Disease | Loss of eye sight | |
| Pneumonia | Polio | |
| Rheumatic fever | Scarlet Fever | |
| Scoliosis (curvature of spine) | Seizures | |
| Sickle-cell disease | Single organs (kidney, eye, etc.) | |
| Tuberculosis | Undescended testicle | |
| Other _____ | | |
| <input type="checkbox"/> I have had none of the above problems. | | |

15. Do you use seat belts on a regular basis? YES NO
16. Do you use tobacco or alcohol? YES NO

* Must be answered for participation in athletics
 Additional Comments: _____
 Student's Signature _____ Date _____

EXAMINATION

*Ht _____ Wt _____ BP _____ / _____ Pulse _____

Vision R _____ L _____

Hearing

kHz	0.25	0.5	1	2	3	4	6	8
R								
L								

***MEDICAL EXAM**

(cross out if omitted)	Normal	Abnormal	Comments
HEENT			
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Dental	_____	_____	_____
Thyroid	_____	_____	_____
Nodes	_____	_____	_____
Lungs	_____	_____	_____
Heart/Murmurs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males)	_____	_____	_____
Hernia	_____	_____	_____
Skin	_____	_____	_____
Neck	_____	_____	_____
Upper Extremities	_____	_____	_____
Back/Spine	_____	_____	_____
Lower Extremities	_____	_____	_____
Neuro.	_____	_____	_____

Labs (If required)

UA dip: Ap _____ col _____ sp gr _____ pH _____ Pr _____ sug _____ Ket _____
 Bld _____ Bil _____ Uro _____ leuk _____ nitr _____
 Hgb: _____

Certification for Participation in Physical Education/Athletic Activities

I herewith certify that the student named above has been evaluated as indicated by the above record to be physically fit to participate in physical education activities and/or interscholastic athletics, except as noted below. Any exceptions or required modifications should be re-evaluated annually or as specified.

Modifications or exceptions: _____

- Deferred pending further evaluation for _____
 A copy of this form should go with this individual to all sporting activities.
 Required medication: _____

Physician Signature: _____ Date: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities.

I hereby authorize release to the school nurse of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider.

Signature _____ Date _____
 (Parent or Legal Guardian)



**Community Christian School
Immunization Record**

Name _____

Birth Date _____(Mo/Day/Yr)

Vaccine	Time	Date Given (Month/Day/Year)
DTaP Diphtheria Pertussis Tetanus Td	First	
	Second	
	Third	
	First Booster	
Polio	First	
	Second	
	Third	
	First Booster	
MMR	First	
	Second	
Hepatitis B	First	
	Second	
	Third	
Vericella (chickenpox)	First	
	Second	
Other (specify)		

I certify that the above information is correct to the best of my knowledge.

Signature of Parent _____ Date _____



AFFIDAVIT
Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

_____ (Name of Student)

_____ Birthdate of Student – mm/dd/yyyy

If the student is of the age of majority:

I, _____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Affiant/Student)

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

If the student is a minor:

I, _____, as legally authorized representative of _____,
(Name of Affiant) (Name of Student)

of lawful age and being first duly sworn, depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

COUNTRY: _____

TERRITORY: _____

My Commission expires: _____



MEDICAL CONSENT FORM

STUDENT'S NAME: _____ Phone: _____
Last First

STUDENT'S ADDRESS: _____
Address City Country

SEX: Male Female BIRTHDATE: _____ BIRTHPLACE: _____
Month/Day/Year City Country

FATHER

MOTHER

Name

Name

Home Telephone

Home Telephone

Place of Employment

Place of Employment

Work Telephone

Work Telephone

Health conditions the doctor should know (allergies, etc.):

(If necessary, continue on an additional page.)

MEDICAL CONSENT: The school staff may apply first aid treatment until the family doctor and/or dentist can be contacted. We give our consent for the staff to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Permission is granted to the attending physician or dentist to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for my son/daughter. In the event of serious illness or injury, the need for major surgery, I understand that every effort will be made by the attending physician, and/or medical personnel to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of my son/daughter is given.

Parent's Signature _____ Date _____



COMMUNITY CHRISTIAN SCHOOL
511 W. 14th Street
Scottsbluff, Nebraska 69361
(308) 632-2230

Activity & Travel Permit Sheet

STUDENT'S NAME: _____

I give permission for my son/daughter to:
(please check those that apply)

____ Travel in vehicles driven by host family or school sponsors to attend events and activities with the host family or school sponsored events.

____ Participate in extra curricular activities outside of school. I give permission for my child's host parents to enroll my child in these activities.

PARENT'S SIGNATURE: _____ DATE: _____



School Vision Evaluation Report Form for Nebraska Christian Schools

A School Vision Evaluation is required for all children within six months prior to entering Nebraska schools for the first time (*includes Kindergarteners, transfers, and other students new to Nebraska*). [Nebraska Revised Statute 79-214]

Name: _____ Grade: _____

Student Status: _____ Kindergarten _____ Transfer Student from Out of State

Required Tests*	Pass	Fail	Recommend Further Evaluation (Comments Below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity	_____	_____	_____
Right Eye @ distance (20 ft.):		20/____	aided / unaided
Left Eye @ distance (20 ft.):		20/____	aided / unaided
Right Eye @ near (16 in.):		20/____	aided / unaided
Left Eye @ near (16 in.):		20/____	aided / unaided

Comments/Recommendations: _____

Evaluation performed by: _____ Date: _____
(Signature)

Waiver of Vision Evaluation

I, _____ hereby state that I do not wish to submit a vision evaluation form for my student, _____, who is new to Community Christian School.

Signature

Date

To be completed for students participating in *all* NSAA activities.
NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
Student and Parent Consent Form

School Year: 200__-200__ Member School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type;
(c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student (Please Print)

Student Signature

(I am)(We are) the Student's Parent/Guardian (circle appropriate choice). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, ***except those crossed out below:***

- | | | | | | |
|------------|-------|----------|-----------------|---------------|---------------------|
| Baseball | Golf | Tennis | Play Production | Basketball | Swimming/
Soccer |
| Diving | Track | Football | Speech | Cross Country | |
| Volleyball | Music | Softball | Wrestling | Debate | Journalism |

DATED this ____ day of _____, _____.

Parent (Please Print)

Parent Signature



Student Agreement

I, _____, agree to adhere to the following requirements
(please print)
during my stay at Community Christian School, and be governed by the Student Handbook for all CCS students.

- Will participate in family activities and meals.
- Will attend church with the host family.
- Will respect family schedules and accept appropriate supervision.
- Will participate in school and church activities with the host family.
- Will communicate with the host family regarding preferences but be willing to try new things.
- Will share my home culture with the host family.
- Will complete assignments on time and ask host family for help as needed.

Student Signature

Date

Parent/Guardian

Date