

# Adams County Christian School Admission Requirements and Eligibility Criteria

## Policy and Procedure

Adams County Christian School admits students of any race, color, national and ethnic origin, and guarantees all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national, socioeconomic status, and ethnic origin in the administration of its education policies, admission policies, scholarship programs, and athletic and other school-administered programs.

A child must reach the appropriate age (5 or 6 years of age) on or before September 30 for the school year in which he/she applies. The child shall also exhibit appropriate intellectual, physical, emotional, behavioral, and social development, as determined by a representative of the school.

### Admissions Criteria

Our admission criteria is built on the assumption that Adams County Christian School is in a partnership with Christian families. The following criteria is used to determine if our school is the right fit for your child at this time.

- At least one parent or guardian has a personal testimony of a relationship with Jesus Christ.
- There is membership in, or regular attendance at, a church in which the Bible is sincerely believed to be the inspired word of God which is the basis for all life and learning.
- There is an understanding of and agreement with the mission of Adams County Christian School to provide children with a Christ-centered education in which Jesus Christ is acknowledged in every area of life.
- There is a commitment on the part of the parents to support the work of Adams County Christian School through prayer, volunteering, and faithfully meeting all financial obligations.
- Each student gives evidence of a commitment to the learning process based on past records and entrance interviews.
- Each student gives evidence of or potential for emotional stability, a satisfactory behavior records that lines up with biblical principal, and adequate social adjustment.

*Exceptions to the above criteria can be made on a case-by-case basis as approved by the Adams County Christian School Board.*

For students meeting the criteria above and who provide the required documentation, a decision may be made on enrollment by the school Administrator and Principal immediately following the interview process. For students who do not meet the criteria above, provide the required documentation, or in the case that the Administrator and Principal do not agree on the enrollment, the application must be brought to the admission committee by the Administrator for review and approval. The initial review and approval by the committee may take place via e-mail, or, an interview may be requested with the prospective student and family. The admissions committee may make an exception to the above criteria and choose to allow the enrollment of a student who does not meet this criteria, by majority vote.

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### Step 1. THE APPLICATION PROCESS

The following items are included in the application process:

- Fill out an admissions application and turn in to the school along with the documents listed below:
  - Medical and Personal Records – Certified copy of birth certificate (required for K-5 applicants only); immunization record, student social security, current utility bill verifying address.
  - School Records – Transcripts, current standardized test results. If no current nationally-normed test results are available, a screening conducted by ACCS may be required. Acceptance into ACCS is contingent on final review of records.
  - Recommendations – Completed reference forms are required from the student's current principal or school counselor, teacher(s), **OR** family pastor or youth pastor.

### Step 2. SCHEDULE AN INTERVIEW

Parents of prospective applicants are required to have an interview with the principal and/or administrator. All students must be present and engaged in the interview. An interview is scheduled only after the application process has been completed. For students who do not meet eligibility requirements for enrollment, a review and potential interview by the admissions committee will take place. Exceptions to admissions criteria can be made on a case by case basis as determined by the admissions committee.

03/04/2022  
Policy Effective Date

Personal Reference Questionnaire for  
Admission into the Adams County Christian School

Name of Applicant: \_\_\_\_\_

To the individual providing reference:

*The candidate's guardian name above has given your name as a personal reference. Your evaluation of this candidate in the areas listed below will assist us as we consider him/her as an eligible applicant for the Adams County Christian School. The information you provide will remain confidential by the committee. We greatly appreciate your response. Note: When responding to the referenced "candidate below" you are evaluating the family as a whole. Please mail or drop off this form to 187 Willow Drive West Union, Ohio 45693.*

**How long have you known the candidate?**    \_\_\_ Years    \_\_\_ Months

**How well do you know this applicant?**    \_\_\_ Very well    \_\_\_ Well    \_\_\_ Casually

**What is/was your relationship with this candidate and their family, or in what capacity do you know them?**

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**Share something about the candidate's family.**

**How is the candidate's family involved in his/her ministry?**

Additional comments.

**Please select your recommendation of the candidate for a Christian School setting:**

- Highly
- Without reservation
- With reservations
- Not considered
- Prefer not to make specific considerations

\_\_\_\_\_  
**Name of Person Giving the Reference**

\_\_\_\_\_  
**Phone Number**

**May we call you if we have additional questions?**  
\_\_\_ YES    \_\_\_ No

**STUDENT APPLICATION**

**School Year 20\_\_ - 20\_\_**

An interview with the administrator and possible testing of the student, along with board approval may be necessary for acceptance. A copy of birth certificate, shot record, and social security card will be needed upon acceptance.

**Grade entering** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
Last First Middle

Goes By: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Home Phone:** \_\_\_\_\_ **S.S. Number:** \_\_\_\_\_

**Cell Phone Mother/Guardian:** \_\_\_\_\_ **Cell Phone Father/Guardian:** \_\_\_\_\_

**Email address Mother/Guardian:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Email address Father/Guardian:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Birthplace:** \_\_\_\_\_  
City State County Zip

**Father:** \_\_\_\_\_ Living? Circle Yes or No  
Living with family? Circle Yes or No  
**Mother:** \_\_\_\_\_ Living? Circle Yes or No  
Living with family? Circle Yes or No

If the student lives with a care giver other than the parents, please list the names below.

Step-father \_\_\_\_\_ Phone \_\_\_\_\_

Step-mother \_\_\_\_\_ Phone \_\_\_\_\_

Grandparents \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**Office use only** Interview date: \_\_\_\_\_ \_\_\_ Accepted \_\_\_ Not Accepted

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Welcome letter sent            | <input type="checkbox"/> Added to school system | <input type="checkbox"/> Added to one call        |
| <input type="checkbox"/> Birth Certificate and SSN card | <input type="checkbox"/> Ed Choice App          | <input type="checkbox"/> Pre-Admission Assessment |
| <input type="checkbox"/> Record request sent            | <input type="checkbox"/> Current utility bill   |   |

**Occupation and place of employment**

#1 Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_ Address:

\_\_\_\_\_ State Zip

Phone: ( ) \_\_\_\_\_

#2 Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

\_\_\_\_\_ Address:

\_\_\_\_\_ State Zip

Phone: ( ) \_\_\_\_\_

**Does student have an IEP?** \_\_\_Yes \_\_\_No **504 Plan?** \_\_\_Yes \_\_\_No

Student's rank in family: 1 2 3 4 5 6 No. of brothers \_\_\_\_\_ No. of sisters \_\_\_\_\_

Circle last grade attended: P K 1 2 3 4 5 6 7 8 9 10 11 **OR** Current grade now \_\_\_\_\_

**Name of school student last attended:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

**Has applying student ever repeated a grade?** No \_\_\_\_\_ Yes \_\_\_\_\_ Grade \_\_\_\_\_

**Reason for repeating:** \_\_\_\_\_

**Has applying student ever had a serious discipline problem been suspended or expelled?**

\_\_\_\_\_No \_\_\_\_\_Yes, please explain:

**Does the applying student have any mental, emotional, or physical handicaps which may affect his or her activities or progress, or for some reason should be known by the teacher to better serve the student?**

**Who referred you to Adams County Christian School?** \_\_\_\_\_

**How did you find out about the school?** \_\_\_\_\_

State in detail why you wish the applicant to attend ACCS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge all statements are true and complete.

Date: \_\_\_\_\_ Your signature \_\_\_\_\_

**NONDISCRIMINATORY POLICY**

The Adams County Christian School admits student of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national ethnic origin in administration of its educational polices, athletic and other school administered programs. (Gal. 3:27-28

Statement of personal Christian experience and faith by each parent of guardian:

Your name: \_\_\_\_\_ Relationship to applying student: \_\_\_\_\_

Your personal Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name: \_\_\_\_\_ Relationship to applying student: \_\_\_\_\_

Your personal Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church membership or denominational affiliation of each parent or guardian;

#1 Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_

#2 Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_

Applying student: Church now attending: \_\_\_\_\_

Regular \_\_\_\_\_ Address: \_\_\_\_\_

Irregular \_\_\_\_\_

Seldom \_\_\_\_\_ Pastor: \_\_\_\_\_

## Parent's Pledge of Acceptance

We, as parents who are accepting the challenge, "to train up a child in the way he should go," do place our trust in the Adams County Christian School, to help us extend that training more completely.

We do hereby state that we have made a thorough investigation of the curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline and motives of the school, and do pledge to make them our glad-hearted choice for the coming year. We have read the school handbook and agree to abide by its rules.

We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs, but will withdraw him quietly and without delay. (A six-week probation period is adequate for most entering students. The one who has not adjusted by the end of twelve weeks should be withdrawn).

We acknowledge that this is a Christian School and as such, our child will be encouraged to attend a church of their own choosing. We also acknowledge that the school encourages us to attend with our child.

We pledge our loyal support to the school through praying for its program, giving to its school extension fund as we are able, and by paying the tuition payments regularly and on time.

We hereby invest authority in the school to discipline our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed. (Prov. 13:24; 19:18; 22:6; 23:13-14; 29:15,17; Col. 3:20; and Heb. 12:6)

We pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times. (Rom. 13:8-10; I Corth. 12:12-14; Gal 5:13-15, 25, 26; Eph. 4:1-7).

We understand that assessments will be made to cover damage to school property (including window breakage, etc.)

ACCS is not a lending organization, neither is it licensed to make loans for tuition, books, or any expenses the student may owe for, therefore,

I/we, \_\_\_\_\_ and \_\_\_\_\_, agree to obtain any and all monies owed to ACCS from such source that I/we choose. I/we will be prompt in paying all expenses owed to ACCS by the student, \_\_\_\_\_ (student's name), and I/we also understand that I/we will be charged a "late" fee. If I/we are one month late with our payment, I/we understand that we will be asked to appear before the ACCS Board to explain our situation. I/we have read the above statement and I/we totally agree with it.

We as parents (or guardian) of the student applicant, do sincerely give our pledge to all items as stated above.

Parent Signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_



## CORPORAL PUNISHMENT FORM

In determining the use of corporal punishment, the following considerations are taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength of the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

Parent/guardian approval of the student of corporal punishment shall be on file prior to administering corporal punishment. The parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than three times, of a student with a flat surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

The witness and the employee paddling the student will pray with the student after the punishment is administered.

Agree \_\_\_\_\_ or Disagree \_\_\_\_\_ with the use of corporal punishment for my child(ren).

If you disagree what is your alternative form of discipline?

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Parent Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Offense:

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Employee Administering Paddling: \_\_\_\_\_

Witness: \_\_\_\_\_

**Release of Students /School Emergency Information**

Student's name: \_\_\_\_\_ Grade \_\_\_\_\_

Please list additional contacts other than you to help us reach you in case of an emergency and that your child can be released to.

Please note that IN ALL CASES, if anyone other than those listed below arrives to pick up your child, you must have given the school prior permission. We are extremely careful to prevent any tragedy that could result from an error in such a situation. Please be patient and ask your friends to understand if we ask for identification before allowing them to leave with your child.

If any name on this list changes, or you need to add a name, please contact the office and stop in and make the necessary changes to this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other information we should know: \_\_\_\_\_

\_\_\_\_\_

Please list anyone FORBIDDEN to pick up your child. Is there a court order? \_\_\_\_\_

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

# Annual Field Trip Release/Emergency Medical Form

Adams County Christian School  
187 Willow Drive  
West Union, OH 45693

Phone: 937-544-5502  
Fax: 937-544-5503

\_\_\_\_/\_\_\_\_ School Year

This form will be on file at the school office for the current school year. An additional Permission Slip form will be sent home prior to each off-campus trip.

I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice, hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Adams County Christian School as affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's Signature and Date  
Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian's Signature and Date  
Name Printed: \_\_\_\_\_

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by: \_\_\_\_\_

Date \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Under the name of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_ Student's home address: \_\_\_\_\_

Father's work #: \_\_\_\_\_ Father's cell #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Mother's cell # \_\_\_\_\_ In case you are unable to be reached, nearest relative or neighbor:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

# ADAMS COUNTY CHRISTIAN SCHOOL

## Tuition Schedule

2022-2023

|                        |         |
|------------------------|---------|
| Kindergarten           | \$5,500 |
| 1 <sup>st</sup> Grade  | \$5,500 |
| 2 <sup>nd</sup> Grade  | \$5,500 |
| 3 <sup>rd</sup> Grade  | \$5,500 |
| 4 <sup>th</sup> Grade  | \$5,500 |
| 5 <sup>th</sup> Grade  | \$5,500 |
| 6 <sup>th</sup> Grade  | \$5,500 |
| 7 <sup>th</sup> Grade  | \$5,500 |
| 8 <sup>th</sup> Grade  | \$5,500 |
| 9 <sup>th</sup> Grade  | \$6,000 |
| 10 <sup>th</sup> Grade | \$6,000 |
| 11 <sup>th</sup> Grade | \$6,000 |
| 12 <sup>th</sup> Grade | \$6,000 |

As you will notice, there are no separate fees. All books will be owned by ACCS and will not be charged individually to students in the future.

Please note: Tuition only covers approximately 60% of the cost of educating each child. The remaining 40% must be raised through fundraising and donations.

**Returning student's tuition for the 2022/2023 school year, if paid in full by August 22, 2022, will receive a 40% discount. Monthly payments received by the 5th of each month will receive a 35% discount.**

**New student registration, if enrolled after August 22, 2022, will also receive a 40% discount if paid in full by the first day of attendance. Monthly payments received by the 5th of each month will receive a 35% discount.**