

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 August 1 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 these 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 Dean of Faculty and Students and/or Superintendent. 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?

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

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 _____

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

____/____ School Year

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

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-hour 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

Kindergarten	\$6,165
1st Grade	\$6,165
2nd Grade	\$6,165
3rd Grade	\$6,165
4th Grade	\$6,165
5th Grade	\$6,165
6th Grade	\$6,165
7th Grade	\$6,165
8th Grade	\$6,165
9th Grade	\$8,407
10th Grade	\$8,407
11th Grade	\$8,407
12th Grade	\$8,407

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.