

STUDENT APPLICATION

TIDINGS OF PEACE CHRISTIAN SCHOOL
329 E POPLAR STREET, YORK, PA 17403
PHONE (717) 843-4562

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____

City _____ Zip _____

Telephone _____ Birth date _____

Age _____ Gender _____ Grade to Enter _____

Child's Social Security Number _____ - _____ - _____

School last attended _____

Name of school district you live in _____

FAMILY INFORMATION

Parent / Guardian's Name _____ Employment _____

Position _____ Business Phone _____

Spouse's Name _____ Employment _____

Position _____ Business Phone _____

Marital Status: Married ___ Living Together ___ Divorced ___ Widow ___ Separated ___ Single ___

EMERGENCY INFORMATION

In case of emergency contact:

Name _____ Phone _____

2nd Choice _____ Phone _____

RELIGIOUS INFORMATION

Church you attend _____

Address of church _____

Pastor _____ Phone _____

Father: Christian? Yes ___ No ___

Mother: Christian? Yes ___ No ___

Has applicant ever made a profession of faith in Christ? Yes ___ No ___

Do you have family worship in your home? ___ Yes ___ No (not habitually)

SCHOLASTIC INFORMATION

Has child ever been expelled, dismissed, suspended or refused admission to another school? Yes No

Explain _____

Has child ever had any disciplinary difficulties? Yes No

Explain _____

Has child ever been in trouble with the law, arrested, etc.? Yes No

Explain _____

Has child ever used tobacco or drugs of any kind? Yes No

Explain _____

Please indicate level of pupil's previous work:

Excellent _____ Good _____ Average _____ Poor _____

Has child ever failed in school? Yes No

Explain _____

What are your reasons for sending your child to a Christian school?

Why did you choose Tidings of Peace Christian School?

Is this your first child to attend Tidings of Peace Christian School? Yes _____ No _____
If "No", list name(s) of previous students.

Parents' academic background:

Highest grade attended (circle one):

Father 7 8 9 10 11 12 College 1 2 3 4 4+

Mother 7 8 9 10 11 12 College 1 2 3 4 4+

PARENT OR GUARDIAN AGREEMENT

I have read the Student Handbook and all application forms. I agree to assist my child in submitting to the program, academic and disciplinary regulations, and all other requirements instituted by the Administration and carried out by the Principal and Faculty. I pledge to honor the school and its staff as my assistants in helping me to develop Christian character in the life of my child and family.

Discipline

I realize that paddling is a Scriptural admonition. If my child needs to be paddled, I, as the Parent/ Guardian will come in to the school and administer the paddling to my child in the presence of one of the school faculty. I will give a reasonable amount of strokes, not to exceed five. We will clearly discuss the offense and Scriptural applications with my child. After I administer the discipline, I or a staff member will pray with my child, assuring him/her of our love. I will pledge my full support in carrying out the rules and discipline of Tidings of Peace Christian School.

Extra-Curricular Activities

I give permission for my child to take part in school activities including sports and school-sponsored trips away from school premises. I absolve the school from liabilities to me or my child due to any injury to my child at school or during any school activity.

My signature below certifies that:

1. I have read and discussed with my child his statements on this application.
2. I will support the school's policies, standards, and disciplinary procedures, and I will recognize the right of the school to dismiss any student who does not cooperate satisfactorily.
3. I am committing myself to support the school with finances and prayer.
4. I have read and agree with all that is stated on this page.

Parent/Guardian Signature _____ Date _____

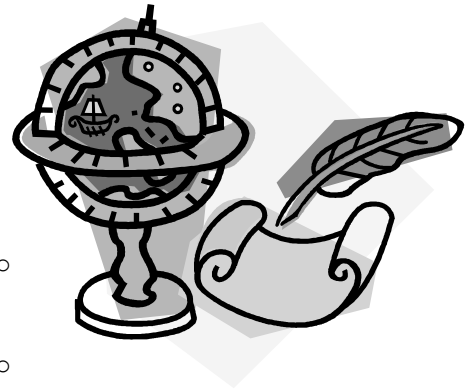
Signature of Spouse _____ Date _____

Address _____
(if different than above)

Please submit this application, *with a copy of immunization records*, to Tidings of Peace.

Student Pledge

students ages 12 and above



As a student of the Tidings of Peace Christian Scho
I understand all of the following to be true:

1. Attendance at this school is a privilege, no right!
2. All who are chosen to attend this school are expected to help the teachers - not work against them.
3. Since this is a Christian school, we will:
 - Study the Bible
 - Memorize the Bible
 - Live by the Bible
4. Every student is expected to joyfully help with lunch clean-up.

I, _____, do voluntarily agree to all of the following:

- o I will work with the teachers to make this year the best possible.
- o I will encourage my fellow students to cooperate with the school staff.
- o I will encourage students and staff to live by the rules of the Bible.
- o I will do my best to follow the student Handbook.
- o I will not talk disparagingly against God, the Bible or the school.
- o I will participate in the annual Christmas Program and School Picnic.

Student Signature: _____

Parent Signature: _____

Date: _____

School Witness: _____

Parental Medical Release

As a parent/guardian of a student in the Tidings of Peace Christian School, I realize that I will not always be available in times of medical emergencies. Therefore I am authorizing the school staff to administer the following procedures when they deem best for the health and well being of my child listed below. I understand that any of the below listed procedures that I do not initial, will not be carried out by the staff without my permission.

If I am not available by phone, I give the staff permission to call emergency personnel to take my child to the hospital to do whatever medical procedures are deemed best by the medical staff.

By putting my initials on the blank, I am giving permission for the school staff to do the following:

- | | |
|--|---|
| <input type="checkbox"/> Apply antiseptic ointment and band aids | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Administer pain killers | <input type="checkbox"/> Ice pack for bumps & sprains |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Pepto-Bismol |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Ibuprofen | |
| <input type="checkbox"/> Any pain killer will be fine | |

If my child must go to the hospital, I prefer my child be taken to

- York Hospital
- Memorial Hospital
- Other _____

Family Doctor: _____

Phone: _____

Student: _____

Guardian Signature: _____

Date: _____

School Witness: _____





TIDINGS OF PEACE CHRISTIAN SCHOOL
329 E POPLAR ST; YORK PA 17403-5610

717-843-4562 - phone and fax

Clayton L. Shenk, principal

e-mail - clshenk@juno.com

REQUEST FOR TRANSFER OF STUDENT RECORDS

STUDENT _____

DATE OF BIRTH _____

I hereby authorize _____
Name of School

Address

to release information regarding the above student to:

TIDINGS OF PEACE CHRISTIAN SCHOOL

This information shall include the following data:

- ✓ educational
- ✓ medical
- ✓ psychological, psychiatric & social

which will be helpful in the educational planning for and understanding of this student.

PARENT/ GUARDIAN SIGNATURE _____

ADDRESS _____

RELATIONSHIP _____

DATE _____