



# STUDENT APPLICATION

**Tidings of Peace Christian School**

220 N Eberts Ln

York, PA 17403

Office: 717-843-4562

mail@tidingsofpeace.org

www.tidingsofpeace.org

## STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade to Enter \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

School last attended: \_\_\_\_\_

School District you live in: \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ House Phone \_\_\_\_\_

Email: \_\_\_\_\_

Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employment \_\_\_\_\_ Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status: Married \_\_\_\_ Living Together \_\_\_\_ Divorced \_\_\_\_ Widow \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_

Church you regularly attend: \_\_\_\_\_

Address of church: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Second Choice \_\_\_\_\_ Phone \_\_\_\_\_

### Office Use Only

Date Received \_\_\_\_\_

Parent Orientation \_\_\_\_\_

Accepted \_\_\_\_\_

Parent Interview \_\_\_\_\_

Student Services Fee \_\_\_\_\_

Date \_\_\_\_\_

Student Interview \_\_\_\_\_

Uniform \_\_\_\_\_

Immunizations received \_\_\_\_\_

Please indicate the level of the child's previous school work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Does the child have an IEP or other learning support plan? Yes No

What are the child's academic strengths? \_\_\_\_\_

What are the child's academic weaknesses? \_\_\_\_\_

Has the child ever failed a grade in school? Yes No

Explain \_\_\_\_\_

Has the child ever had any disciplinary difficulties? Yes No

Explain \_\_\_\_\_

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

Explain \_\_\_\_\_

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

Explain \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Tidings of Peace Christian School as a potential 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 & Parent Handbook and all the 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.

### Extracurricular 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.

### Photo and Video Release

I understand that occasionally the school staff will take photographs and videos of students to be used in the yearbook, on the website, and in brochures and newsletters that promote the school. I give permission for my child's photos and videos to be used.

My signature below certifies that:

1. I have read and discussed with my child his statements on this application. (ages 12+)
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 \_\_\_\_\_



Student Name \_\_\_\_\_

Food allergies/intolerances:

\_\_\_\_\_

Other allergies:

\_\_\_\_\_

### 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 administer the following:

\_\_\_\_\_ Antiseptic ointment and band aids

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Ice pack for bumps and sprains

\_\_\_\_\_ Pepto-Bismol

\_\_\_\_\_ Tums

\_\_\_\_\_ Vitamins

Pain killers: \_\_\_\_\_ Aspirin

\_\_\_\_\_ Ibuprofen (Advil)

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Naproxen Sodium (Aleve)

\_\_\_\_\_ Any pain killer is fine.

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

\_\_\_\_\_ Memorial Hospital

\_\_\_\_\_ York Hospital

\_\_\_\_\_ Other \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL RESPONSIBILITY FORM



### School Financial Policies

1. The school receives NO government money.
2. Income includes:
  - gifts from interested parties
  - student tuition
  - Financial aid through EITC and OSTC
3. All financial records of the school are open for public inspection.
4. NO officer of the school board receives any money from the school.

### Financial Agreement

As a parent wishing to enroll my child in Tidings of Peace Christian School, I understand the following statements:

1. Each family is required to pay student tuition.
2. Any family unable to contribute full tuition has several options, including:
  - a. Financial scholarships through the Faith Builders Scholarship Program (subject to availability).
  - b. Community service work-for-tuition programs.
  - c. Help from the board in asking for assistance.
3. For any month that community service is not completed, the family is responsible to contribute the full tuition amount.
4. Any family not willing to be responsible for its financial obligation may be asked to withdraw its child from the school.
5. Community Service papers are due by the 5th of each month. (Or the first business day after if falling on a weekend). Tuition is due by the 10<sup>th</sup> of each month. (Or the first business day after if falling on a weekend).
6. Failure to pay tuition for two months will result in my child not being allowed to attend until a payment has been made.

I have read and understand my financial obligation as a patron of Tidings of Peace Christian School.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Witness \_\_\_\_\_ Date \_\_\_\_\_

## Pick-Up Authorization



Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Student Name(s)

The following persons are authorized to pick up my child/ren from school:

Name	Phone Number	Relationship to Child/ren

I understand this form gives permission to the above-named individuals to pick up my child. If I want to make changes, I must notify the office in writing.

I understand that if I need someone other than the above-named individuals to pick up my child, a signed note must be submitted to the school office prior to picking up the child.

I may exercise the option to authorize other individuals by phone in an emergency.

The following persons should not pick up my child/ren:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Student Pledge

For students ages 12 and above



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

1. Attendance at this school is a privilege, not a right.
2. All who 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 keeping the school building and grounds clean.

I, \_\_\_\_\_, do voluntarily agree to all of the following:  
(Please print)

I will work with the teachers to make this year the best possible.

I will encourage my fellow students to cooperate with the school staff.

I will encourage students and staff to live by the Bible.

I will do my best to follow the student handbook.

I will participate in the annual Christmas Program and Awards Banquet.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Witness \_\_\_\_\_ Date \_\_\_\_\_



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### REQUEST FOR TRANSFER OF STUDENT RECORDS

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby authorize \_\_\_\_\_

(Name of previous school)

\_\_\_\_\_

(Address of previous school)

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

to release information regarding the above student to Tidings of Peace Christian School.

Please email records to **mail@tidingsofpeace.org** or mail to:

**220 N Eberts Ln**

**York PA 17403**

This information shall include the following data:

- educational
- medical
- psychological, psychiatric, and social

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

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_