



JAMES ISLAND CHRISTIAN SCHOOL

Office Use Only:	
App Fee _____	Items submitted _____
IntvDate _____	Admin _____

NEW STUDENT APPLICATION for School Year _____ - _____

Please **include the following items** with the completed application: (1) Copy of child's most recent report card or interim report, (2) standardized test scores, achievement test and/or readiness test, (3) signed Statement of Cooperation and Statement of Faith (see attached), (4) completed Emergency Form (see attached) (5) State Birth Certificate, (6) S.C. Shot/Immunization Record and (7) a two-hundred dollar (\$200.00) non-refundable Application Fee made out to JICS **if submitted after February 28, 2011**. **IMPORTANT NOTE:** Completed and signed Pastor Referral must be returned to JICS.

Date: _____ Social Security No.: _____ Grade last attended _____ Grade Entering _____

Student's Full Name: _____ Male or Female (circle one)

Age _____ Birth Date _____ **Circle One:** African American / Asian / Caucasian / Hispanic / Native American

Address where STUDENT RESIDES: _____

City _____ Zip _____ Home Phone _____ Cell _____ Email _____

If student does **not live** with natural mother and father, with whom does the student live?
 _____ Adoptive Parents _____ Natural Mother only _____ Natural Mother
 & Stepfather
 _____ Guardian or Relative _____ Natural Father only _____ Natural Father & Stepmother
 Guardian or Relative _____
Name Relationship

If parents are divorced or separated, who is custodial parent by court order? (supply legal documentation with your application) _____

List the **name and address** of person(s) who will be financially responsible for the JICS Tuition Contract: _____

Other siblings enrolled at JICS and their grades: _____

Please indicate below which tuition payment option you would prefer:

_____ (1) Paid in full to Tuition Management Systems _____ (2) 12 month June-May (paid to Tuition Management Systems)*

(*Applies if student is enrolled prior to June of the new school year. After June, payments may be spread over months remaining in the school year pay period.)

See the attached page of this application for more details concerning setting up a TUITION PAYMENT PLAN with Tuition Management Systems

If an active member of JICC, please note if YOU will be requesting a Tuition Grant Application from JICC Yes No
 (Deadline to file with JICC is May 1, 2011)

FAMILY INFORMATION

Father

Mother

Name

Name

Occupation

Occupation

Employer Phone

Employer Phone

Employer Address

Employer Address

Beeper# Mobile Phone #

Beeper # Mobile Phone #

List the School(s) the student has previously attended (including JICS, if previously enrolled)

School Name	Full Address & Zip Code	Dates & Grades Attended

Has your child ever repeated a grade? _____ If so, state grade and date: _____

Has your child ever been suspended, expelled, or asked to withdraw from a school? _____ If so, please give full details on a separate sheet of paper, including the principal's name.

Has your child ever been sent to the office by a teacher or staff member for discipline problems? Yes No
If yes, please give full details on a separate sheet of paper.

Has your child, to your knowledge, been involved with alcohol, drugs, tobacco products, or sexual immorality?
 Yes No If yes, please be prepared to discuss this during your admittance interview.

Why is your child withdrawing from his/her present school? _____

Why have you selected JICS for your child's education? _____

Who may we thank for referring you to JICS? _____

Does your child have any allergies, seizures, or health problems? _____ If yes, please explain: _____

Does your child take medications and/or need medications during the day? _____ If yes, please explain: _____

Family or authorized physician to be called in an emergency:

Name _____ Phone _____

I acknowledge that the information I have provided herein has been given in good faith, is truth, and is submitted for use in the JICS Application Process and/or general use of James Island Christian School.

I give permission for JICS to acquire copies of my child's official transcript, discipline and attendance records from the schools previously attended by my child.

Father _____

Mother _____

Guardian (if applies) _____

James Island Christian School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. James Island Christian School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship, loan programs, athletic and other school administered programs.

James Island Christian School will not discriminate on the basis of race, color, national or ethnic origin in the hiring of its certified and non-certified personnel.

Statement of Faith

- a) **WE BELIEVE** the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15; II Peter 1:21).
- b) **WE BELIEVE** there is only one God, eternally existent in three persons – Father, Son and Holy Spirit (Genesis 1:1; Matthew 28:19; John 10:30).
- c) **WE BELIEVE** in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35); His sinless life (Hebrews 4:15; 7:26); His miracles (John 2:11); His vicarious and atoning death (1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9); His resurrection (John 11:25; 1 Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11; and Revelation 19:11)
- d) **WE BELIEVE** in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified by faith in the shed blood of Christ and that only by God’s grace and through faith alone we are saved (John 3:16-19; 5:24; Romans 3:23; 5:8-9; Ephesians 2:9-10; Titus 3:5).
- e) **WE BELIEVE** in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
- f) **WE BELIEVE** in the spiritual unity of the believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).
- g) **WE BELIEVE** in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; 1 Corinthians 3:16; 6:19-20; Ephesians 4:30; 5:18).

James Island Christian School is a community of Christian families with common beliefs and goals. At least one parent must profess to be a Christian and give expression to that profession by active membership in a local church. Please describe: (If you need more space, please continue on notebook paper and attach)

1.) Your profession of faith and how it is implemented in your home:

2.) Your involvement with your church:

Name of Church _____ Denomination _____

Address _____ Phone Number _____

Minister’s Name _____

Church Membership: ___Yes ___No How often do you attend: _____

How long have you been attending this church? _____

List the churches your family has previously attended and whether or not you were members:

Name of church _____ Member? _____

Name of church _____ Member? _____

Statement of Cooperation

In making this application, I acknowledge that it is a privilege to attend James Island Christian School. I understand the position, purpose, and mission of the school and pledge my whole-hearted support to the spiritual and academic program of the school by fulfilling the following expectations:

1. To have my child complete the school year at James Island Christian School.
2. To pay fees when due according to the tuition contract. Report cards and transcripts are not released if the account is past due.
3. To support the standards of the school in every area of its philosophy and policies-academic, behavioral, spiritual, dress, moral and disciplinary as outlined in the Family-Student Handbook.
4. To support the school in its attempt to train my child in the Christian faith by example, prayerful encouragement and frequent attendance at our church.
5. To assume the responsibility for my child's education by supervising assigned homework, being an encourager, and initiating regular contact with my child's teachers.
6. To be involved in my child's education through attendance and participation in the various activities of the school, including any meetings being held for parents at my child's grade level.
7. To support, to the best of my ability, the school's entire program through prayer and volunteering time. I support JICS by hereby granting permission for my child to participate in all school-sponsored field trips including transportation to and from these activities.
8. If I disagree with any policy or practice of the school, I will speak first to the teacher, then to the appropriate principal, and finally to the Headmaster, rather than to other parents. If I cannot continue my support of the school, I will withdraw my child without seeking to discredit the school or its personnel. (Matthew 18)

I understand that all JICS students are first admitted on probationary status for one semester. Probation ends after each student demonstrates Christ-like behavior, performs acceptable academic work, and when the information in this application is verified to be correct.

Photographs and videos of students may be taken and used by James Island Christian Church for marketing purposes. By signing below and acknowledging that you have read this handbook, you agree that the school may use your child's name and likeness for promotional purposes regardless of whether the student is still enrolled at JICS (in case of graduation, transfer, etc).

Father's signature

Mother's signature

Date _____

Date _____

Guardian (if applies)_____

Date _____

James Island Christian School
Application for Admission 6-12th Student Questionnaire

Student Name _____ Grade Entering _____

1. Why would you like to attend James Island Christian School? _____

2. Which academic subjects are of greatest interest to you and why? _____

3. Which academic subjects are of least interest to you and why? _____

4. Describe any creative activities (musical, artistic, literary, dramatic) in which you are involved. _____

5. Describe any athletic activities in which you are involved. _____

6. Describe any church activities in which you are involved. _____

7. Describe any jobs in which you are involved either in or outside of the family. _____

James Island Christian School exists to help each student grow spiritually, mentally, physically, and emotionally. It is a school founded on the belief that to know God personally through faith in His Son, Jesus, is the starting point for a person to be truly educated. ***Please read the following carefully and sign your name if you are willing to commit to these statements.***

- 1) I promise to commit myself, as a part of a school community that is dedicated to the Glory of God, to live in accord with what the school represents and believes.
- 2) I promise to take my schoolwork seriously, to be honest in all things, and to apply myself to my studies.
- 3) I promise to abide by the school policies concerning student conduct, dress, and lifestyle as found in the Student Handbook. This includes abstaining both on and off campus from the use or possession of tobacco, alcoholic beverages, illegal drugs, profane language and immoral behavior.

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
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Name of church where you worship: _____ Youth Pastor _____
 Membership: ___Yes ___No How often do you attend: _____
 How long have you been attending this church? _____



**James Island Christian School
Pastor / Church Leader Referral**

For Office Use Only:
Date Received _____
Reviewed by _____
Date Reviewed _____

Parent / Guardian: Please complete this section, and then give to a pastor, youth pastor, or leader from your local church, who will return this form directly to James Island Christian School.

Family Name: _____ Address: _____

Church Name: _____ Address: _____

Pastor / Leader Name: _____ Position: _____

Phone: _____ E-Mail: _____

Names of children and grades for which applying:

Pastor / Church Leader: Please complete this section:

The above family has applied for acceptance at James Island Christian School. It is our desire to develop a supportive relationship between the home, school, and church. Please assist us by answering the brief questions below and mailing it to the school at 15 Crosscreek Drive, Charleston, SC, 29412.

Describe your relationship with this family. (Your feedback will be given serious consideration and is confidential.)

How long has the family been in attendance at your church? _____

Describe this family's participation and attendance in church activities (i.e.: worship services, Sunday school, small group, service projects, etc. _____

To the best of your knowledge, which of the family members have accepted Jesus Christ as their Savior?

Based on your personal knowledge of this family, do you have any reservations regarding any of the student applicant's:

- Character? Integrity?

If checked, please indicate which student and explain:

Based on the above info, applicant is:

- Fully recommended by me Recommended with concerns Not recommended

Please Explain:

Pastor's Signature: _____ **Date:** _____

Pastor/Church Leader: For confidential purposes, please do not return this form to the family, but once completed, mail to James Island Christian School.

JAMES ISLAND CHRISTIAN SCHOOL STUDENT EMERGENCY INFORMATION

Administration Use only
School Year _____ - _____

*** **IMPORTANT** *** It is vitally important for the SAFETY AND WELL BEING OF YOUR STUDENT that we have the information requested below in case of an EMERGENCY. Please fill out COMPLETELY AND RETURN TO THE OFFICE. An information sheet is needed for EACH STUDENT. *Notify the school office IMMEDIATELY ABOUT ANY CHANGE IN THIS INFORMATION.*

NAME: _____ (Grade Entering) GRADE: _____ DOB: _____

Last
First
Initial

ADDRESS: _____ PHONE: _____

Street
City
Zip

SOCIAL SECURITY NO. _____ Student's cell: _____

11/02/10

*** CHECK WHICH PARENT SHOULD BE CALLED FIRST ***

FATHER OR GUARDIAN: _____ Email _____
 _____ Beeper _____
 EMPLOYER: _____ PHONE: _____ Cell _____

MOTHER OR GUARDIAN: _____ Email _____
 _____ Beeper _____
 EMPLOYER: _____ PHONE: _____ Cell _____

If parent(s) cannot be reached, please notify:

1. _____ Relationship _____ Phone _____
 _____ Cell _____

2. _____ Relationship _____ Phone _____
 _____ Cell _____

I give permission for the school to administer Tylenol (acetaminophen) and ibuprofen to my child as needed. (ages 12 and above only) Yes ___ No ___ (Under 12 years: Parent must provide medication)

The following can pick up my child from school:

1. _____ 2. _____
 3. _____ 4. _____

The following persons have restricted contact with my child. List name/relation and restriction: (ie: may attend field trips but not leave with child, may not contact child for any reason, etc.)

1. _____ Restriction _____
 2. _____ Restriction _____

List <u>all</u> medications student takes:	Diagnosis/Condition:	Comments/Instructions (also include times medication dispensed at home):
List all physical or emotional problems (non-medicated allergies, eye glasses, bladder control, P.E. limitations):	Comments/Instructions:	

Teacher _____
School Year _____ - _____

STUDENT _____ Grade _____

Parent(s) name: _____

JAMES ISLAND CHRISTIAN SCHOOL
ALL ACTIVITY/SPORTS - LIABILITY RELEASE FORM

In consideration of being accepted by James Island Christian School for participation in All School Activities/Sports, we do for ourselves and for and on behalf of our child participant hereby release, forever discharge and agree to hold harmless James Island Christian School, its Board, and the teachers/coaches/drivers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as, property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the trip or activity.

Furthermore, we hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said school (or group) to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said school, its directors, employees, agents and drivers, for any liability sustained by said school as the result of negligent, willful or intentional acts of said participant, including expenses incurred by attendant thereto.

We, the parents or legal guardians of this participant, hereby grant our permission for him (her) to participate fully in the field trip or activity.

_____	_____	_____	_____
Father or Guardian	Date	Mother or Guardian	Date

=====

EMERGENCY CARE:

We give permission to the administration of James Island Christian School to obtain emergency medical care in the most expedient manner at any licensed and qualified medical facility if we cannot be reached immediately to give our direction for care by our child's own physician. We authorize medical treatment, including but not limited to emergency surgery or medical treatment, and we assume the responsibility of all medical bills, if any.

Hospital Insurance _____ Yes _____ No Hospital preference _____

Insurance Company _____ Policy No. _____

Doctor or Dentist to call in emergency: (I understand there is not a licensed nurse on staff to dispense this medication or to give medical aid).

Physician _____ Phone No. _____

Dentist _____ Phone No. _____

_____	_____	_____	_____
Father or Guardian	Date	Mother or Guardian	Date