

International Student Application Checklist

Please make sure that the following items are mailed or faxed to Greg Armbrust, the International Student Program Coordinator.

- Completed, signed New Student Enrollment Application (one per student) (FORM 1)
- Christian Commitment Form (one per student) (FORM 2)
- I-20 Student Contact/Emergency Information Form (one per student) (FORM 3)
- Student Questionnaire Form (MS/HS) (one per student) (FORM 4)
- Personal Teacher and Counselor Reference Forms (one each per student) (FORM 5, 6, 7)
- EDM Commitment Form (K-8 if needed, one per student) (FORM 9)
- Report cards from entire past year.
- An official transcript **TRANSLATED INTO ENGLISH** of all courses student has taken in the last 3 years is needed for Middle School and High School students.
- TOEFL or SLEP test taken and scores sent via fax to Capital Christian School (MS/HS) or given by CCS prior to enrollment. (Any of the latest SAT or standardized tests should be sent.)
- A copy of student's Certificate of Live Birth (hospital certificate is not acceptable) or passport (one per student).
- Immunization record with doctor's signature or stamp (*Immunizations must be current*) (one per student).
- Verification of physical custody, if applicable (guardianship, foster care, etc.)

Check list of steps for admission to Capital Christian School.

- Completed application forms (see above) sent or faxed to CCS.
- Student Interview.
- All fees paid:
 - Returning student = \$350 + registration/technology fees + full years' tuition
 - New student = \$1,000 (which includes I-20, registration/technology fees) + full years' tuition
- I-20 Form issued by school and sent or given to student.
- Student presents I-20 to local US Embassy for permission to attend CCS on an F-1 Visa.

Upon receipt of your enrollment application form and registration fee, the school will contact you to schedule an interview. Parent(s) or legal guardian(s) must attend an interview.

Acceptance will be determined by:

- Parents', host family's, and student's agreement with and acceptance of the Christian philosophy of the school.
- Parents'/legal guardians' and student's agreement with school policies.
- Student's grades and evaluation.
- Student's attitude and behavior record.
- Student's willingness to apply himself/herself to the academic program.

Please note: while faxed copies are encouraged to speed up the admission decision, all original documents must also be mailed to CCS.



Name: _____

Grade Entering: _____

NEW STUDENT ENROLLMENT APPLICATION

Application for:

For Office Use Only

___ Elementary (K-5)

___ Middle School (6-8)

___ High School (9-12)

Date of Application _____/_____/_____
Date of Interview _____/_____/_____
Application Fee Paid _____ Ck # _____
Accepted _____ Declined _____
Grade/Teacher _____
Testing Fee Paid (K-5) _____

Applying for Grade: _____ Applying to Begin: ____/____/____

Student's Full Legal Name: _____
Last First Middle

Name Student Uses: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Birthdate: _____ Birthplace: _____ Male: ___ Female: ___

Name of Step/Father/Guardian: _____ Deceased: ___ Divorced: ___

Home Phone: _____ Business Phone: _____ Living with Child? Yes: ___ No: ___

Occupation: _____ Employer: _____
Name of Firm Location

Name of Step/Mother/Guardian: _____ Deceased: ___ Divorced: ___

Home Phone: _____ Business Phone: _____ Living with Child? Yes: ___ No: ___

Occupation: _____ Employer: _____
Name of Firm Location

Other Children Living at Home		
Name	Birthdate	School Attending

Schools Previously Attended			
School Name:			
Complete Address (with zip code):			
District:			
Dates Attended:			
Grade(s) Attended:			



Name: _____

Grade Entering: _____

CHRISTIAN COMMITMENT FORM

Capital Christian School (CCS) is a Christian school with a discipleship emphasis. CCS is interested in maintaining a partnership with our parents regarding the standards and criteria of a Christian learning structure that involves the entire family. This is supported by the school philosophy, as stated below:

School Philosophy

Capital Christian School shall have high spiritual and academic standards and shall include the development of the whole person spiritually, mentally, socially, physically and emotionally. Emphasis is placed on learning about God and the truths of God’s Word in relationship to man and his world; recognizing that the way to God comes through personal faith in Jesus Christ; and Christian maturity comes by application of the truths of the Bible in all areas of life. In its approach to spiritual matters, the school shall be consistent with Capital Christian Center and the General Council of the Assemblies of God, but shall also be respectful of and sensitive to the teachings of other evangelical denominations.

All individuals are expected to conduct themselves in a way that will not raise questions regarding their Christian testimonies. A Christian lifestyle should reflect the biblical perspective of integrity and appropriate personal and family relationships, conduct and moral behavior, along with regular attendance/and involvement in a church. In the application of the biblical standard of moral conduct, CCS believes that biblical marriage is limited to a covenant relationship between a man and a woman.

The decisions made by CCS, on behalf of its employees and students, will be made within the framework of the Bible and our understanding of its application to our lives. It is the goal of Capital Christian School that each employee and student will have a lifestyle where “...He might have the preeminence.” *Colossians 1:18*

Student Name

Grade

Church Information *(Please Print)*

Church Name

Church Phone Number

Address

Pastor’s Name

City, State, Zip

I have completed the above information and agree that it is true and accurate. I agree with Capital Christian School’s philosophy of training and disciplining students as Christians and will support this growth in the life of my child. By my signature below, I affirm my support of Capital Christian School.

Step/Mother/Guardian *(Signature)*

Date

Step/Father/Guardian *(Signature)*

Date



Name: _____

Grade Entering: _____

I-20 STUDENT CONTACT/EMERGENCY INFORMATION

STUDENT INFORMATION:		School Year	Grade/Room #	Teacher
Legal Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Name Used:	<i>Last</i>	<i>First</i>		
Primary Phone:	Student's E-Mail Address:			
Male / Female	Birth Date / Birth Place / Country of Citizenship:			

***If change of address and/or phone # occurs in any of these categories, the school must be notified immediately.**

LEGAL U.S. GUARDIAN:

Name: _____ Home Phone: _____
Last *First*

Address: _____ *City* _____ *State* _____ *Zip Code* _____

Work Phone/Ext.: _____ Cell: _____ E-Mail Address: _____

SPONSOR (if other than Legal U.S. Guardian):

Name: _____ Home Phone: _____
Last *First*

Address: _____ *City* _____ *State* _____ *Zip Code* _____

Work Phone/Ext.: _____ Cell: _____ E-Mail Address: _____

HOST FAMILY:
 Mr./Mrs./ Miss (circle)

Name: _____ Home Phone: _____
Last *First*

Address: _____ *City* _____ *State* _____ *Zip Code* _____

Work Phone/Ext.: _____ Cell: _____ E-Mail Address: _____

Spouse Information:
 _____ *Last* _____ *First* _____ Contact phone: _____

PARENT'S INFORMATION:

Father's Name: _____ *Country* _____
Last *First*

Address: _____ *City*: _____ *Zip Code*: _____

Home Phone: _____ Work Phone: _____ E-Mail Address: _____

Mother's Name: _____ *Country* _____
Last *First*

Address: _____ *City*: _____ *Zip Code*: _____

Home Phone: _____ Work Phone: _____ E-Mail Address: _____

Other siblings attending CCS: Name(s)/Grade(s): _____

PICK-UP/RELEASE CONTACTS

Adults (18+ years of age) with permission to pick up student after school, or in the case of illness or emergency.

Name	Daytime Preferred Contact #	Alternate Contact #	Relationship

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please Check One) YES NO If yes, please check all that apply.

ADD/ADHD Asthma Bee Sting Diabetes Hearing Loss Heart Condition Migraines Severe Allergy/Anaphylaxis Other _____ Describe _____

Does your child need medication at SCHOOL? Yes No (If yes, see below*) List medication(s) at school: _____

Medication at HOME? Yes No List medication(s) at home: _____

Physical Limitations: _____

Eyes: Glasses Contacts

MEDICAL INSURANCE INFORMATION

Insurer	Group #	I.D.#
Physician	Address	Phone
Dentist	Address	Phone
Hospital(s) Preferred		

•The parent/guardian is responsible for keeping the school informed of updates or changes to the student’s emergency and health information. The school shall be notified, in writing, of telephone or address changes within three (3) days of the occurrence*. If the school is unable to reach anyone on this card in an emergency, or if a student is left unattended during non-school hours, the school may contact law enforcement or Child Protective Services.

•I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Capital Christian Center and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child’s actions and will pay for any damages caused by my child.

Parent or Legal Guardian Signature: _____ Date: _____

Photo/Video Release - Parent Permission

I, _____, hereby grant permission for Capital Christian School (CCS) to photograph/videotape my son/daughter for possible use on the CCS website, promotional DVD projects, or in written publications. In addition, I grant CCS, its employees, agents, successors, licensees, and assignees, the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs in the above projects at their discretion; and to use such photographs or any portion thereof in any manner, including posting on the CCS website as a part of, or connected with the above projects, including any promotional materials, DVD, or other electronic format.

I agree to hold CCS, its employees, agents, successors, licensees, and assignees harmless against any liability, loss or damage resulting from the use of my child’s likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child’s likeness in the above projects.

I am signing this release freely and voluntarily and I am not relying on any inducements, promises, or representations made by CCS or its subcontractors, employees, or agents.

Approval/Consent of Parent or Guardian

Minor Child’s Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Parent or Legal Guardian Signature: _____ Date: _____

*California Education Code 49408 states that school districts may require that emergency information be kept current. California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school annually, signed by both parent and physician.



Name: _____

Grade Entering: _____

K – 12th GRADE NEW STUDENT QUESTIONNAIRE

(To be completed by 6th-12th student or K-5th parent prior to interview)

Student's Full Name _____ Birth Date _____
last first middle

Briefly state your reasons for changing schools and wanting to enroll in Capital Christian School:

Have you had any discipline problems in school? Yes___ No___

If yes, please explain: _____

What are your most difficult subjects? _____

What are your best subjects? _____

Have you ever received any of the following? (please check if applicable)

Tutoring:	Chapter 1:	Resource:	Speech/Language:	Specialized Testing:
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If tutored, by whom and for which subject: _____

If you have received specialized testing, please describe: _____

Please list any special interests, skills or hobbies: _____

Do you practice Bible reading and prayer in your home? Yes___ No___

What are your personal goals for the coming year? _____

Have you made any long-range goals? Yes___ No___

If yes, what are those goals? _____

What do you expect to find at **Capital Christian School** that you would not find in another school? _____

Please complete the personal testimony questions on the back of this page (for 6th-12th grades only).

Student Signature _____ Date _____

Parent Signature _____ Date _____



Name: _____

Grade Entering: _____

6th – 12th GRADE NEW STUDENT QUESTIONNAIRE – Page 2

YOUR PERSONAL TESTIMONY:

Name: _____

How *old* were you and *where* were you when you asked Jesus to be your Lord and Savior? _____

What motivated you to make this decision to become a follower of Christ? _____

Is it your sincere desire to have Jesus be Lord of your life? _____

If so, what do you understand that to mean? _____

What are you actively doing to pursue an ongoing relationship with God? _____

How has being a Christian changed you personally? _____

Are there any additional comments you would like to share about how you came to know Jesus or about your relationship with Him?: _____



Name: _____

Grade Entering: _____

CCS MIDDLE AND HIGH SCHOOL PASTOR/YOUTH PASTOR CONFIDENTIAL REFERENCE FORM

Please mail to: The appropriate Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827

or fax to: Middle School 916-856-5950, High School 916-856-5960

www.ccscougars.org

Dear Pastor,

The student listed below is applying for enrollment at Capital Christian School. Your honest evaluation of this student is crucial as we prayerfully process their application. Please complete and mail or fax this confidential reference form to the appropriate office at Capital Christian School as soon as possible. Thank you for your time and effort.

Applicant's Full Name: _____

Entering grade: 6th 7th 8th 9th 10th 11th 12th

How long have you known the applicant?

no relationship under 6 months 6 months – 1 year 1 - 2 years 2 - 3 years 3+ years

In what capacity have you known the applicant?

pastoral relationship mentoring limited capacity do not have relationship with applicant

Applicant's church involvement:

a. On average, how many times a month does the applicant participate in church activities?

does not participate rarely participates 2 - 3 times 4 - 6 times 7 - 9 times 10+ times

b. In what church activities is the applicant typically involved?

mid-week service small groups student leadership Sunday worship service
 fine arts drama missions/outreach other _____
 volunteerism children's ministries greeting/visitor team

c. As far as you know, does the applicant have a personal relationship with Jesus?

yes no don't know

What level of church involvement have you observed with the applicant's parent(s) or guardian(s)?

very involved moderately involved rarely involved not involved N/A

Please rate the applicant in the following areas (1 = weak, 5 = very strong):

passion for things of the Lord	1	2	3	4	5	don't know
evidence of the fruit of the Spirit	1	2	3	4	5	don't know
character and integrity	1	2	3	4	5	don't know
cooperativeness	1	2	3	4	5	don't know
manners	1	2	3	4	5	don't know
general temperament	1	2	3	4	5	don't know
socializing skills	1	2	3	4	5	don't know
leadership qualities	1	2	3	4	5	don't know

Any additional information you would like to share: _____

Name: _____ **Signature:** _____ **Title:** _____

Church Name: _____ **Church Phone #:** _____ **Date:** _____

(Please turn over and complete other side if applying for CCS Elementary.)



Name: _____

Grade Entering: _____

CCS ELEMENTARY SCHOOL PASTOR/YOUTH PASTOR REFERENCE FORM

Please mail or fax to Capital Christian School

Family Name _____

Child(ren) seeking admission to Capital Christian Elementary School:

Name _____ Grade ____ Name _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

Dear Pastor,

The above student(s) is seeking admission to Capital Christian Elementary School. The mission of our school is to offer Christian families an exemplary education based on Biblical values, equipping students to be lifetime followers of Jesus Christ. This family has affirmed that they are in agreement with our Statement of Faith Christian Commitment form.

Would you please take a few moments to complete this confidential pastoral reference as it pertains to this family? Please return the form to us by mail or fax as soon as possible. The admission process cannot continue until this form is received. All responses will be completely confidential.

Regularly attend your church: both parents father only mother only neither parent

The above-mentioned family has demonstrated:

1. PERSONAL RELATIONSHIP TO GOD:
 evident and beyond question growth is evident no evidence of commitment
2. CHURCH ATTENDANCE:
 faithful and regular occasional infrequent never
3. CHURCH RELATIONSHIP:
 members in good standing not members, but exhibit commitment not supportive
4. Is this family active in your church beyond weekly church attendance? Yes No

Please describe: _____

5. Are the above-mentioned child(ren) active in the Sunday school and/or the youth program of the church?
 Yes No

6. Do you consider the child(ren) open to spiritual instruction? Yes No

7. How long have you known the applicant and his/her family? _____

Pastor's Signature _____ Pastor's Name _____

Name of Church _____ Church Phone _____

Church Address _____

City _____ State _____ Zip _____

Please mail to: Elementary School Office, 9470 Micron Avenue, Sacramento, CA 95827
or fax to: Elementary 916-856-5609
www.ccscougars.org



Name: _____

Grade Entering: _____

TEACHER REFERENCE FORM

(To be completed by a present or recent teacher of the student)

Applying for grade _____

_____ is applying for admission to Capital Christian School. In order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in strict confidence.

How long have you known the applicant? _____

Do you know of any honors or unusual achievements received by the applicant?

If so, please list them: _____

Do you know of any illness or handicap, physical or emotional, which might limit the applicant's participation in the full-range of school activities?

If so, please comment: _____

(Please place a check in the appropriate box after each statement)

How much supervision do you think the applicant needs?

Constant:	Frequent:	Occasional:	Minimal:
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Among students you have known, how would you rank the applicant academically?

Upper 10%:	Upper 25%:	Average:	Lower 25%:	Lower 10%:
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How would you rank the applicant in each of these areas?

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Cooperativeness				
Leadership Qualities				

What are the applicant's primary interests?

Artistic:	Intellectual:	Religious:	Athletic:	Literary:	Scientific:	Drama:	Musical:	Social:
Other (Please Specify): _____								

Please make any additional comments you feel might be of interest or value: _____

Print Name _____ Title _____

Signature _____ Date _____

Name of School _____ Phone # _____

Please mail to: The appropriate Elementary, Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827
or fax to: Elementary 916-856-5609, Middle School 916-856-5950, High School 916-856-5960

www.ccscougars.org



Name: _____

Grade Entering: _____

PRINCIPAL/COUNSELOR REFERENCE FORM

(To be completed by a present principal/counselor of the student)

Applying for grade _____

_____ is applying for admission to Capital Christian School. In order for us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in strict confidence.

How long have you known the applicant? _____

Do you know of any honors or unusual achievements received by the applicant?

If so, please list them: _____

Do you know of any illness or handicap, physical or emotional, which might limit the applicant's participation in the full-range of school activities?

If so, please comment: _____

(Please place a check in the appropriate box after each statement)

How much supervision do you think the applicant needs?

Constant:	Frequent:	Occasional:	Minimal:
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Among students you have known, how would you rank the applicant academically?

Upper 10%:	Upper 25%:	Average:	Lower 25%:	Lower 10%:
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How would you rank the applicant in each of these areas?

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Cooperativeness				
Leadership Qualities				

What are the applicant's primary interests?

Artistic:	Intellectual:	Religious:	Athletic:	Literary:	Scientific:	Drama:	Musical:	Social:
Other (Please Specify): _____								

Please make any additional comments you feel might be of interest or value: _____

Print Name _____ Title _____

Signature _____ Date _____

Name of School _____ Phone # _____

Please mail to: The appropriate Elementary, Middle or High School Office, 9470 Micron Avenue, Sacramento, CA 95827
or fax to: Elementary 916-856-5609, Middle School 916-856-5950, High School 916-856-5960

www.ccscougars.org



Name: _____

Grade Entering: _____

Phone: _____

ATHLETIC DEPARTMENT QUESTIONNAIRE FOR NEW/RETURNING STUDENTS

HIGH SCHOOL

FALL

- (Boys) Football
- (Girls) Volleyball
- (Boys) Soccer
- (Girls) Golf
- (Coed) Cross Country
- (Coed) Cheer*

WINTER

- (Boys) Basketball
- (Girls) Basketball
- Wrestling
- Ski/Snowboard
- Colorguard

SPRING

- (Boys) Baseball
- (Girls) Softball
- (Coed) Track
- (Girls) Soccer
- (Boys) Golf
- Swimming/Diving
- (Boys) Volleyball
- (Coed) Tennis

MIDDLE SCHOOL

FALL

- (Girls) Volleyball
- (Boys) Soccer
- (Boys) Tackle Football
- Cheer*

EARLY WINTER

- (Boys) Basketball
- (Girls) Soccer

LATE WINTER

- (Coed) Wrestling
- (Girls) Basketball

SPRING

- (Coed) Track

*Cheer tryouts in Spring of previous year – MS Cheer continues through Early Winter, HS Cheer continues through Winter season.

ELEMENTARY SCHOOL

FALL

- Jr. Cougar Football
- Jr. Cougar Cheer

SPRING

- Jr. Cougar Basketball

1. Did you participate in school sports last year? Yes _____ No _____

 If yes, what school? _____

2. What sports? _____, _____, _____

3. Date of completed application to our school: _____

Any questions about eligibility please call the Athletic Office: 856-5618 ext. 6

GO COUGARS!

CCS School Office: Please return this form to the Athletic Department



Name: _____

Grade Entering: _____

Extended Day Ministries (E.D.M.) K - 8 E.D.M. PARENT COMMITMENT FORM

HOURS: 7:00-8:00am & 3:00-6:00pm

FEES:

- § Full-time (more than 10 days) - \$150 per month, billed September-May
- § Emergency use (up to 10 days per month) - \$15 per day, billed August-May
- § Monthly fees are to be mailed or brought to the tuition/billing office.

SUMMARY OF POLICIES:

- § The elementary E.D.M. room (A24) has a computerized check in/out system. Every adult responsible for checking a child in or out must choose a four-digit security code and keep it on file in the E.D.M. office.
- § Middle School (MS) students will sign themselves in and a responsible adult must sign them out. MS students may sign themselves out if the MS E.D.M. coordinator has a signed letter on file from the responsible adult stating the time the student can be released.
- § Students dropped off before 8:00am without being checked in will be billed an additional \$2 fee per occurrence.
- § Students not picked up from school by 3:15pm will automatically be checked into the E.D.M. program. Students that are picked up from school AND checked out before 3:30pm will not be charged. Students must be properly checked out or you will be billed.
- § If a student is not picked up by 6:00pm, a \$1 charge, per child, PER MINUTE (or portion of a minute thereafter), will be assessed. The E.D.M. clock will be used to determine the exact time.
- § Students will only be released to persons listed on the emergency card (be prepared to show valid I.D. upon request).
- § Middle School Athletes - E.D.M. services will be provided before and after a practice or game at no charge **only** during the athlete's season of participation. This provision applies **only** to scheduled practice or game days.

WITHDRAWALS:

- § *Two-week written notification is required for withdrawal of student(s).* The parent responsible for the account must complete a written withdrawal form to withdraw a child.

THE UNDERSIGNED AGREE TO:

- § Abide by all E.D.M. policies.
- § Cooperate with the E.D.M. Director and staff and be supportive of the program.
- § Check student(s) in and/or out daily.
- § Meet with the E.D.M. Director if your student's behavior is unacceptable.
- § Understand that removal from the E.D.M. program is an option for unacceptable behavior.
- § Be responsible for all fees and monthly charges (full/emergency) even if daycare has not been utilized as originally indicated.

This form must be signed & returned to the E.D.M. office before your student(s) attend the program.

Father's/Guardian's Signature	Four-Digit Code	Mother's/Guardian's Signature	Four-Digit Code
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Address	City	State	Zip Code
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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Child's Name: _____	Grade: _____	Please Circle One: Full-time E.D.M.	Part-time E.D.M.
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