

Stephenville Christian School

2023 - 2024

New Student Enrollment Packet

Grades PreK3 – 12th grade

** Receive a \$50 discount on Registration if returned by May 1st**

Stephenville Christian School 1120 Cr 351, Stephenville, TX 76401

254.965.4821 <u>stephenvillechristianschool@gmail.com</u> fax: 254.965.6853 www.stephenvillechrisianschool.com

The School's Vision

The purpose of Christian schooling is to work with the Christian family and church while presenting our covenant children a unified, distinctively Christian view of the world and their unique place in it as God's people. Because Jesus Christ is sovereign Lord over all, He and His Word must be central and govern every area of life, especially our children's schooling where they form their understanding of the world. Our goal is to help every student grow into a responsible citizen of our world, nation, state, and community; and a responsible citizen of Jesus Christ's kingdom, willing and able to serve God and community.

Whereas the state has a secondary role in supporting and assisting parents in the provision and setting of standards for schooling, it is the parents to whom God has given the primary responsibility for their children's education and training. Parents have the responsibility and privilege of choosing schooling that is consistent with their Christian convictions. The essential relationship for effective education is a bond of trust between home and school, with the support of Christ's church.

Stephenville Christian School is committed to integrating biblical faith and learning, and to offering children a challenging education in a caring Christian atmosphere.

Our Mission

S.C.S. is dedicated to:

- Nurturing a Christian point of view within an environment that is sensitive to the needs of the whole child (spiritual, mental, physical, and social).
- Helping students develop a disciplined Christian mind characterized by reflective Christian thinking and active Christian service.
- Upholding high academic standards so that students are equipped to meet the challenges
 of a changing world and to compete on equal ground for the schools and/or goals of their
 choice.

Our Governing Principles

- Jesus Christ is sovereign Lord over everything in creation and culture.
- The Bible has relevant norms and rules for every situation.
- The School is to maintain an all-encompassing Christian perspective.
- Formal education is the organized process of encouraging and training students in the development of Christian moral and social values, and in academic knowledge.
- Teachers are professional educators as well as exemplary Christians who communicate and model Christian life and learning in the classroom and in the community.

Stephenville Christian School is an interfaith organization, and has no denominational affiliations. It is owned and operated by a self-perpetuating School Board, which is drawn from the Parent Association. S.C.S. maintains a membership with Christian Schools International (CSI), the oldest organization of Christian Schools in North America.

SCS Enrollment Checklist 2023-2024 New Student

| Student Name: | |
|------------------|---|
| Parent Name: | |
| Below Items have | been received |
| | Completed New Family Application |
| | Pastoral Recommendation |
| | Completed Registration Form |
| | Pick-Up List |
| | Non-Refundable \$250.00 Registration Fee |
| - | Direct Debit Form (ACH Authorization Agreement) |
| | Up to-date Immunization Records or Current Notarized Exemption |
| | Copy of Academic Records if homeschooled (SCS will request records from all ISD's) |
| | Birth Certificate (Copy) |
| | SS Card (Copy) |
| | Physician's Statement of Health (first time Pre-K student only) |
| | Any Reports of reading or learning difficulties (*If new to the area, provide from last church attended) |

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Stephenville Christian School New Family Application 2023 - 2024

| Date o | of application: | |
|---------|---|---|
| Name | of Parent/Guardian filling out application: | |
| • | Home Address | |
| | Phone Number(s) | |
| • | Email Address | |
| Name | of student applying to enroll: | |
| | Age on September 1, 2023 | Grade level for 2023-2024 school year |
| • | Name of school currently attending | |
| Churc | h information: | |
| • | Home Church | # Years attended |
| ٠ | | Phone Number |
| | | ularly in your home? |
| • | Does the father proclaim Christ as Savior | ? Does the mother proclaim Christ as Savior? |
| **If no | ew to the area, please provide the name and | pastoral reference from the last church attended. |
| Why d | do you wish to enroll your child at Stephenv | ille Christian School? |
| | | |
| | olling in Preschool, are you looking for pres | chool only or to continue in K-12? |
| | according to your understanding, is Jesus Cl | |
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| Please | describe your relationship with Jesus Chris | t and how you incorporate your faith into your family life. |
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| Are you willing and agreeable to have your student(s) participate in daily prayer, worship, and Bible class that instructs students to grow in their personal walk with Christ, displaying Christian character according to Biblical standards? | | | |
|---|--|--|--|
| How did you hear about Stephenville | Christian School? | | |
| | een dismissed or suspended from any school? Yes No If yes, explain | | |
| Have you been indicted or convicted explain. | of an offense against a child that is under the age of 18? Yes No. If yes, | | |
| To better assist your child in his/her e could affect school performance of with modifications, or special education se or speech? | educational success, are there any learning challenges or physical conditions which thich the school should be made aware? Does your child currently receive an IEP, ervices or have been referred for services at their previous school, including dyslexia | | |
| my willingness to support SCS in a home, and be faithful to my church | agreement and willingness to comply with the SCS vision and policies, and my actions and prayers. I will faithfully uphold the Christian lifestyle in my n. | | |
| immediate dismissal from Stephen | | | |

Stephenville Christian School

Pastoral Recommendation

The purpose of Stephenville Christian School is to work with the Christian family and church while presenting our covenant children a unified, distinctively Christian view of the world and their unique place in it as God's people. Due to our desire to help you in your mission to raise your children in covenant with our Lord Jesus Christ we ask that this form of recommendation be signed by the Pastor of the local church in which you are a member. Please return this completed form with your application.

We understand our role as a Christian school to be supportive. As you seek to raise your children in the nurture and admonition of the Lord, along with your church we seek to provide an environment in which together we can reach this highest goal of Christian discipleship. Enrollment at Stephenville Christian School is both a privilege and a responsibility for Christian families. Our goal is to help every student in partnership with their family grow into a responsible citizen of our world and the kingdom of Christ. Further consultation with the Admissions Committee will follow as we seek to help provide the best Christian education possible for the children of Stephenville Christian School.

| I, Pastor | of | |
|------------------------------------|-----------------------------------|----------------------------|
| Church wholeheartedly recommer | nd | to be enrolled a |
| Stephenville Christian School. By | y signing this form I affirm that | this family is faithfully |
| seeking to live out their covenant | with God in this church and is a | a member in good standing. |
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| Pastor's Signature | Date | |
| Name of Student | | |

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Stephenville Christian School 1120 County Road 351

Stephenville, Texas 76401

Phone: 254.965.4821 Fax: 254.965.6853 E-mail: stephenvillechristianschool@gmail.com

Website: www.stephenvillechristianschool.com

2023 - 2024 Registration Form

| Student's Full Name | Birthdate | | | |
|--|--------------------------------------|-----------------------|--|--|
| Student's Age by September 1, 2023 | 3 Grade Level for 2023 - 2024 Gender | | | |
| Father's/Guardian's Name | | | | |
| Mother's/Guardian's Name | | | | |
| Student's Mailing Address | City | Zip Code | | |
| Physical Address (if different) | City | Zip Code | | |
| Home Phone Number | E-Mail Ad | dress | | |
| Student's Social Security # | | | | |
| Emergency Contact Information | | | | |
| Father's Employer/Occupation | | | | |
| Father's Work Phone# | Fa | ther's Cell Phone# | | |
| Mother's Employer/Occupation | | | | |
| Mother's Work Phone# | Mo | other's Cell Phone# | | |
| If parents cannot be reached, who else m | av the school contact in | ease of an emergency? | | |
| | | elationship | | |
| | | Work# | | |
| | | | | |
| Name | Re | lationship | | |
| Home Phone# | Cell# | Work# | | |
| Which church do you attend? | | | | |

For PreK3 - 4, please circle the following program option that you prefer:

| Full day / 5 days per week (MonFri.) 8:10am – 3:15pm | OR | Full day / 3 days per week (Mon., Wed., & Fri.) 8:10am – 3:15pm |
|--|---------------------------------|--|
| Extended Care | | |
| Do you plan to put your child in our After | School Ext | ended Care program (3:30-5:30)? Y / N / As Needed |
| Authorization for Emergency Medical In the event I cannot be reached to make arra | Attention angements for | or emergency medical care, I authorize the person in |
| ahamaa ta taka my ahild ta | | |
| Name of Physician | _Address: | Ph# Ph# |
| Name of Hospital List any special problems such as allergies, e | _Address: existing illne | ss, previous serious illness, etc: |
| | with analy o | f the following statements: |
| Please initial to show your agreement v | with each o | the following statements. |
| I give permission for my the school or to inform the public about schomedia presentation. | child's pictu ool activities | re and/or name to be used in publications to promote, etc. These may be released through any form of |
| I give permission for my or other educational websites to promote the | child's pictu school. | re (without a name) to be used on the school's website |
| I give permission for my (Does not apply to PreK – 6 th grade). | child to use | the internet while at school with teacher supervision. |
| I give permission for my trips/activities. | child to parti | icipate in school sponsored/supervised off campus field |
| I have provided (will provided that shows that he/she has received a have a doctor's signature or clinic stamp to | ll of the requ | ith a copy of my child's most recent immunization ired vaccinations. I understand that this copy must |
| I understand that the pare are obligated to pay all of the tuition fees for board approval). | nts/guardian r the remaind | s of any students withdrawing during the school year der of the school year. (Exceptions made only with |
| My signature below indicand policies, and my willingness to support Christian lifestyle in my home, and be faither | SCS in my a | eement and willingness to comply with the SCS vision actions and prayers. I will faithfully uphold the arch. |
| Providing false information on any portion of immediate dismissal from Stephenville Chris | of the Regist Istian School | ration or New Family Application may result in an |
| Signature | | Date |



<u>Pick-Up List for 2023 - 2024</u>

Please list your student(s) names & grade levels:

| Student Name(s) | Grade Level |
|--|---|
| *. | : |
| | |
| Parent (Primary Guardian) Phone Numbers: (Please list all home and cell numbers where you can be reached.) | |
| The people listed on the lower portion of this form child/children from Stephenville Christian School I understand that it is my responsibility to keep the writing about any changes. ** If there is a legal legal documentation must be provided for the students of the prepared the students of the prepared to the prepar | during the 2023 – 2024 school year. his list current by notifying the school in reason an adult is not allowed to pick updent's file. |
| Parent's Signature | |
| The following additional people are also authorize | d to pick up my child/children: |
| Names of All Other Authorized Adults | Phone Number(s) |
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F RST FINANCIAL BANK

ACH Origination Agreement Credit / Debit Authorization Form Authorization Agreement for Direct Deposit / Payment

I (We) hereby authorize <u>Stephenville Christian School</u> ("COMPANY") to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

| Name of Parents: | | | |
|---|---------|-----------------------|-------------------------|
| Name on Bank Account: | | | |
| Name of Financial Institution: | | | n |
| Bank Routing Number: | | | |
| Bank Account Number: | | | |
| Type of Account: | (|) Checking | () Savings |
| Amount for Tuition Payment: | | | |
| Amount for Extended Care Payment: | | | |
| Signature: | | | |
| Date: | | | |
| Tuition and Extended Care payments will be w month. P lease provide a date for the payment day starting on the 1 st through the 15 th . No p approved by Director or Bookkeeper. | to be v | withdrawn. Monthl | y payments can be on an |
| Tuition date: | Ex | tended Care date: | |
| Tuition payments are for 12 months beginning | on Au | gust 1st through July | 31 st |

All Extended Care balances have to be paid by the end of the school year. If you have overpaid on Extended Care the credit will be applied to your Tuition balance in the month of July and final tuition payment will be reduced unless otherwise discussed with Director or Bookkeeper.

Extended Care payments are for 9 months beginning on September 1st through May 31st,

*****Please return this form in a sealed envelope marked "Direct Debit"*****

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Stephenville Christian School 2023 - 2024 Tuition and Fee Schedule

Registration Fee: \$250.00 per student

Uniforms: \$15.00 per shirt

Uniform shirts are required for all students Monday – Thursday. A red uniform shirt is required on Monday. Shirts are required to be pre-ordered before the start of the school year and may be picked up during Open House. An order form will be provided to each family after registration fees have been paid.

Base Tuition:

| Grade | Hours | Base Tuition | Monthly (Aug July) |
|-------------------------|---------------------|--------------|--------------------|
| Pre-K 3 and 4— full day | MWF 8:10am - 3:15pm | \$5,400.00 | \$450.00 |
| Pre-K 3 and 4—full day | M-F 8:10am - 3:15pm | \$5,400.00 | \$450.00 |
| Elementary: K - 6 | M-F 8:10am - 3:15pm | \$5,400.00 | \$450.00 |
| Junior High: 7 - 8 | M-F 8:10am - 3:15pm | \$5,400.00 | \$450.00 |
| High School: 9 - 12 | M-F 7:55am - 3:15pm | \$5,400.00 | \$450.00 |

ALL PARENTS are required to pay by Direct Debit (see attached form).

Tuition Payments will be scheduled over 12 months, beginning Aug. 1, 2023 & ending July 31, 2024.

Extended Care:

| | Hours | Weekly Fee | |
|------------------|-----------------|------------|------------------------|
| All Grade Levels | Monday - Friday | \$50.00 | Or \$10 /day as needed |
| | 3:30pm - 5:30pm | | |

Note: Extended Care Fees are in addition to the Base Tuition fees.

\$100.00 Direct Debit will be required for Regular use of Extended Care Mon. - Fri. and will be adjusted accordingly for more/less days.

(A .0375% fee is charged for all credit card / debit payments)

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Welcome to SCS Extended Care!

We are excited to have your student as a part of our Extended Care program.

Extended Care is offered from 3:30 - 5:30pm for students whose families are not able to pick up students at the regular 3:15pm dismissal time.

To sign up, you will need to complete a "Reservation Form" so that we can schedule the correct amount of adults for the amount of students staying each day.

Direct draft forms are required for families that will use extended care M-F or MWF on a regular basis. A base amount of \$200.00 (\$10/20 days) will be automatically drafted each month for M-F care and \$120.00 (\$10/12 days) for M/W/F care, and may be adjusted for holiday months with more or less extended care offered.

Parents who choose to use Extended Care on an "As Needed" basis will need to call the school in advance the day their student is to stay in extended care and will be charged \$10.00 per day and must pay charges on a weekly basis. (If extended care is used on Friday, payments may be made to the school office the following Monday).

If there is an emergency or you need to contact the extended care teacher after school hours, you can reach her on the school line at 254-965-4821 from 3:30pm – 5:30pm.

| In the case of a question or concern about extended care, please email us at | |
|--|----------------|
| stepheny llechristians chooka gmail.com or call us directly at 254-965-4821 | (during school |
| hours). | |

Extended Care Reservation Form

| Student(s) Name(s): | | |
|-----------------------------|---------------------|---|
| For the following week(s) o | r month(s): | |
| M - F 3:30 - 5:30pm | M/W/F 3:30 – 5:30pm | As Needed |
| | | pay for extended care as stated spension from extended care until |
| Parent Signature | | Date |

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Stephenville Christian School







School Board Approved on 07/21/23

| July 2023 | | | | | | | |
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| November 2023 | | | | | | |
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| March 2024 | | | | | | | |
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| June 2024 | | | | | | | |
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| | Calendar Keys | | | | | |
|----|-----------------------------|--|--|--|--|--|
| H | Student/Teacher Holiday | | | | | |
| 80 | Staff Development Days/ | | | | | |
| , | Student Holiday | | | | | |
| WD | Work Day/ Student Holiday | | | | | |
| BW | № Bad Weather Day | | | | | |
| ER | ER Early Release - 12:30 pm | | | | | |
| () | Beginning/End of Quarter | | | | | |

| D | Dates At a Glance | | | | | |
|--------------|--------------------------------|--|--|--|--|--|
| Aug 16 | First Day of School | | | | | |
| Sep 4 | Holiday- Labor Day | | | | | |
| Nov 20-24 | Holiday- Thanksgiving Break | | | | | |
| Dec 21-Jan 5 | Holiday- Christmas Break | | | | | |
| Jan 15 | Holiday- MLK Day | | | | | |
| Mar 11-15 | Holiday- Spring Break | | | | | |
| Mar 29 | Holiday- Good Friday | | | | | |
| Apr 1 | Bad Weather Day | | | | | |
| May 13 | Bad Weather Day | | | | | |
| May 23 | Last Day of School/ Graduation | | | | | |

| Quarter Dates | | | | | |
|----------------------------|-----------------|----------|--|--|--|
| 1st Quarter | Aug 16 - | Oct 13 | | | |
| 2nd Quarter | Oct 16 - Dec 20 | | | | |
| 3rd Quarter Jan 8 - Mar 10 | | | | | |
| 4th Quarter | Mar 18 - May 23 | | | | |
| | Students | Teachers | | | |
| Total Days | 171 | 182 | | | |

