

Christian Fellowship School Application

Student Information

N _____ Gr _____ Yr. _____
Student ID _____

Circle grade applying for:	Preschool-3 day; Preschool-3 day & Enrichment; Preschool-5 day; Preschool-5 day & Enrichment;	KAM (8:25-11:30)	KAM & Enrichment (8:25-3:30)	KPM (12:30-3:30)
	Grade: 1 2 3 4 5 6 7 8 9 10 11 12			

Student's Full Legal Name	Date of Application
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Prefers to be called	Date of Birth	Sex M F	Grade Entering	School Year /
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Street Address	City	State	Zip Code
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Student's Social Security No.	Birth Certificate No. (Please attach copy of Birth Certificate)
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Home Phone	Student Cell Phone	Student Email (If applicable)
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Name of Parents or Guardians

With whom does student reside? <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other If other, explain:

Please indicate the student's ethnicity:					
<input type="checkbox"/> African American/Black	<input type="checkbox"/> African/Black	<input type="checkbox"/> American Indian/Alaskan Native			
<input type="checkbox"/> Asian, Asian American	<input type="checkbox"/> Asian/India	<input type="checkbox"/> Bi or Multi-racial	<input type="checkbox"/> Caucasian/White/Anglo		
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic, Latino or Latin American				
<i>Christian Fellowship School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, athletic and other school-administered programs.</i>					

Is the student a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No: What is student's Visa Status? _____	Date child arrived in U. S. _____/_____/_____
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Will an I-20 Form be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long will your child stay in the U.S.?	Does your child speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?
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Did your child speak another language from birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language is spoken?
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If yes, has your child received classroom instruction in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	If yes, how many years?
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Church Name:	Student attends church:	Regularly 3-4 times/month	Occasionally 1 time/month	Rarely 4 times/year
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School Last Attended	Address
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Has the student had any scholastic difficulties in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain

For Office use only: CFC Member <input type="checkbox"/> Yes <input type="checkbox"/> No Application Date ___/___/___ App Fee Paid ___/___/___					
Entered into Ren Web by _____ Date ___/___/___ Enrollment Pd ___/___/___					
Interview Date ___/___/___ Acceptance Date ___/___/___ Enrollment Date ___/___/___ 1-20 Issued ___/___/___					

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Student Information and Pick Up Information

Does the student have an Individual Education Plan (IEP) and/or receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe on separate piece of paper and provide copy of IEP.
Has the student had any disciplinary difficulty in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.
Please state child's special interests, skills or hobbies:
In what organizations is the student involved?
Does your child have any physical or other limitations which the school needs to be aware in order to best serve your child?

Any other information you would like us to know about your student:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Approved to pick up Student			
On a regular basis my student has permission to leave school with: (Please list in order of frequency)			
	Primary Pick up	# 2	#3
Full Name			
Relationship to Student			
Phone #			
Alternate Phone #			
<i>Signature of Parent</i>			<i>Date:</i>

Christian Fellowship School Application
Student Questionnaire and Commitment Form

Grades 7-12 ONLY

Must be completed by STUDENT – not parent

Full Name : _____ Grade entering next year _____

Is it your personal desire to attend Christian Fellowship School? _____

Why? _____

If you have friends who have attended or now attend, who are they? (List up to four.)

What church do you attend? _____

How often? _____

What church activities do you enjoy and why ? _____

What are some of your interests or favorite activities? _____

Have you won any special prizes or awards in school? _____ If so, what? _____

Have you held any offices at school or church? _____ If so, what? _____

What are your future plans for college and career? _____

The following questions should be answered in paragraph form, at least 50 words or more, and on a separate sheet of paper written in your own handwriting. Your answers will be kept confidential.

1. Write your personal testimony describing when, where, and why you became a Christian.
2. What qualities or characteristics will you bring to Christian Fellowship School that will be a blessing to other students and teachers?
3. How would attending Christian Fellowship benefit you personally?

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Student Commitment

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Required for students enrolling or re-enrolling in grades 7-12

1. I recognize that attending CFS is both a privilege and a blessing, and I am thankful to God for this educational and spiritual opportunity.
2. I recognize that the *CFS Parent and Student Handbook* contains standards in regard to dress, conduct, and discipline and I promise to uphold these standards. I will, in good spirit, accept correction in these areas, knowing they are for my personal benefit, as well as for the benefit of the school.
3. As a student at Christian Fellowship School, I will maintain Christian standards in courtesy, kindness, respect for others, morality, and honesty.
4. I recognize that the behavior of each and every student during school and non-school related activities directly affects the reputation of the individual student, his or her family, Christian Fellowship School, and the Lord Jesus Christ. Therefore I agree to abide by the standards of conduct and other regulations expected of each student enrolled in CFS. I will not give the impression to students, faculty, or parents that I am not in harmony with the goals and standards of CFS. If I am out of harmony with the direction of the school, I will respectfully withdraw from school, realizing my attitude and desires can be a stumbling block to others.

Student Signature

Date

Christian Fellowship School Application Health Form

Student Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Grade	
Father/Guardian:		Home Phone	Work Phone	Cell Phone	
Mother/Guardian:		Home Phone	Work Phone	Cell Phone	
My child has the following health concerns:					
EYES:	Glasses <input type="checkbox"/> for reading <input type="checkbox"/> for distance	<input type="checkbox"/> contacts	<input type="checkbox"/> lazy eye	<input type="checkbox"/> difficulty seeing	
Vision Exam	Pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommendations if failed:			
EARS:	<input type="checkbox"/> frequent infections	<input type="checkbox"/> tubes – date inserted	<input type="checkbox"/> hearing difficulty (explain)		
ALLERGIES:	Drugs, food, insects, pollens (please list)				
Has allergy required emergency action in the past		<input type="checkbox"/> Yes <input type="checkbox"/> No			
ASTHMA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please ask for Asthma History Form from the school nurse.			
SEIZURES	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe seizure			
	Date of last seizure:	Medication			
ATTENTION DEFICIT DISORDER (ADD/ADHD)	Diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /	Medications taken at home:	Medications to be taken at school:		
OTHER MEDICATIONS	At home:	At school:	Reason for taking:		
OTHER HEALTH CONCERNS check all that apply	<input type="checkbox"/> diabetes <input type="checkbox"/> heart problem <input type="checkbox"/> bleeding <input type="checkbox"/> neurological	<input type="checkbox"/> eating <input type="checkbox"/> sleeping <input type="checkbox"/> skin <input type="checkbox"/> orthopedic	<input type="checkbox"/> nose bleeds <input type="checkbox"/> bowel <input type="checkbox"/> bladder <input type="checkbox"/> blood disorder	<input type="checkbox"/> menstruation <input type="checkbox"/> phobias (fear) <input type="checkbox"/> blood pressure	<input type="checkbox"/> lungs <input type="checkbox"/> dental <input type="checkbox"/> headaches
If you checked any above, please explain:					
Special Education or Services student has received	<input type="checkbox"/> LD <input type="checkbox"/> Speech/Language <input type="checkbox"/> EMH	<input type="checkbox"/> BD <input type="checkbox"/> OT/PT <input type="checkbox"/> Counselor	Requires special health care (specify)		
Please list any operation, serious injuries, serious illnesses or other existing physical conditions:					
Is your child at present under medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Signature of Parent/Guardian _____

Date ____/____/____

Christian Fellowship School Application

Emergency Contact & Medical Information

Emergency Contacts		
Student Name:		
	Emergency Contact #1	Emergency Contact #2
Full Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Relationship to student		

Medical Information		
	Physician	Dentist
Name		
Address		
Office Phone #		
Preferred Hospital:	<input type="checkbox"/> Boone <input type="checkbox"/> Columbia Regional <input type="checkbox"/> University <input type="checkbox"/> Other _____	
Insurance Company	Group #	Policy #

Medical Permission and Release	
Permission is granted for student : _____, Date of Birth _____ to be given appropriate medical care in case of emergency and I will assume responsibility for payment of physicians or hospital care.	
I give my permission for the administration or school nurse to give my child:	
<input type="checkbox"/> Tylenol and/or <input type="checkbox"/> Ibuprofen when deemed necessary. (Please check all that apply.)	
_____ Signature of Parent	_____ Date

Christian Fellowship School Application

Health History and Immunizations

Student Name _____ Birth Date _____

Please check the illnesses your child has had.

Illness	Check	Illness	Check	Illness	Check
Allergy		Scarlet Fever		Chicken Pox	
Rubella		Measles		Mumps	
Whooping Cough		Polio		Rheumatic Fever	
Pneumonia					

Check preventive inoculations (shots) your child has received.

	Mo/Day/Yr 1 st Injection	Mo/Day/Yr 2 nd Injection	Mo/Day/Yr 3 rd Injection	Mo/Day/Yr 4 th Injection	Mo/Day/Yr 5 th Injection
HIB*					
DPT*					
Polio IVP*					
Polio OPV*					
Hepatitis B*					
MMR*					
Varicella*					

*Required by State of Missouri

Tdap, which contains pertussis vaccine, is required for students enrolled in grade (8) who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose within the past (2) years.

9-12 – Tdap if no TD booster within the previous two years.

Please provide a copy of your child's Immunization Record or have your Health Care Provider fax your child's Immunization Record to Christian Fellowship School. The fax number is 573-445-8564.

Christian Fellowship School Application Missouri School Immunization Requirements

Preschool Students: Missouri State Law, Section 210.003 RSMo 10 CSR 20-28.040 Immunization Rule requires children to be appropriately immunized or exempted in order to enroll in or attend school.

School Age Children (K-12): Missouri State Law, Section 187.181, RSMo 19 CSR 202-8.010 Immunization Rule requires children to be appropriately immunized or exempted in order to enroll in or attend school.

- All immunizations must be up-to-date before students are permitted to attend classes.
- To remain in school students “in progress” must have an IMM.P.14 form on file and must receive immunizations as soon as they become due.
- Religious and medical exemptions are allowed. The appropriate exemption card must be on file (Imm.P.11A or imm.P.12).

Grades	Immunizations	
Preschool Based on 4 year age	4+DTaP/DTP/DT 3+ Polio 1 MMR (measles,mumps,rubella)	3+ Hepatitis B PCV4 1 Varicella (Chicken Pox) 1 or more HIB after 12 months of age
K – 2	4+DTaP/DTP/DT/Td 3+ Polio 2 MMR	3+ Hepatitis B 2 Varicella
3-4	4+DTaP/DTP/DT/Td 3+ Polio	3+ Hepatitis B 2 MMR
5-9	4+ DTaP/DTP/DT/Td/Tdap 3+ Polio	3+ Hepatitis B 2 MMR
10-12	4+ DTaP/DTP/DT/Td/Tdap 3+ Polio	3+ Hepatitis B 2 MMR

A Tdap booster is required ten (10) years after the last dose of DTaP, DTP, DT or Td. (Grades 8-12)

Immunization Requirements for Children Enrolled in Missouri Child Care and Preschool Facilities as of July 1, 2010

Young children are more susceptible to serious complications associated with certain diseases and have different immunization requirements than older children.

The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period (meaning 4 or fewer days prior to the recommended interval or age); so public, private, parochial day care centers, preschools or nursery school attendees may receive immunizations up to 4 days before they are due.

Vaccines should be administered according to the current ACIP Schedule. The ACIP Recommended Immunization Schedule for Persons Aged 0-6 Years is available at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>. **Please note** - Although not required for attending child care or preschool facilities, the ACIP recommends all children be appropriately immunized with rotavirus, influenza, and hepatitis A vaccine.

The following table indicates immunizations required for children enrolled in or attending child care and preschool facilities in Missouri. This table is for use in completing the child care immunization survey, and is **NOT** a recommended schedule. It should only be used to determine whether a child is in compliance with Missouri child care regulations.

Vaccines Required for Child Care and Preschool Attendance	DOSES REQUIRED BY THE TIME THE CHILD IS			
	3 Months	5 Months	7 Months	19 Months and older
DTaP/DT	1	2	3	4+
PCV* (Pneumococcal)	1	2	3	4
IPV (Polio)	1	2	2	3+
Hepatitis B	2	2	2 or 3+	3+
Hib**	1	1+	2+	3+
MMR				1
Varicella				1

*PCV - The number of doses a child needs to complete the series depends on the age the child begins the series.

1st dose given	Number of doses needed
7-11 months	3
12-23 months	2
24-59 months	1

**Hib - The number of doses a child needs to complete the series depends on the age the child begins the series.

1st dose given	Number of doses needed
7-11 months	3 (2 doses at 8 weeks intervals with a booster dose at 15 months)
12-23 months	2 (1 dose then a booster dose 2 months later)
24-59 months	1



Christian Fellowship School Application

Parent Information

Please list all children under 18 living with the family	Nickname	School Attending	Date of Birth	Grade entering	Applying for CFS (Year) If applicable
1.			/ /		/
2.			/ /		/
3.			/ /		/
4.			/ /		/
5.			/ /		/

Status of Parents:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased					
Please circle	Father or Guardian Title: Mr. Dr. Rev. Other :			Mother or Guardian Title: Mrs. Ms. Miss Dr. Other :		
Full Name						
Full Street Address City, State Zip Country (other than US)				If Different		
Home Phone #						
Cell Phone #						
Email Address	Email # 1			Email # 1		
	Email #2			Email #2		
Employer's Name						
Work Phone # (Include Ext)						
Church Name & Address						
Pastor						
Circle Church Attendance:	<i>Regularly</i> 3-4 / month	<i>Occasionally</i> once/month	<i>Rarely</i> 4 times/year	<i>Regularly</i> 3-4 / month	<i>Occasionally</i> once/month	<i>Rarely</i> 4 times/year
Are there any special family problems or circumstances that we should know about in order to best serve you and your children?						
What is your reason for selecting this school?						
How did you become aware of CFS or by whom were you referred?						

Christian Fellowship School Application

Philosophy of Education

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The primary purpose for establishing Christian Fellowship School is to fulfill the scriptural commands of

Deuteronomy 6:5-7: “Love the Lord your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up.”

of Proverbs 22:6 “Train a child in the way he should go, and when he is old he will not turn from it.”

of Matthew 28:19-20 “Therefore, go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you.”

Christian Fellowship School is an extension of the Christian home in training your young people in a Christian environment to reap eternal gains. It is a ministry being offered to the people of God whereby the church and the home become co-laborers in fulfilling the Word of God in training children. The school staff works closely with the parents in every aspect to train the whole child.

The goal of our instruction is two-fold: (1) to train children in the ways of the Lord such that they will develop Godly character, and (2) to train children in the essential academic areas so that they can function as an individual in God’s calling and within their God-given talents and abilities. These two basic concepts are the focus of CFS whether it be policies, procedures, curriculum or extra curricular activities.

It is extremely important to the success of our school for parents and students to support the school in its basic purposes, policies and procedures. God has granted us a great privilege to have a Christian school and that should always be in the forefront of the minds of all of us; staff, parents, and students.

Statement of Faith

We believe in the plenary-verbal inspiration of the accepted canon of the sacred scriptures as originally given.

We believe in the eternal Godhead who has revealed Himself as One God existing in three persons, the Father, the Son and the Holy Spirit; distinguishable but indivisible.

We believe in the creation, the test and fall of man, as recorded in Genesis; his total spiritual depravity and inability to attain to divine righteousness.

We believe in the Lord Jesus Christ, the Savior of man, conceived of the Holy Spirit, born of the virgin Mary, both God and Man.

We believe Christ died for our sins, was buried and rose again the third day, and personally appeared to His disciples.

We believe in the bodily ascension of Jesus to heaven, His exaltation and His person, literal and bodily coming again the second time.

We believe in the Salvation of sinners by grace through repentance and faith in the perfect and sufficient work of the cross of Calvary by which we obtain remission of sins.

Christian Fellowship School Application

Parent Commitment

- 1) We have read and understand the school's Philosophy of Christian Education and its Statement of Faith, and we are in agreement with the purpose and philosophy of Christian Fellowship School.
- 2) We will support the school by involvement in parent-teacher conferences, parent meetings and other school-sponsored meetings and activities.
- 3) We give permission for our child to take part in all school activities, including school-sponsored trips away from the school premises.
- 4) We give permission for CFS to use school-related photos of our student for school news releases, promotional materials, or website postings.
- 5) We recognize that enrolling our children in CFS constitutes a financial commitment to pay all tuition, fees, and any other incurred expenses no later than due dates expressed for the full school year. If payment is more than 30 days late, CFS is authorized to suspend the student from school until payment is received.
- 6) We understand that the standards of Christian Fellowship School do not tolerate profanity, obscenity in word or action, dishonor to the Lord's name, disrespect to the personnel of the school, or members of the student body, or continued disobedience to the policies of the school, as mentioned in the *CFS Parent and Student Handbook*. We give permission to the teachers and administrators to make and enforce school regulations in a manner consistent with Christian principles.
- 7) We, as parents of the student applicant, do sincerely give our pledge to the above items. We understand that failure of the parents or child to comply with the school regulations, discipline, parental commitment, or failure to meet financial obligations will forfeit the student's privilege of attending.

Father Signature

Mother Signature

Guardian Signature

Date

Christian Fellowship School Application Refund Policies

The school administration hires teachers, orders textbooks, purchases student accident insurance and incurs other expenses based upon anticipated student enrollment. Because withdrawal of students just before the start of the school year, or mid-year results in loss of anticipated income to the school after teachers have been hired and expenses have already been incurred in anticipation of that student's enrollment, families should consider enrollment or re-enrollment of a student a serious financial commitment.

Enrollment fees, re-enrollment fees, application fees, I-20 fees and book, supply & technology fees are non-refundable.

Book fees are due on or before August 1st for the upcoming school year. Parents who enroll or re-enroll a student, and subsequently withdraw the student after August 1st will not receive a refund of the book fee, as book orders are placed early in the summer based upon anticipated enrollment.

Parents who withdraw a student from Christian Fellowship School during the school year due to a family move of more than 25 miles will be charged tuition only for the days the student actually attended CFS (pro-rated amount). Families who withdraw a student due to extenuating circumstances, such as loss of job, serious illness, or death of a parent, will also be charged a pro-rated amount based upon actual attendance.

Students who withdraw for any other reason after August 1st will be charged the pro-rated tuition amount for any days in attendance, plus 10% of the yearly tuition amount that they would have paid had their student(s) remained in the school.

Example A: If a family re-enrolls a student and pays the re-enrollment fee and the book fee, and then withdraws the student in mid August prior to the start of school, the family forfeits the re-enrollment fee and the book fee. The amount of pro-rated tuition would be zero, however, they would be charged for one month's tuition (10% of the yearly amount).

Example B: If a family re-enrolls or enrolls a student and then withdraws the student in mid-September, they would forfeit the re-enrollment or enrollment fee, the book fee, and they would be charged pro-rated tuition for the days in attendance, plus one additional month (10% of yearly tuition).

Pro-rated tuition may be calculated by dividing the yearly tuition rate less any applicable discounts by 175 days to obtain the daily tuition rate. The daily tuition rate is then multiplied by the number of days school was in session up to the date of withdrawal for the student.

I have read and understand the CFS Refund Policy.

Signature of Parent

Date

Christian Fellowship School Application

Financial Information

Fees (per Student) Enrollment Fees due upon acceptance Book Fees due August 1st	Amount	Number of Students	Total Due <small>Amt x No. of students</small>	Pd Date	Cash or Check #
Application	\$20.00				
Enrollment – Preschool	\$35.00				
Enrollment – Enrichment (if also enrolling in Kindergarten or Preschool)	\$0.00				
Enrollment – K-12 th	\$150.00				
Book Fee - Preschool	\$150.00				
Book Fee – Enrichment	\$50.00				
Book Fee – Kindergarten	\$200.00				
Book Fee & Technology Fee 1 st – 6 th	\$285.00				
Book Fee & Technology Fee 7 th – 12 th	\$300.00				
Total Fees due:					

To qualify for a Christian Fellowship Church (CFC) member discount, you must:

- have completed the CFC membership class, *Building Together* by the beginning of the semester
- have agreed to become a CFC member after completing *Building Together*;
- be in regular attendance at CFC church services; and
- support the ministries of CFC through ongoing participation and finances (self-reported).

Do you qualify for the CFC Member Discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the primary support for your family come from employment as a full time minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tuition Assistance Information

Will you be applying for Tuition Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child's enrollment contingent upon receiving tuition assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, tuition assistance applications are available in the accounting office and must be submitted by May 1, 2011

Financial Responsibility	Primary Person	Second Person	Third Person
Name			
Relationship to student			
Financially responsible for tuition	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%
Financially responsible for other charges	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%	<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 0%
Payment Option	Primary Person	Second Person	Third Person
Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly on the 5 th *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly on the 20 th *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Monthly (5 th & 20 th)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you choose monthly or semi-monthly please fill out Electronic Withdrawal Authorization Form on the back of this page.



REQUEST FOR SCHOOL RECORDS

Name of Student _____

Date of Birth _____ Grade _____

I hereby request and authorize the official person of:

School Name

Street Address

City , State Zip

TO: Christian Fellowship School, 4600 Christian Fellowship Road, Columbia, MO 65203

Please mail, fax, or email copies of this student's:

- Transcripts and/or report cards including the most recent grading
- Standardized test scores
- Discipline records
- Any other recorded evaluations
- Health and immunization records.

Signature of Parent or Guardian

Date

4600 Christian Fellowship Road Columbia, MO 65203

Phone: 573.445.8565 Fax: 573.445.8564

www.cfsknights.org office@cfsknights.org

Christian Fellowship School Pastor's Reference Form

We have made application for our child/children to attend Christian Fellowship School. We authorize the school to obtain a reference from our pastor relating to our Christian character and witness. We also waive the right to ever personally view this reference.

Print

Signature

Print

Signature

Dear Pastor,

As mentioned above, this family has made application for their child/children to attend Christian Fellowship School. As a school, we view ourselves as an extension of the Christian home being co-laborers with parents in fulfilling God's word in training children. Therefore, it is very important to us that parents are training their children in the ways of the Lord, which includes, we believe, attendance and involvement in a local church. Your answers to the questions below will help us know that as a school we are seeking compatible goals with this family. Thank you very much for your assistance. If you have any questions or would like to speak to a school administrator, please feel free to call us at (573) 445-8565. **Please mail this form to: Christian Fellowship School, 4600 Christian Fellowship Road, Columbia, Missouri 65203.**

1. How long have you known this family? _____

2. What is the family's level of involvement in your church?

- (a) infrequent attendees
- (b) frequent attendees
- (c) regular attendees
- (d) regular attendees and sometimes involved in church activities
- (e) regular attendees and regularly involved in church activities

3. Please note any specific roles or responsibilities members of this family have held in your church

4. How would you view this family's support toward the church and its ministries?

- (a) non supportive
- (b) critical
- (c) supportive
- (d) very supportive
- (e) exemplary in their support

5. Does this family demonstrate a commitment to Christian living in regard to such areas as personal responsibility, compassion, honesty, tact, etc. _____

Pastor's Reference Form – Page 2

6. Is there any reason why you would hesitate to recommend this family to our school, who as parents and students, will serve as representatives of our school?

7. Other comments _____

Church Name _____

Address of Church _____
Street **City** **State** **Zip Code**

Pastor Signature _____ **Date** ____/____/____