

Phoenix Christian Jr/Sr High School Re-Enrollment Checklist 2012-2013

1. Complete the Student Re-Enrollment Application Form

All forms listed below must be returned with the Re-Enrollment Application with the exception of the Physical form

- Completed Re-Enrollment Form with the appropriate Application Fee:

January 20-February 20 \$75.00

February 21 ➔ \$200.00

- Notarized Emergency Contacts / Permission Form
- Financial Commitment Form
- Physical Form — A Physical Examination is required of all JH and SH Students each year. The exam **must be dated after March 1, 2012** and turned into the school office prior to the Walk-Thru Registration in August.

3. Plan to Attend the Walk-Thru Registration in August

All students must attend one of the Registration Days in August. The dates and times will be mailed to you in July.

4. Contact the Administration Office with your questions.

Feel free to call (602) 265-4707 with your questions and/or concerns.



PHOENIX CHRISTIAN UNIFIED SCHOOLS

1751 W Indian School Road, Phoenix, AZ 85015
Phone (602) 265-4707 Fax (602) 277-7170

<i>For Office Use Only</i>	
Date Rec'd	_____
Fee Paid	_____
Ck#/Cash/CC	_____
Multi Family	_____

JH/SH Re-Enrollment Application 2012 - 2013

[Please complete ALL information and include enrollment fee with your application]

STUDENT INFORMATION

Student's Name _____
Last First Middle Name

_____ *Street Address City State ZIP*

Applying for Grade _____ Male Female Age _____ Home Phone # _____

Date of Birth _____ Birth Place _____ Social Security # _____

Ethnic Origin: Caucasian Black/African American Hispanic/Latino Asian/Pacific Islander
 Native American/American Indian Multiracial _____

PARENT (GUARDIAN) INFORMATION

Father/Guardian/Step Father (circle one)

Last Name _____

First Name _____

Street Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

Occupation _____

Mother/Guardian/Step Mother (circle one)

Last Name _____

First Name _____

Street Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

Occupation _____

FAMILY INFORMATION

1. Student lives with: Mother & Father Mother Father Mother & Step-Father Father & Step-Mother
 One Parent Deceased Other _____ Relationship _____

2. If parents are divorced or separated, where does student primarily reside? _____
Who has legal custody? _____

3. Name/age/school of other children in family:
1. _____
Name Age School
2. _____
Name Age School
3. _____
Name Age School

CHURCH INFORMATION

4. Does **parent** attend church regularly? Yes ___ No ___
Does **student** attend church regularly? Yes ___ No ___ Denomination _____
Church Name _____ Pastor's Name _____
Church Address/City/ZIP _____
Church Phone Number _____
5. Does **parent/guardian** attend same church? Yes ___ No ___ If not, Church Name _____

TO BE COMPLETED BY CURRENTLY-ENROLLED STUDENT

6. Describe your personal relationship with Jesus Christ. (25 words or less)
7. What are your personal goals for the new school year?
8. What do you feel you can contribute to Phoenix Christian this year?
9. Per the *Student/Parent Handbook*, the school reserves the right to conduct random and for cause drug testing. Have you used tobacco, alcoholic beverages or narcotics in any form in the past 12 months?
Yes _____ No _____ If yes, explain.

STUDENT STATEMENT

By signing this application, I am indicating that I fully understand the rules of behavior as outlined in the "Student/Parent Handbook" (located online at www.phoenixchristian.org) and that these rules apply for the entire year, on and off the Phoenix Christian campuses. I further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I agree to abide by the rules and regulations of the school. I also realize that if I break the rules, my continued enrollment will be subject to immediate review.

Student Signature _____ Date _____

PARENT/GUARDIAN STATEMENT

I/We understand and agree that Phoenix Christian Unified Schools are private evangelical Christian schools where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations that are published in the "Student/Parent Handbook" (located online at www.phoenixchristian.org). I/We further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I/We agree to abide by the rules and regulations. In the role as parent and/or guardian, I/we promise to enforce these rules. I/We understand and agree that violations of any Phoenix Christian rules and regulations will be dealt with by the school Administration and may result in expulsion from Phoenix Christian. In addition, I/we agree to accept full responsibility for all obligations that may result from injury incurred by student as a result of participation in any school-sponsored activity. If I/we cannot be contacted in an emergency, call the physician listed on the Emergency/Contact form and follow his/her instructions. If the school cannot contact anyone listed, the school is authorized to act in whatever manner is deemed appropriate by school personnel. I/We also agree to comply fully with the financial requirement of the school regarding payment of tuition and understand and agree that the student may be removed from the school if tuition payments become delinquent.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phoenix Christian Unified Schools admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



Phoenix Christian Unified Schools

Senior High • Junior High • Elementary • Preschool • International

JUNIOR HIGH & SENIOR HIGH TUITION & FEE SCHEDULE FOR 2012 - 2013

Senior High School (grades 9-12)	\$8,100.00
Junior High School (grades 6-8)	\$7,100.00

When a family sends more than one student (preschool - 12th - preschool students must attend 5 full days per week) to Phoenix Christian Unified Schools, the tuition will be discounted according to the following schedule:

One Student	=	Regular Price
Two Student Families	=	10% discount on both students
Three Student Families	=	15% discount on all three students
Four+ Student Families	=	15% discount on oldest three students and 50% discount on youngest students

ENROLLMENT FEES

A non-refundable enrollment fee is assessed to cover normal enrollment costs and a student I.D. card, which provides the student free admission to all home athletic events.

January 20 - February 20	Re-enrollment Fee \$75.00
February 21 →	Re-enrollment Fee \$200.00
January →	New Enrollment \$200.00 (\$50 non-refundable fee due with application and \$150 due upon acceptance)

ADDITIONAL FEES

6 th -12 th Textbooks & Workbooks	-	Varies (ordered by family directly)
PC Polo Shirts/Outerwear	-	Varies (ordered by family directly)
* Grades 9-12 Retreat	-	\$170
* Grades 6-12 Yearbook	-	\$70 (optional)
Grades 9-12 Athletics:	-	
▪ Football	-	\$125 per season
▪ All Other SH Sports	-	\$100 per sport/per season
Grades 6-8 Athletics:	-	
▪ Tackle Football	-	\$100 per season
▪ All Other JH Sports	-	\$75 per sport/per season

* In addition, there will be a fee for the following classes and/or events: 9th Grade Computers, General Biology, Anatomy, Art II and III, SH Cooking, SH Girls Fitness, SH Drama, SH Choir/Chorale and 8th Grade Graduation.

* **Will be collected at Registration**

TUITION PAYMENT POLICY

There are three (3) monthly payment options: 12-months, 11-months, or 10-months. See enrollment financial form for further details. **All payments are due on or before the first day of the month and delinquent after the 15th of the month.** Tuition payments may be paid by automatic debit to your checking or savings account. A \$15 late charge will be added to payments received after the 15th (or, if mailed, *postmarked* after the 15th). A \$15 charge is added when a check is returned by the bank unpaid for any reason. Per board policy, if after 60 days any account is delinquent, the student may be removed from Phoenix Christian Unified Schools. If the student is dismissed or transfers, the tuition will be prorated based on the number of days in the school year. When a student is withdrawn from school (or at graduation), all financial obligations need to be paid before grade sheets and/or transcripts are released. Students may not return to school for a new year if the account remains delinquent from the preceding year.

Revised 1/12 – Rates & Policies Subject to Change

PHOENIX CHRISTIAN UNIFIED SCHOOLS

ENROLLMENT FINANCIAL FORM 2012 – 2013

Parent Name _____ Phone _____

Person responsible for tuition and fees (if different from above) _____

Address _____ City _____ State _____ Zip _____

RETURNING STUDENTS

_____ YES, I do want to re-enroll my child(ren) at Phoenix Christian Unified Schools for the upcoming school year. I understand that the **re-enrollment fee is \$75 through February 20, 2012. Beginning February 21, 2012, the fee will be \$200. The re-enrollment fee is due with the re-enrollment packet.** Re-enrollment fees reserve space(s) in the classroom(s) and are non-refundable.

NEW STUDENTS

_____ YES, I do want to enroll my child(ren) at Phoenix Christian Unified Schools for the upcoming school year. The **enrollment fee is \$200 with \$50 due with the application and the remaining \$150 due at the time of acceptance.** (The \$50 enrollment fee is non-refundable.)



Monthly Payment Plans (Please choose a monthly payment plan and a payment option)

- 12 Monthly Payments (July 1, 2012 – June 1, 2013)
- 11 Monthly Payments (August 1, 2012 – June 1, 2013)
- 10 Monthly Payments (August 1, 2012– May 1, 2013)

Monthly Payment Options

- I prefer to have my checking or savings account automatically charged for the monthly tuition payments on the 5th of each month.
- I prefer to pay my monthly tuition by cash, check, money order, cashier's check, or credit card. A \$15.00 late fee will be added to any payment not received by Phoenix Christian Unified Schools by the 15th of the month.

Signature of Person Financially Responsible

Date

*** For tuition and fees, please refer to the enclosed 2012 - 2013 Tuition/Fee Schedule.

Returning Student(s) Name(s)

Fall Grade

_____	_____
_____	_____
_____	_____
_____	_____

New Student(s) Name(s)

Fall Grade

_____	_____
_____	_____

*** Please direct any questions concerning tuition/fees to the Business Office: (602) 265-4707 ext. 225 ***



Phoenix Christian Unified Schools

Senior High Junior High Elementary Preschool International
 1751 W Indian School Road, Phoenix, AZ 85015 (602) 265-4707

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student's Last Name _____ First Name _____ Grade _____

Y	N	Has this student ever had...	Y	N	Has this student ever had...	Y	N	Has this student ever had...	Y	N	Has this student ever had...
		01. Allergies			11. Epilepsy (Seizures)			21. Elbow Injury			31. Migraine Headaches
		02. Anemia			12. Fainting			22. Knee Injury/Surgery			32. Mononucleosis
		03. Arthritis			13. Operations			23. Neck Injury			33. Rheumatic Fever
		04. Asthma			14. Hearing Trouble			24. Spine Injury			34. Scoliosis
		05. Back Pain			15. Heart Murmur			25. Wrist Injury			35. Sinus Trouble
		06. Concussion			16. Hepatitis			26. Fractures			36. Sore Throats (Chronic)
		07. Loss of Consciousness			17. Hernia (Rupture)			27. Joint Pain			37. Tuberculosis
		08. Diabetes			18. Hives			28. Kidney Trouble			38. Valley Fever
		09. Eczema			19. Dislocations/Sprains			29. Knocked Out			39. Other
		10. Emotional Problems			20. Ankle Injury			30. Menstrual Cramps			

PLEASE EXPLAIN COMPLETELY EVERY "YES" ANSWER ABOVE:

List all expected Sports participation: _____

**PHYSICAL EXAM REQUIRED OF ALL 6th—12th GRADE STUDENTS
 TO BE COMPLETED BY THE PHYSICIAN AFTER MARCH 1ST FOR THE FOLLOWING SCHOOL YEAR**

Height _____ Eyes _____ R _____ L (without correction)
 Weight _____ Eyes _____ R _____ L (with corrective lens)
 Heart _____ Lungs _____ Blood Pressure (right arm, sitting) _____
 Abdomen _____ Hernia _____ Pulse/Resting _____ 2 Min _____
 Spine/Neck _____ Hip/Knee _____ Ankle/Feet _____ Shoulder _____
 Elbow/Hands _____ Genitalia _____ Lymphatics _____
 Other _____

NOTE: If an immunization is administered during this exam, please attach a copy of the Patient Vaccination Record.

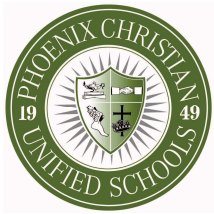
I certify that I have, on this date, personally examined the above student and that I have found no medical reason why this student should be disqualified from participating in all supervised athletics and physical education classes and activities except as specifically noted below:

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____ DO MD

Physician's Address : _____

Telephone: (_____) _____



Phoenix Christian Unified Schools

NOTARIZED EMERGENCY CONTACTS / ACTIVITY PERMISSION FORM 2012—2013

Student's Last Name	First Name	MI	
Birthdate	Gender	Grade	Home Phone
Home Address		City	Zip Code
Mother/Guardian Name	Home #	Cell #	Work #
Father/Guardian Name	Home #	Cell #	Work #
Name of Relative/Friend in Case You Cannot be Contacted	Home #	Cell #	Work #

Date of last Tetanus Booster: _____
 Name of Family Insurance: _____
 Did you purchase School Insurance? Yes No
 To which medicines/ foods is student allergic? _____
 Medications now being taken: _____

YOU MUST INITIAL beside each medication you would like available to your student while at school. [JH/SH Students Only]

- | | |
|--|---|
| _____ Benadryl (or its generic equivalent) : 25 mg tablets
recommended dose: 1-2 tablets every 4-6 hrs | _____ Sudafed (or its generic equivalent): 30 mg tablets
2-4 tablets hourly as needed |
| _____ Advil (or its generic equivalent): 200 mg tablets recom-
mended dose: 1-2 tablets every 4-6 hours | _____ Tums (or its generic equivalent): 2-4 tablets hourly as
needed |
| _____ Midol (or its generic equivalent): 200 mg tablets recom-
mended dose: 1 tablet initially; if pain does not respond,
2 tablets may be used | _____ Tylenol (or its generic equivalent): 325 mg tablets
recommended dose: 2 tablets every 4-6 hours |

List any individual(s) who SHOULD NOT pick up and/or have contact with your student:

1. _____

2. _____

*The undersigned hereby give permission for the above named student to attend any school-related function for the period from August 1, 2012 to July 31, 2013. In the event there is any emergency involving him/her, permission is hereby granted for **Phoenix Christian Unified Schools** personnel to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon or dentist licensed to practice in any state, and school personnel shall not be held personally liable.*

If emergency service involving medical action or treatment is required, and neither the parent nor guardian can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parent/guardian to full liability for any subsequent injury, or may cause the student to be removed from sports participation.

The undersigned gives consent for the above over-the-counter medications (if initialed above) to be administered by a designated school employee as needed, as determined by the employee. The parent/guardian must complete a written authorization form provided by the school for prescription medications that will be taken at school. All prescription medications must be turned in to the nurse's office in the container dispensed by the pharmacy.

 Signature of Parent or Legal Guardian
(Must Sign in Presence of Notary Public)

State of Arizona, County of Maricopa
 Subscribed and sworn to before me

This _____ day of _____,

Notary Public _____

My Commission Expires _____