

# Phoenix Christian Jr/Sr High School INT'L Re-Enrollment Checklist 2012-2013

## 1. Complete the Student Re-Enrollment Application Form

All forms listed below must be returned with the exception of the Physical form

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

<b>January 20-February 20</b>	<b>\$75.00</b>
<b>February 21 ↻</b>	<b>\$200.00</b>
- Notarized Emergency Contacts / Permission 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 e-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 x 266 Fax (602) 277-7170**

**INT'L JH/SH Re-Enrollment Application 2012 - 2013**

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

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

**STUDENT INFORMATION**

**Student's Name** \_\_\_\_\_  
Last First Middle Name

\_\_\_\_\_ Arizona Street Address \_\_\_\_\_ City **AZ** \_\_\_\_\_ State \_\_\_\_\_ ZIP

Applying for Grade \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place city: \_\_\_\_\_ Birth Country \_\_\_\_\_

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

**PARENT (GUARDIAN) INFORMATION**

**Host Father**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Host Mother**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_

**FAMILY INFORMATION**

- Student lives with:  Host Parent  Relative  Other \_\_\_\_\_ Relationship \_\_\_\_\_
- Name/age/school of other children in family:
  1. \_\_\_\_\_  
Name Age School
  2. \_\_\_\_\_  
Name Age School
  3. \_\_\_\_\_  
Name Age School

**CHURCH INFORMATION**

- 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.

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#### 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](http://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 \_\_\_\_\_

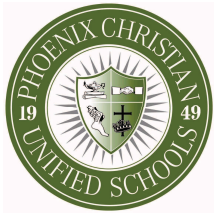
#### PARENT/GUARDIAN STATEMENT

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](http://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.

Host Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Host 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

NOTARIZED EMERGENCY CONTACTS / ACTIVITY PERMISSION FORM
2012—2013

Student's Last Name First Name MI
Birthdate Gender Grade Home Phone
AZ 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
Advil (or its generic equivalent): 200 mg tablets recommended dose: 1-2 tablets every 4-6 hours
Midol (or its generic equivalent): 200 mg tablets recommended dose: 1 tablet initially; if pain does not respond, 2 tablets may be used
Sudafed (or its generic equivalent): 30 mg tablets 2-4 tablets hourly as needed
Tums (or its generic equivalent): 2-4 tablets hourly as needed
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

Physical Form  
Due after March 1



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: ( \_\_\_\_\_ ) \_\_\_\_\_