

# Wesley Christian School Kindergarten through Twelfth Grade



## 2022—2023 Enrollment Package

## Wesley Christian School

We appreciate your interest in **Wesley Christian School**. We believe the truths of God's Word should be taught at the earliest age and be continued through the adult years. It is our firm belief that the Word of God and its message of redeeming grace through faith in the Lord Jesus Christ is necessary and the only adequate foundation upon which any educational program can be built. We feel that the educational institution should provide a distinct Christian philosophy and atmosphere and include Biblical studies as a regular part of its curriculum. This is necessary to obtain a well-balanced and properly-orientated education that views all knowledge in light of Biblical truth.

We offer an educational program using ABEKA curriculum, Bob Jones University Press curriculum, and Accelerated Christian Education curriculum (depending on the age of the individual student) that emphasizes the basic fundamentals of education. We believe that our children should have careful instruction leading them to an ability to read with understanding, and to write and speak clearly and accurately, with emphasis on the individual needs of each student by goal-oriented achievement. Each child is diagnostically tested and prescribed curriculum at the individual academic level and not according to their chronological age.

It is our desire to instill within each student a sense of high regard for spiritual and moral standards. The absence of God's Word from other educational programs is the primary cause of low spiritual and moral standards. We believe the Lord teaches us to excel academically, as well as spiritually, therefore we are constantly striving for the highest academic and spiritual standards.

**Wesley Christian School** recognizes that it cannot meet the educational needs of all children. It is a school offering a high quality of Christian training but is not designed to be a correctional institution for problems arising beyond those usually encountered in average school children. While we love delinquent and emotionally unstable children, the school is not equipped to meet their needs. Some children do not adjust to a disciplined academic environment and find excuse to criticize the policies and decisions of staff and administration. In such cases, the school reserves the right to have full discretion in discipline, to place students on probation for a reasonable corrective period of time, and to dismiss any student who does not cooperate with the total educational process. **Wesley Christian School** admits students of any race, color, and national and ethnic origin. Our basic objectives are as follows:

1. Assist each child in discovering and developing his God-given talents.
2. Promote self-discipline.
3. Assist each child in seeking God's purpose for life's service.
4. Compensate for inadequate educational background.
5. Eliminate failure and repetition.
6. Provide better opportunities to meet individual differences in pupils.
7. Help each child to learn to honor the Lord Jesus Christ.
8. Build family unity and loyalty centered around the person of Jesus Christ according to Deuteronomy 6:7-8.

### —————NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS—————

Wesley Christian School 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.

**Student's Name**

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last	first	middle
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Age	Birthday	Sex	Grade to Enter
5	01/01/2010	Male	1
5	02/02/2010	Female	1
5	03/03/2010	Male	1
5	04/04/2010	Female	1
5	05/05/2010	Male	1
5	06/06/2010	Female	1
5	07/07/2010	Male	1
5	08/08/2010	Female	1
5	09/09/2010	Male	1
5	10/10/2010	Female	1
5	11/11/2010	Male	1
5	12/12/2010	Female	1
5	01/01/2011	Male	1
5	02/02/2011	Female	1
5	03/03/2011	Male	1
5	04/04/2011	Female	1
5	05/05/2011	Male	1
5	06/06/2011	Female	1
5	07/07/2011	Male	1
5	08/08/2011	Female	1
5	09/09/2011	Male	1
5	10/10/2011	Female	1
5	11/11/2011	Male	1
5	12/12/2011	Female	1
5	01/01/2012	Male	1
5	02/02/2012	Female	1
5	03/03/2012	Male	1
5	04/04/2012	Female	1
5	05/05/2012	Male	1
5	06/06/2012	Female	1
5	07/07/2012	Male	1
5	08/08/2012	Female	1
5	09/09/2012	Male	1
5	10/10/2012	Female	1
5	11/11/2012	Male	1
5	12/12/2012	Female	1
5	01/01/2013	Male	1
5	02/02/2013	Female	1
5	03/03/2013	Male	1
5	04/04/2013	Female	1
5	05/05/2013	Male	1
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5	10/10/2013	Female	1
5	11/11/2013	Male	1
5	12/12/2013	Female	1
5	01/01/2014	Male	1
5	02/02/2014	Female	1
5	03/03/2014	Male	1
5	04/04/2014	Female	1
5	05/05/2014	Male	1
5	06/06/2014	Female	1
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5	03/03/2015	Male	1
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5	12/12/2015	Female	1
5	01/01/2016	Male	1
5	02/02/2016	Female	1
5	03/03/2016	Male	1
5	04/04/2016	Female	1
5	05/05/2016	Male	1
5	06/06/2016	Female	1
5	07/07/2016	Male	1
5	08/08/2016	Female	1
5	09/09/2016	Male	1
5	10/10/2016	Female	1
5	11/11/2016	Male	1
5	12/12/2016	Female	1
5	01/01/2017	Male	1
5	02/02/2017	Female	1
5	03/03/2017	Male	1
5	04/04/2017	Female	1
5	05/05/2017	Male	1
5	06/06/2017	Female	1
5	07/07/2017	Male	1
5	08/08/2017	Female	1

## FAMILY INFORMATION

**Emergency Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Do you as a family faithfully attend and support a Bible-believing, fundamental church ?**

# ***Wesley Christian School***

## **FINANCIAL AGREEMENT**

I/we understand that there is a **non-refundable** application fee of \$100.00 per student.. Any student registering after August 10 shall incur an additional **non-refundable** late registration fee of \$25.

I/we understand that the tuition cost of the program is:

**\$3,750.00 (first child)      \$3,630.00 (second child)      \$3,510.00 (third child)**  
4th and subsequent children - same as third child . **4-K & 5-K** tuition \$3,200.00 (per child)  
**Half Day 4-K & 5-K** tuition \$2,100.00 (per child)

I/we will pay (check one)

K-4 & K-5 - (Half Day) ☐ \$175.00/month (June—May) **or** ☐ \$210.00/month (August—May)

K-4 & K-5 - ☐ \$266.66/month (June—May) **or** ☐ \$320.00/month (August—May)

First child: ☐ \$312.50/month (June—May) **or** ☐ \$375.00/month (August—May)

Second child: ☐ \$302.50/month (June—May) **or** ☐ \$363.00/month (August—May)

Third child: ☐ \$292.50/month (June—May) **or** ☐ \$351.00/month (August—May)

Fourth child: ☐ \$292.50/month (June—May) **or** ☐ \$351.00/month (August—May)

**OR**

**A one-time full tuition payment (with 5% discount) of:**

☐ First child: \$3,562.50

☐ Second child: \$3,448.50

☐ Third child: \$3,334.50

☐ Fourth child \$3,334.50

There will be a \$100 Book fee deposit for all students to be paid at beginning of the school year. Book fees are approximately \$150 to \$300 and the balance will be charged to your account as the school year begins. Book fees are to be paid in full by December of the school year. High school graduates will pay a \$50.00 graduation fee.

A 5% discount will be given if tuition is paid in full at beginning of school year. Families that make annual payment need to check monthly statement for charges for repeat materials, etc. To get a discount on tuition when more than one child is attending school, they must be from the same family, such as brother/sister. This does not apply when two or more families are living in one household.

**Late Fees:** Payments are due the first of every month. Payments received after the 10<sup>th</sup> day of the month will be charged a late fee of \$25.00. If the balance is not paid within 30 days of initial due date, the student is considered withdrawn unless arrangements have been made with the administration.

**Returned Checks:** A service charge of \$30.00 will be charged for returned checks. Returned checks must be cleared within 10 days or your child will be considered withdrawn from the school.

**Withdrawal Fee:** A fee of (\$200.00) will be charged for early withdrawal from Wesley Christian School.

### **AGREEMENT**

I/we agree to meet the financial obligations as outlined above and will submit to program requirements.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Wesley Christian School

### Legal Custody Policy

1. A single parent, grandparent, or a foster parent must provide written documentation of the legal custody of the child /children enrolled, i.e. a court decree or private settlement agreement.
2. Only the person who has legal custody of the child/children has the authority to make decisions regarding the child's/children's education.
3. If divorced parents share legal custody of the child/children, with written documentation provided to the school, both parents must agree on decisions relating to matters of education and medical care.
4. Grandparents and foster parents still need approval from the child's/children's parents regarding educational decisions.
5. Legal custody of a child/children must be established before enrollment is completed.

All legal custodians must:

- A. Sign the school enrollment contract.
- B. Foster parents must provide the school with legal papers that show they have legal custody and authority to make educational decisions for students enrolled.
- C. If a foster parent does not have sole legal custody, signed authorizations from both non custodial parents and from the foster parents, must be provided for children who are enrolled.
- D. If a grandparent is merely a baby sitter and does not have legal custody, the school enrollment contract must be signed by both the parents and the grand parents.
- E. Enrollment will not be complete until permission to enroll the child/children is given, in writing, by the parent named in the official custody papers as having authority to make decisions regarding the child's/children's education.
- F. Any restrictions in the official custody papers, not in keeping with official school policy will negate enrollment. Restrictions such as after school pick up, free exercise of religious instruction, and standard of conduct.
- G. Written directions in the official custody papers regarding the parent to: (1) call in an emergency, if the child fails to attend school, or if there is a discipline problem; (2) receive school notices; and (3) access the student's records will be followed.
- H. If a non custodial parent is unavailable or the whereabouts are unknown, the person with legal custody must provide a signed affidavit disclosing such details and give information about plans to sever the absent parent's right to legal custody.

# Wesley Christian School

## Medical History

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

### General Information:

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Health: Good/Bad/ Deceased

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Health: Good/Bad/Deceased

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Past Diseases: (If your child has had any of the following, state age when he/she had them)

Asthma _____	Ear discharge/infection _____	Pneumonia _____
Chicken pox _____	Hay fever _____	Polio _____
Convulsions _____	Heart disease _____	Pneumatic cough/Pneumonia _____
Diabetes _____	Measles _____	Scarlet fever _____
Diphtheria _____	Mumps _____	Whooping cough _____

### Recent Disabilities: (Please check all that apply)

4 or more colds yearly _____	Fainting spells _____	Hearing difficulty _____
Frequent sore throat _____	Abdominal pain _____	Tires easily _____
Poor vision _____	Frequent urination _____	Breathing shortness _____
Frequent leg pain _____	Allergies _____	Hernia (rupture) _____
Dizziness _____	Persistent coughs _____	Ringworm _____
Frequent sties _____	Speech impediment _____	Nose bleeds _____
Dental defects _____	Crippling conditions _____	Growing pains _____

### Immunization Record:

Copy of yellow immunization card or other documents indicating immunization information requirements.

Has your child had a skin test for tuberculosis? \_\_\_\_\_

Has he/she been associated with tuberculosis patients? \_\_\_\_\_ When? \_\_\_\_\_

### Personal Record: (Please answer the following)

Is he/she shy? \_\_\_\_\_ Over active? \_\_\_\_\_ Bites fingernails? \_\_\_\_\_ Sucks thumb? \_\_\_\_\_

Has excessive fears? \_\_\_\_\_ Temper tantrums? \_\_\_\_\_ Likes school? \_\_\_\_\_

Plays well with others? \_\_\_\_\_ Eats breakfast? \_\_\_\_\_ His/her bedtime? \_\_\_\_\_

When is his/her rising time? \_\_\_\_\_

**Notes:** (Please note any other information of which the school should be made aware) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Parent's Signature

Date

## Immunization Record and Birth Certificate

Please provide a current Immunization Record from the state health department for your child(ren) **before the first day of school or within 2 weeks of enrollment**, whichever comes first. This record is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.

Also, a copy of your child(ren) Birth Certificate shall be provided to the school and be placed in the permanent record.

I will provide an official Immunization Record and a copy of a Birth Certificate for my child(ren) before the deadlines stated above.

Parent's Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

## Wesley Christian School Identification and Emergency Information

### General Information

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_

### Emergency Contacts

Name	Day Phone	Relationship
1. _____		
2. _____		

### Medical Information

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

If physician or dentist cannot be reached, what action should be taken by the school? \_\_\_\_\_

### Persons Authorized for Transporting Child to and from the School

Name	Day Phone	Relationship
1. _____		
2. _____		

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Wesley Christian School



## Medical Consent

I/we the undersigned parents/legal guardians of \_\_\_\_\_ do hereby authorize the staff of Wesley Christian School as agents for the undersigned to any x-ray, examination, anesthetic, medical or surgical diagnosis, and treatment of hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of my/our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that a valid and conscientious effort will be made to notify me/us before such action is taken.

Father's (Guardian's Signature) \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's (Guardian's Signature) \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Please specify if allergic to any medication, food, etc. \_\_\_\_\_

\_\_\_\_\_

If there are any physical problems or any special instructions, please comment: \_\_\_\_\_

\_\_\_\_\_

He/she may be given Tylenol: Yes \_\_\_\_\_ No \_\_\_\_\_

Students may bring their own (over the counter) medicine and leave it in the school office.

## Wesley Christian School Parent Agreement

We the undersigned parents or guardians of \_\_\_\_\_ do hereby request enrollment in Wesley Christian School for our child. We know the Bible places primary responsibility on the home for education, especially the father, and we request this school to assist us in meeting this responsibility. It is our conviction that our child must have an academic education based on the Word of God and its teachings. We hereby certify that we request this school to operate on our behalf with the following understanding.

1. I understand that it is an effort of this school to meet the needs of the families of the church and the community to train up our children in the way that God would have them to go, and the Bible teachings will be reflected in all the affairs and teachings of the school.
2. I understand that it is expected of our family that we will maintain a family and church life that is consistent with the teachings of the Word of God. This should include regular prayer and Bible reading, church attendance, and the loyal support of the school ministry.
3. I understand that we expect the school to exercise consistent Biblical discipline and that we will honor their judgment about the necessity of such discipline should it be recommended.
4. I realize that from time-to-time children take issues with actions that they do not agree with and that they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism: that I will correct my child, support the school personnel, and ask for full details at any time I have a question about the incident.
5. I understand that my child will be diagnostically tested and placed in a grade at their academic level of achievement, and not necessarily at their chronological age.
6. I further realize that building strong relations with my child's teacher to aid in the training of my child is as much my responsibility as it is the school's and that I will pray for the staff and the program, cooperate with them in discipline, accepting their judgment in all such matters, lay a spiritual foundation through a Godly example in the home, support spiritual training of chapels, revivals, etc., follow through with any work assignments or slips that need to be signed, see that my child reaches school on time, send written excuses for absence or tardiness, cooperate in training my child to respect school property and pay for irregular abuse of the same, attend all parent functions and assist in publicizing the school.
7. Parents or students who are not in harmony with the school standards or programs will be asked to submit to the program; if they will not, the parents will be asked to withdraw their child.
8. I realize that attending Wesley Christian School is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.

I have read the information materials furnished and agree to insist that my child submit to the program's academic and disciplinary regulations and all other requirements instituted by the administration and carried out by the faculty.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Wesley Christian School 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.

## STUDENT RECORD RELEASE

**To Releasing School Counselor:**

\_\_\_\_\_

Date

\_\_\_\_\_

School Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Dear Counselor:

My children have been withdrawn from your school. Please release their academic and health records to the following school. Thank you.

Accepting School

**Wesley Christian School  
2456 Broughton Street  
P. O. Box 1665  
Orangeburg, SC 29116**

Student's Names  
(Last name first)

Age

Grade level at time  
of withdrawal


\_\_\_\_\_

Signature of Requesting Parent

\_\_\_\_\_

Signature of Receiving Principal

## Wesley Christian School

### Consent and Release Form for Athletic Activities

I, the undersigned parent (s) or guardian (s) of \_\_\_\_\_ age \_\_\_\_\_ hereby consent to the participation of my child in the activities connected with the Wesley Christian School athletic program. I certify that my child is able to participate in all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency they have been listed below. In the event that an emergency occurs, I may be reached at the telephone listed below. If I cannot be reached within a reasonable period of time, as determined by the staff, I hereby authorize the staff to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I understand and hereby agree to assume all of the risks which may be encountered in said activities, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Wesley Christian School, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or any other associated activities including, but not limited to, any injury to my child or property, even an injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of South Carolina and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto. It is understood that as a part of Wesley Christian School, I agree to abide by our deeply held spiritual belief that all Christians are prohibited from bringing civil lawsuits against other Christians or the Church to resolve personal disputes. We do believe, however, that a Christian may seek compensation for injuries from another Christian's insurance company as long as the claim is pursued without malice or slander. (I Corinthians 6:1-8, Ephesians 4:30-32) Wesley Christian School accepts the Biblical formula for conflict resolution as found in Matthew 18:15-17.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Consent and Release Form for Athletic Activities

Telephone number where I can be reached in an emergency: \_\_\_\_\_

Medical conditions to be aware of and physical restrictions: \_\_\_\_\_

\_\_\_\_\_

Instructions and medications: Date of last tetanus or booster: \_\_\_\_\_

\_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

## Wesley Christian School

### Authorization For Off Campus Activities

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I consent to have my child participate in field trips away from school. I also authorize Wesley Christian School to call an emergency ambulance in case of accident or acute illness and to arrange for all necessary emergency medical care in case I am not immediately available. Any qualified physician, called by Wesley Christian School staff, may treat and do whatever is necessary for the good health and well being of my child.

I also agree to accept all financial responsibility for medical care.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_

Relative or Neighbor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

This form must have the parent's or guardian's signature. Please indicate if your child is in the custody of one parent \_\_\_\_\_ both parents \_\_\_\_\_ guardian \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

# Wesley Christian School

## Photography Consent Form

My child may have pictures taken at any time and used for educational and promotional purposes or for display in classroom pictures, etc.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Facebook Consent Form

My child may have his/her picture put on facebook for school activities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child's name may or may not be used: \_\_\_\_\_

## Enrollment History

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_

Have all financial obligations to previous schools attended been fulfilled: Yes \_\_\_\_ No \_\_\_\_

Has student ever been expelled, dismissed, suspended, or refused admission to another school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has student ever had any disciplinary difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has student ever been in trouble with the law, arrested, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has student ever used tobacco or drugs of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain?

\_\_\_\_\_

\_\_\_\_\_

Please indicate academic level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

I was recommended to Wesley Christian School by: \_\_\_\_\_

# *Wesley Christian School*

## Standard of Conduct

Students name: \_\_\_\_\_ Age \_\_\_\_\_

Last                      First                      MI

The student's attitudes, conversation, and behavior reflects the character of the institution from which he derives his training, both home and church. This form reflects on the Christian school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program that must set high standards. These standards will result in a student of character to lead in the reformation for our nation and the world.

Do you attend church regularly ?                      Where?

Are you a Christian? \_\_\_\_\_ At what age did you receive Christ as your Savior? \_\_\_\_\_

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority in every area of your life?

Will you promise not to draw, wear, or display in any way anti-Christian symbols?

Will you agree to dress according to the uniform guidelines and hair code?

Will you agree to dress in public in a manner that will be a consistent, daily example of our  
Lord Jesus Christ?

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault?

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere. Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of Wesley Christian School, I pledge to uphold this school's standards against, cheating, swearing, smoking, gambling, dancing, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a Student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims and standards of the school.

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Student's Signature

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Date

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Parent's Signature

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Date



# Wesley Christian School

## Student Handbook Acknowledgement

We the undersigned parents or guardians of \_\_\_\_\_

acknowledge receipt of the Wesley Christian School *Student Handbook* and have read it, or had it read to us, and we understand it and agree to carry out all policies, directives and requirements listed in the handbook.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

**Wesley Christian School**  
**Kindergarten through Twelfth Grade**  
**Enrollment Forms Checklist**

**Students Name:** \_\_\_\_\_

- \_\_\_\_\_ **Application**
- \_\_\_\_\_ **Enrollment History**
- \_\_\_\_\_ **Parent Agreement**
- \_\_\_\_\_ **Financial Agreement**
- \_\_\_\_\_ **Standard of Conduct**
- \_\_\_\_\_ **ID and Emergency Information Form**
- \_\_\_\_\_ **Medical History**
- \_\_\_\_\_ **Consent to Treatment of Minors**
- \_\_\_\_\_ **Off Campus Authorization**
- \_\_\_\_\_ **Athletic Release**
- \_\_\_\_\_ **Photography/Facebook Release**
- \_\_\_\_\_ **Student Record Release**
- \_\_\_\_\_ **Student Handbook Acknowledgement**
- \_\_\_\_\_ **Report Card of Last School Attended**
- \_\_\_\_\_ **Immunization Record**
- \_\_\_\_\_ **Birth Certificate**