

# **IMMANUEL CHRISTIAN SCHOOL**

## **Minimum Enrollment Requirements**

- Compatibility with the Student Profile below
- Willingness to support the ICS Statement of Faith
- Completion of application process as outlined in application packet
- Satisfactory citizenship records from the school previously and most recently attended (ICS will not accept students recently expelled from another school)
- Currently achieving a minimum G.P.A. of 2.0 (C average)
- Satisfactory scores on any approved standardized test (STAR, SAT9, SAT10, IOWA, ISEE, etc.).
- Signed pledges (parent and student) to comply with ICS policies noted in the Student/Parent Handbook
- Recommendation of enrollment following an interview with the principal

## **STUDENT PROFILE**

### **An Immanuel Christian School Student**

- has established a personal relationship with Jesus Christ and, if not, has the desire to know Him
- wants to attend Immanuel Christian School
- is capable of meeting school-wide learning expectations
- is willing to be internally motivated to be his or her best at all times
- possesses a loving and accepting attitude
- displays a sense of self-discipline and accepts responsibility well
- desires self-improvement
- believes honesty is an important value
- desires to serve others through actions, attitudes and words
- is willing to accept and adhere to the ICS guidelines with a cheerful spirit and an attitude that communicates a desire to comply
- desires not only to receive from the school, but is willing to benefit the school by participating in athletics, music, ministry, and/or other school activities



# IMMANUEL CHRISTIAN SCHOOL

## ELEMENTARY CURRICULUM

IMMANUEL  
CHRISTIAN SCHOOL

GRADE:	TK	K	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>
Science	N/A	A BEKA	ACSI	ACSI	ACSI	ACSI	ACSI
Health	N/A	N/A	A BEKA	N/A	N/A	A BEKA	A BEKA
Bible	A BEKA	A BEKA	BJUP	BJUP	BJUP	BJUP	BJUP
Reading	A BEKA	A BEKA	A BEKA	A BEKA/ BJUP	BJUP	BJUP	BJUP
Social Studies	N/A	A BEKA	A BEKA	A BEKA	BJUP	BJUP/ Houghton Mifflin	BJUP
Math	N/A	A BEKA	A BEKA	A BEKA	A BEKA	A BEKA	A BEKA
Penmanship	A BEKA	A BEKA	A BEKA	A BEKA	A BEKA	BJUP	BJUP
English	N/A	N/A	A BEKA	BJUP	BJUP	BJUP	BJUP
Phonics	A BEKA	A BEKA	A BEKA	A BEKA	N/A	N/A	N/A
Art	A BEKA	A BEKA	N/A	N/A	N/A	N/A	N/A
Spelling	N/A	N/A	A BEKA	A BEKA	ACSI	BJUP	BJUP

**ACSI** – Association of Christian Schools International  
**A BEKA** – A Beka Book Christian Curriculum  
**BJUP** – Bob Jones University Press



# IMMANUEL CHRISTIAN SCHOOL

IMMANUEL  
CHRISTIAN SCHOOL

## 2021-2022 TUITION SCHEDULE

### *Enrollment, Tuition, and Fees*

**Enrollment Fee** - \$100 per Student/Year

<b>Tuition Fees</b>	<b>10-month</b>	<b>12-month</b>	<b>Annual</b>
TK-K (½ day)	\$320.65	\$267.20	\$3206.50
Grades TK-K (full day)	\$627.60	\$523.00	\$6276.00
Grades 1 <sup>st</sup> - 5 <sup>th</sup>	\$627.60	\$523.00	\$6276.00
Grades 6 <sup>th</sup> – 12 <sup>th</sup>	\$650.40	\$542.00	\$6504.00

\* Tuition assistance may be available to qualifying families. Must apply through FACTS.

**Payment Information** - Tuition payments are due on the first of the month. There is a 10 calendar day grace period that ends on the 11<sup>th</sup> day of the month. There is a \$25 per student per month fee for all late payments. Additionally, there will be a \$25.00 fee (cash only) for non-sufficient funds (NSF) which will then require cash payments, in the ICS office, for the remainder of the school year. Autopay is recommended and available for tuition payments which is a 12-month payment plan. The full tuition paid by July 1<sup>st</sup> will receive a \$100 discount per student if paid by cash or check. For financial assistance contact the principal of ICS. Credit cards may be used for tuition payments.

**Office and Classroom Supply Fee** - \$50 per student/year

**Book Fees**

TK & Kindergarten - \$120.00 per student

1<sup>st</sup> grade - \$250.00 per student

2<sup>nd</sup> - 5<sup>th</sup> grade - \$320.00 per student

6<sup>th</sup> - 12<sup>th</sup> grade - TBD per student

**Sports Fee (5<sup>th</sup> through 12<sup>th</sup> grades only)** - ICS Students playing sports will be required to pay an additional fee per sport, i.e. volleyball, basketball, softball. **Students will not be allowed to participate in any sport if the tuition account is not current and athletic fees are not paid in full.** Travel expenses are in addition to fees listed below. Payments are to be made directly to ICS.

4<sup>th</sup>/5<sup>th</sup> Grade Basketball - \$35.00

Jr. High Volleyball/Basketball - \$110.00 per sport    Varsity Sports - \$160.00 per sport

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



# IMMANUEL CHRISTIAN SCHOOL

## ENROLLMENT PROCEDURES

IMMANUEL  
CHRISTIAN SCHOOL

1. Make an appointment for an Educational Success Consultation with the Principal by calling 760-446-6114.
2. Complete the following:
  - Admissions Application
  - Medical History form
  - Parent/Student Questionnaire
  - Sign Admission Guidelines
  - Student Pledge (for 6<sup>th</sup>-12<sup>th</sup>)
  - Complete Emergency Form
  - Automatic Tuition Payment Agreement/Invoice Tuition Payment Agreement
  - Include birth certificate & immunization record (for ALL grades)
  - Include most recent report card (for 1<sup>st</sup>-12<sup>th</sup>)\* and test scores (i.e. IOWA, STAR, SAT, etc.)
  - Physical Exam, form 171A (for 1<sup>st</sup> grade ONLY; may be picked up from the school office)
3. Return your completed Admissions Application packet with the non-refundable \$100.00 application fee, book fee, and office/classroom supply fee.
4. Kindergarten students must be 5 years old on or before September 1<sup>st</sup>. Transitional Kindergarten students must be 4 years old on or before September 1<sup>st</sup>.

**\*Students applying MUST have a minimum GPA of 2.0 (C average) with NO F's. Students may be scheduled for academic testing prior to admission.**



IMMANUEL  
CHRISTIAN SCHOOL

# IMMANUEL CHRISTIAN SCHOOL

## ADMISSION APPLICATION

FOR OFFICE USE ONLY	
DATE RECEIVED	_____
FEE PAID	_____
DATE ACCEPTED	_____
DATE NOTIFIED	_____

### STUDENT INFORMATION

Student's Cell Phone # (if applicable)				
Student's Last Name		First Name		Middle Name
Mailing Address		City	Zip Code	Home Phone # Parents Cell Phone #
Street Address				Parents Email Address
Date of Birth	Birthplace - City & State		Ethnicity	Age Sex
Grade Entering		Name of Last School Attended		Last Grade Completed Withdrawal Date
School Address		City, State		Zip Code Phone #

### FAMILY INFORMATION WHERE THE STUDENT RESIDES

Name of Father/Guardian		Employer	Position	Work #
Name of Mother/Guardian		Employer	Position	Work #
If applicant is not living with both parents, please indicate reason: Father Deceased ____ Mother Deceased ____ Parents Separated ____ Parents Divorced ____				
If student information needs to be mailed to another address in addition to the one listed above, please indicate below.				
Name/Relationship to Student		Mailing Address	City	Zip Code
Names and ages of other children living in household with applicant:				
Full Name		Age	Full Name	Age
Full Name		Age	Full Name	Age
Church Currently Attending			Name of Pastor	
Church Address		City, State	Zip Code	Phone #
Family members attending:				
Father		Mother	Applicant	Brothers/Sisters

### MEDICAL/EMERGENCY INFORMATION

Name of Physician		Address	Phone #
Does the applicant have any physical limitations or severe allergies? Yes - No			
Please explain:			
List persons in order who should be called in an emergency if you cannot be reached:			
Name		Phone #	Phone #

**ACADEMIC/BEHAVIORAL INFORMATION**

Please answer the following questions by circling the appropriate answers and give information requested as accurately as possible.

1. Has the applicant been retained in any grade more than a year? YES NO

Please explain

---

---

2. Has the applicant ever received special services? Such as; SDC (Special Day Class), RSP (Resource Specialist Program), SED (Severely Emotionally Disturbed), Speech (Speech Therapy), Other \_\_\_\_\_, Counseling \_\_\_\_\_ YES NO

Does your student have an IEP? \_\_\_\_\_

Please explain

---

---

3. Has the applicant been suspended, dismissed or expelled from another school? YES NO

Please explain

---

---

4. Has the applicant had difficulty accepting discipline from one in authority? YES NO

Please explain

---

---

5. Has the applicant had problems in school regarding behavior or social adjustment? YES NO

Please explain

---

---

6. Has the applicant used alcohol, illegal drugs, marijuana, or tobacco in any form? YES NO

Does the applicant use any of those listed at the present time?

Please explain

---

---

7. Has the applicant been arrested by police or detained by juvenile authorities? YES NO

Please explain

---

---

8. Has the applicant been or is the applicant now on any kind of legal probation? YES NO

Please explain

---

---

**IN MAKING THIS APPLICATION WE UNDERSTAND THAT:**

1. We are accepting the challenge to "train up a child in the way he should go" and affirm that training at home is in the spirit of this biblical principle.
2. We are acknowledging that we understand the school standards of conduct and dress and will uphold them in fact and in spirit.
3. We are vesting authority in and cooperating with the school to discipline our child in a biblical way as necessary.
4. We are agreeing to pay all tuition and fees according to established school policy and understand that our child cannot begin school until our previous financial responsibilities to the school have been met.
5. We are pledging our loyal support to the school through prayer for its programs and activities, and support for its policies and procedures.
6. We agree to permit our child to participate in school activities, including sports and school-sponsored trips, and to absolve the school from liability for injury to our child at school or during school activities.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

---



# IMMANUEL CHRISTIAN SCHOOL

## MEDICAL HISTORY

IMMANUEL  
CHRISTIAN SCHOOL

Pupil's Name	Birth Date	Sex
Father's Occupation	Mother's Occupation	
Father's Health	If deceased, cause	
Mother's Health	If deceased, cause	
PAST DISEASES – If your child has had any of the following, state age when he/she had them.		
Mumps	Diphtheria	Polio
Measles	Scarlet Fever	Convulsions
Whooping Cough	Rheumatic Fever	Heart Disease
Asthma	Chicken Pox	Diabetes
Hay Fever	Pneumonia	Discharging Ears
Syphilis	Gonorrhea	
RECENT DISABILITIES – Please check any one of the following noted recently.		
4 or more colds yearly	Fainting spells	Hearing difficulty
Frequent sore throat	Abdominal pains	Tires easily
Poor vision	Frequent urination	Shortness of breath
Frequent leg pains	Allergy	Hernia (rupture)
Dizziness	Persistent cough	Ringworm
Frequent sties	Speech difficulty	Nose bleeding
Dental defects	Crippling conditions	Growing pains
Does your child have a disability due to disease or accident?		
Has your child had a skin test for tuberculosis?		Date administered
Has he been associated with a tubercular patient?		When?
PERSONAL RECORD – Please answer all of the following.		
Is he/she shy?	Overactive?	Bite fingernails?
Suck thumb?	Have excessive fears?	Have temper tantrums?
Like school?	Play well with others?	Eat breakfast?
When is his/her regular bedtime?	When is his/her rising time?	
Signature of Parent/Guardian		Date





IMMANUEL  
CHRISTIAN school

# IMMANUEL CHRISTIAN SCHOOL

## PARENT/STUDENT QUESTIONNAIRE

Name of parent: \_\_\_\_\_

1. How did you come to choose our school?
2. What is your church background?
3. What are your child's responsibilities in the home?
4. What kind of discipline occurs when your child fails to obey you?
5. What are your child's strong character qualities? (loyalty, honesty, etc.)
6. What is your expectation about homework?
7. What are your expectations of ICS?

Name of student: \_\_\_\_\_

1. Do you know anyone in our school?
2. How do you feel about enrolling in ICS?
3. Are you active in a local church youth group? If so, where?
4. What are your interests? (athletics, music, etc.)
5. What is your favorite TV program?
6. What kind of music do you like?
7. What are your expectations of ICS?

We want to make ICS your school home and work closely with you and your student for his/her success.

Please use the space below and on reverse side if you have additional comments or concerns.



# IMMANUEL CHRISTIAN SCHOOL ADMISSIONS GUIDELINES

IMMANUEL  
CHRISTIAN SCHOOL

## Applicant is:

1. Spiritually responsive, thus being able to benefit from the program and objectives of ICS.
2. Encouraged to attend church services regularly.
3. Desirous to attend ICS and uphold the school's standards.
4. Enrolling at ICS with a "good standing" record from the previous school attended.
5. Kindergarten students must be 5 years old on or before September 1<sup>st</sup>. Transitional Kindergarten students must be 4 years old on or before September 1<sup>st</sup>.
6. Able to perform at the academic level to which assignment is made. *The school does not provide special education services. We reserve the right to recommend your student to Sierra Sands Unified School District (SELPA) for testing.*

## Parent is:

1. In agreement to accept and support the policies and regulations of the school on behalf of the applicant.
2. In agreement to be available for regular academic conferences to discuss applicant's progress with teachers.
3. In agreement to be available for disciplinary conferences should the need arise.
4. In agreement to permit the applicant to participate in school activities, including sports and school sponsored trips, and to absolve the school from liability for injury to the APPLICANT at school or during a school activity.
5. In agreement to authorize necessary emergency medical treatment to be given due to accident or other emergency.
6. Encouraged to attend church services regularly.

\_\_\_\_\_  
Applicant Signature (6<sup>th</sup>-12<sup>th</sup>)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*Please be very detailed in giving information about your student(s) health

**IMMANUEL CHRISTIAN SCHOOL  
EMERGENCY INFORMATION FORM**

**(ALL students MUST return this form on the first day of school)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

\*\*Email \_\_\_\_\_

Where parents/guardians can be reached if not at home:

Mother/Guardian \_\_\_\_\_ Work # \_\_\_\_\_  
First Name/Business Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Work # \_\_\_\_\_  
First Name/Business Name \_\_\_\_\_ Cell # \_\_\_\_\_

List two or more neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached: *(This form will also serve for pick-up. You may also use the back of this form if necessary.)*

1. Name & Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_
2. Name & Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary. I, the undersigned, parent/guardian of the minors listed above do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any Physician or Surgeon, licensed under the provisions of the Medical Practice Act, or Dentist licensed under the provisions of the Dental Practice Act. 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Allergies:  
*Please be student specific.*

Remarks:  
*Please be student specific.*

Other Conditions:  
*Please be student specific.*

\*\*\*\*\*Attach other notes or documents that might be helpful in an emergency.\*\*\*\*\*

Local Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Local Dentist's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_  
Policy # \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Under the advisement of the Ridgecrest Regional Hospital, ICS requires an updated emergency form for all students every school year. \*\*Please include all email addresses you would like to be notified through in case of a school wide emergency.*