

# Application for Enrollment

*Learning & Living for the Glory of God*

7555 Byron Center Ave  
Byron Center, MI 49315

Phone: (616) 878-9472

Fax: (616) 878-9473

Website: [www.zionchristian.net](http://www.zionchristian.net)

Email: [office@zionchristian.net](mailto:office@zionchristian.net)



# APPLICATION PROCESS

We are grateful for your interest in applying to Zion Christian School. This packet contains documents needed for all grade levels. Please complete those that apply to your child. If at any time during the application process you have questions, please contact our school office (616-878-9472) for assistance.

Your child's application is complete when the following has been submitted to the Admissions Office:

## IF APPLYING FOR PRE-K

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Application for Enrollment       | <input type="checkbox"/> Health Appraisal           |
| <input type="checkbox"/> Application Deposit (\$25) – Nonrefundable | <input type="checkbox"/> Birth Certificate Copy     |
| <input type="checkbox"/> Signed Tuition Agreement                   | <input type="checkbox"/> Preschool Information Form |

## IF APPLYING FOR KINDERGARTEN

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application for Enrollment        | <input type="checkbox"/> Health Appraisal (Including Vision Screen) |
| <input type="checkbox"/> Application Deposit (\$100) – Nonrefundable | <input type="checkbox"/> Birth Certificate Copy                     |
| <input type="checkbox"/> Signed Tuition Agreement                    | <input type="checkbox"/> Kindergarten Information Form              |

## IF APPLYING FOR GRADES 1-9

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application for Enrollment        | <input type="checkbox"/> Health Appraisal              |
| <input type="checkbox"/> Application Deposit (\$100) – Nonrefundable | <input type="checkbox"/> Birth Certificate Copy        |
| <input type="checkbox"/> Testing Fee (\$100) – Nonrefundable *       | <input type="checkbox"/> Previous 2 Years Report Cards |
| <input type="checkbox"/> Signed Tuition Agreement                    | <input type="checkbox"/> Standardized Test Results     |

## IF APPLYING FOR GRADES 10-12

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application for Enrollment        | <input type="checkbox"/> Birth Certificate Copy        |
| <input type="checkbox"/> Application Deposit (\$100) – Nonrefundable | <input type="checkbox"/> Previous 2 Years Report Cards |
| <input type="checkbox"/> Testing Fee (\$100) – Nonrefundable *       | <input type="checkbox"/> High School Transcript        |
| <input type="checkbox"/> Signed Tuition Agreement                    | <input type="checkbox"/> Standardized Test Results     |
| <input type="checkbox"/> Health Appraisal                            |  |

Please double check documents for signatures where applicable.

\* **Testing:** Entrance testing is administered to all students who were home schooled in their most recent academic semester before joining ZCS to determine if we can meet the academic needs of your child. The testing fee is non-refundable and payable at the time of testing.

**Family Interview:** An interview with the Enrollment Committee may be scheduled. The Enrollment Committee will make recommendation concerning the status of the application and will notify the applicant of that status.

**Admissions:** After completion of all of the above, you will be notified as to your child's enrollment status. If your child meets the admission requirements, but there are no spaces currently available in the class, you will be given an opportunity to keep your application active in the waiting pool.

**Enrollment:** Upon acceptance, you will be sent a packet, which must be completed and returned to the Admissions Office, with all applicable fees, before your student is officially enrolled.



# Application for Enrollment

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Application for Admission to Grade \_\_\_\_ In Academic Year \_\_\_\_\_

## Student Information

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Race:  White  Hispanic  Black  Asian / Pacific Islander  American Indian/Alaskan Native  
Social Security Number: \_\_\_\_\_  
Anticipated Start Date: \_\_\_\_\_  
Last Grade Completed: \_\_\_\_\_

## Family Information

Note: Unless family relationships differ from children presently enrolled, returning Zion families adding a new student need only complete the father and mother names in this section. New families enrolling more than one child may do the same for all children except their oldest.

<b>Applicant lives with (check all that apply):</b>	<b>Check any that apply:</b>
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Other	<input type="checkbox"/> Father has Custody <input type="checkbox"/> Parents are Separated <input type="checkbox"/> Mother has Custody <input type="checkbox"/> Parents are Divorced <input type="checkbox"/> Joint Custody

### FATHER

Title/Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

### MOTHER

Title/Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

**STEPFATHER**

Title/Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

**STEPMOTHER**

Title/Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

**GRANDPARENTS (Paternal)**

Titles/Names \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

**GRANDPARENTS (Maternal)**

Titles/Names \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Occupation/Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Telephone \_\_\_\_\_  
Work Fax \_\_\_\_\_  
Work Email \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact 1 Name & Relationship to Child \_\_\_\_\_  
Contact Information \_\_\_\_\_

Emergency Contact 2 Name & Relationship to Child \_\_\_\_\_  
Contact Information \_\_\_\_\_

# Educational / Background Information (Grades K-12)

## Schools Previously Attended

School	Location	Dates	Public/Private/Parochial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Has this student previously attended Zion Christian School? \_\_\_\_\_ Grade(s) \_\_\_\_\_
- Has your child ever repeated a grade?  Yes  No If so, state grade and date: \_\_\_\_\_
- Has your child ever been suspended, expelled or asked to withdraw from school?  Yes  No  
If yes, please give name of the school and details:  
\_\_\_\_\_
- Has your child, to your knowledge, been involved with alcohol, drugs, tobacco products, or sexual immorality?  
 Yes  No If yes, please be prepared to discuss this during an admittance interview.
- Why is your child withdrawing from his/her present school? \_\_\_\_\_  
\_\_\_\_\_
- Is your child eligible to re-enter his/her present school?  Yes  No
- Why have you selected Zion Christian School for your child's education?  
\_\_\_\_\_
- Has your child faced any social problems?  Yes  No If yes, please describe:
- Has the child ever been evaluated for academic, speech, language, sensory integration, physical, behavior, emotional or attention difficulties by a school official, psychologist, physician or other professional? \_\_\_\_\_  
If yes, please attach a copy of the evaluation report and /or diagnostic results to this application.
- Has the student received any academic support such as remedial help, participation in special reading programs, resource room, speech support, etc? If so, please provide details.
- Has the student experienced any other academic difficulties, even though he or she may not have received special interventions for them? Please explain.
- List student interests and hobbies (e.g. athletics, piano, stamp collecting, etc.):
- Is there any other information that will help us better understand your child?

# Parental Agreement

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Parental subscription to one of the following agreements is necessary for admission to Zion Christian School. Parents subscribing to Agreement A shall be granted voting membership, while those subscribing to Agreement B shall be considered Associate Members of the Zion Christian School Association. Although associate members do not possess the privileges of voting or serving on the Board, they are encouraged to participate in school activities and attend Association meetings.

## **Parental Agreement A:**

We are members in good standing of a Christian church that formally embraces the system of doctrine found in either the Three Forms of Unity or the Westminster standards. We have read Article II and Article III of the Bylaws of the Zion Christian School Association and the Zion Christian School Philosophy Statement, and we agree with the principles contained therein. We hereby agree to have our child(ren) taught according to this basis, set of principles, and philosophy.

## **Parental Agreement B:**

We are unable in good conscience to sign Parental Agreement A because we cannot subscribe to Article II and III of the Bylaws and/or the church where we are members does not formally embrace the system of doctrine set forth in the Three Forms of Unity or the Westminster standards. However, we are Christian parents who are members in good standing of a Bible-believing church, and we hereby agree to have our child(ren) taught according to this basis, set of principles, and philosophy. We believe the fundamental doctrines of historic Christianity as summarized in the statement of faith below.

We believe:

- (a) that God wrote the Bible through men, and therefore it is true and without mistakes.
- (b) that there is one God who always existed, continues to exist, and will always exist, in three persons: Father, Son and Holy Spirit.
- (c) that Jesus Christ is both fully God and fully man, that He was born of a virgin, lived a sinless life, died for our sins, arose from the dead, ascended to Heaven, and will return in power and glory.
- (d) that God created the world and man good, that man fell into sin, and that sin is so serious that we must be born again by the Holy Spirit to be saved.
- (e) that both the saved and the lost shall rise again, the saved for Heaven, the lost for Hell.
- (f) in the spiritual unity of all believers in Christ.

We hereby subscribe to Parental Agreement \_\_\_\_\_

# Medical Consent

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

We hereby appoint all members of the administration and teaching faculty of Zion Christian School as persons who, during my/our absence from a school-related function, shall be authorized to provide necessary legal consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.) which may be required if we are unavailable. Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, I/we ask to have our preferred physician reference above consulted in connection with such medical and/or surgical treatment and/or special procedure.

Does your child take any prescription medication?  Yes  No If yes, please describe:

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If you wish to have any of the medications specified above dispensed from the school office, you must provide the school with the desired medication(s) in the original container clearly marked with your child's name and required dosage. These medications may not be stored in the student's locker.

Does your child have any known allergies?  Yes  No If yes, please describe:

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We authorize that our child be administered  Ibuprofen  Tylenol  Children's Tylenol in recommended child dosages when requested.

This consent and authorization shall include and extend to all matters for which consent or authorization is required under the law of the state where treatment is provided and the policies of the medical care provider and Zion Christian School. In consideration of the services which are rendered to any child named above, pursuant hereto, we agree to pay for all such services. This authorization shall be effective until:

revoked in writing  \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

## After School Transportation

- We intend to have our child transported from school by bus, via ZCS Transportation
- We live in the Byron Center Public School district and wish to have our child transported from school by the Byron Center Public School bus system.
- Our child will be picked up from school by any of the following drivers:

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- Our child may not be released to the following::

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# Parent - School Agreement

I agree to fulfill the following expectations:

- To support the standards of the school in every area of its philosophy and policies – academic, behavioral, spiritual, dress, moral, and disciplinary as outlined in the Family Handbook.
- To support the school in its attempt to train my child in the Christian faith by example, prayerful encouragement, and weekly attendance at our church.
- To assume the responsibility for my student’s education by supervising assigned homework, being an encourager, and initiating regular contact with my child’s teachers.
- To be involved in my child’s education through attendance and participation in the various activities of the school, including all meetings held for parents whenever possible.
- To support, to the best of my ability, the school’s entire program through prayer, volunteering time, and participation in the annual fund drive.
- I support Zion Christian School by hereby granting permission for my child to participate in all school sponsored field trips including transportation to and from these activities.
- I understand and agree to substance abuse testing for my child upon the school’s request, and will cover all costs associated with such testing.
- I authorize and give full consent to Zion Christian School to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs and promotional materials of Zion Christian School.

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## Parent Signatures

My signature verifies that I have read and accept all terms of this application.

\_\_\_\_\_

*Father's Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Mother's Signature*

\_\_\_\_\_

*Date*

The following signature represents Zion Christian School’s acceptance of this application for enrollment.

\_\_\_\_\_

*Board Member or Designee Signature*

\_\_\_\_\_

*Date*

*Zion Christian School does not discriminate on the basis of sex, race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.*