



FOOTHILLS

CHRISTIAN HIGH SCHOOL

APPLICATION FOR ENROLLMENT

For the academic year 2011-2012
 2321 DRYDEN RD
 EL CAJON, CA 92020
 619-303-8035 / Fax 619-741-2648
 www.foothillsschool.net

Returning Students Only

Complete and return this form, along with the appropriate application and registration fees, to the school office.

STUDENT INFORMATION (PLEASE PROVIDE FULL LEGAL NAME)

LAST NAME:	FIRST NAME:	MIDDLE NAME:	<input type="radio"/> MALE <input type="radio"/> FEMALE	GRADE APPLYING FOR:
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Please complete if information below has changed.
 If left blank we will assume nothing has changed.

PLEASE INDICATE YOUR CHOICE: ALL 3 DAYS (Tues, Wed, Thurs) ADD MONDAY ADD FRIDAY

FATHER'S NAME:	CELL PHONE:	WORK PHONE:
MOTHER'S NAME:	CELL PHONE:	WORK PHONE:

STUDENT LIVES WITH: FATHER MOTHER GUARDIAN

STUDENT'S ADDRESS:	HOME PHONE:	STUDENT CELL PHONE:
CITY, STATE, ZIP:	STUDENT'S EMAIL ADDRESS:	
MOTHER'S EMAIL ADDRESS:	FATHER'S EMAIL ADDRESS:	

ADDITIONAL INFORMATION

STUDENT ETHNICITY: <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> White/Non-Hispanic <input type="radio"/> Other <input type="radio"/> Middle Eastern <input type="radio"/> Hispanic	LANGUAGE SPOKEN IN HOME:	
CHURCH AFFILIATION:	CHURCH EMAIL:	
ADDRESS:	CITY:	ZIP:
PASTOR'S NAME:	PHONE NUMBER:	
Would you like to be included on the parent's car pool list:	<input type="radio"/> YES <input type="radio"/> NO	
Would you like to be included in the school directory:	<input type="radio"/> YES <input type="radio"/> NO	
Does this student have younger siblings:	<input type="radio"/> YES <input type="radio"/> NO	

PARENT SIGNATURE

I understand that Foothills Christian High School reserves the right to expel my student at anytime should his/ her spiritual or academic focus be found lacking or fees are delinquent for more than 30 days. _____ (parent's initials)

Parent's Signature: _____ **Date:** _____

OFFICE USE ONLY (below this line)

<input type="radio"/> Application	<input type="radio"/> Parent/Guardian Contract	<input type="radio"/> Emergency Card	<input type="radio"/> Pastor Rcmnd.	<input type="radio"/> School Rcmnd.
<input type="radio"/> Student's Questionnaire	<input type="radio"/> Social Security Number	<input type="radio"/> Xscript / Report Card	<input type="radio"/> Parent Disclosure	
<input type="radio"/> Application Fee \$75, Date _____		<input type="radio"/> Cum Request, Date _____		
<input type="radio"/> Math Test, Date _____		<input type="radio"/> English Test, Date _____		



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info@foothillsschool.net

PASTORAL RECOMMENDATION
To be completed by a Pastor, Youth Leader
or Sunday School teacher

Name of applicant _____ Grade applying for _____

This student is seeking admission to Foothills Christian High School. Please complete this form and return it to the FCHS office in the supplied envelope or by fax. This form is confidential and will be used only for purposes of admission. Thank you for helping us to make a true assessment of this student by placing a check in the appropriate box. Please comment freely on the space allowed at the end of this form.

Behavior					
	Outstanding	Good	Average	Below Average	Not observed
Overall behavior					
Attentiveness					
Interaction with peers					
Ability to work in a group					
Follows directions					
Respect for authority					
Positive influence					
Leadership skills					
Self discipline					
Demonstrates spiritual maturity in decision making					
Exhibits compassion people					
Spirituality					

1. How long have you known the applicant? _____

2. How would you evaluate him/her in the following areas?

- Personal relationship with Christ? _____

- Church ministry and/or involvement? _____

3. Have you ever known the applicant to smoke, drink alcohol or use illegal substances? Yes _____ No _____
If so, please explain _____

4. Has the applicant ever been suspended, expelled or dropped out of school? Yes _____ No _____
If so, please explain _____

5. Has the applicant ever been detained by law enforcement? Yes _____ No _____
If so, please explain _____

6. Is this student likely to be influenced _____ or influence others _____?
Explain _____

7. To your knowledge, is the applicant's family financially responsible? Yes _____ No _____
If no, please explain _____

8. If you were responsible for a Christian school, would you admit this applicant? Yes _____ No _____

Any additional comments:

Are you related to the applicant? Yes _____ No _____ If yes, what is your relationship? _____

Name (please print) _____ Daytime phone _____

Signature _____ Date _____

Position (please indicate): Pastor _____ Youth Pastor _____ Sunday School teacher _____ Other _____

Church Name _____ Phone _____

Address: _____

DO NOT GIVE THIS FORM TO THE APPLICANT

Please mail or fax the completed form to:

Foothills Christian High School · 2321 Dryden Road · El Cajon · 92020

Ph. (619) 303-8035 · Fax (619) 741-2648 · www.foothillsschool.net

Foothills Christian High School

2321 Dryden Road, El Cajon, CA 92020

Telephone: (619) 303-8035 Fax: (619) 741-2648

Email: info@foothillsschool.net

Parent Information Disclosure

Please disclose all information with all honesty and clarity as failure to do so will dishonor God and be just cause for the immediate dismissal of your student(s) from Foothills Christian High School. Our ability to maintain the best learning environment for all of the Foothills Christian High School students is determined by the full knowledge of your student's background. Prayerfully consider your answers to all questions and proceed with the completion of this form.

Family Dynamics

Who does the student live with? _____

If the student does not live with one or both of their biological parents please explain the reason:

Do you believe that your student is a Bible believing Christian that is living for JESUS CHRIST?

Why or why not? _____

Is your student involved in a youth group on a weekly basis? Yes _____ No _____

Do you attend church as a family on a weekly basis? Yes _____ No _____

List some gifts and talents that you believe your student possesses or portrays: _____

Have you and your student explored possible future careers or vocational possibilities? Yes _____ No _____

If so, what are the areas that you have explored with your student? _____

Are you interested in chaperoning any of the high school events and/or camps? Yes _____ No _____

Do you have a specific area of interest? _____

Has this student applicant ever been detained, arrested, or incarcerated by Law Enforcement officials for any reason?

Yes _____ No _____

If yes, please explain: _____

To your knowledge, has your student, ever consumed any alcoholic beverages, misused prescription medication, or used illegal drugs? Yes _____ No _____

If yes, please explain: _____

To your knowledge, has your student ever engaged in sexual activity? Yes _____ No _____

FINANCIAL POLICY and FEE SCHEDULE - effective for the 2011/12 school year

AN APPLICATION FEE of \$75.00* is due with application.

REGISTRATION FEES: (If application is received on or before June 3rd there will be a \$75 reduction from registration fees.)

NEW ENROLLMENTS are \$300.00*, due by July 1 or **at the time of acceptance.**

RETURNING FCHS or FCS students are \$250.00* due by July 1.

***ALL FEES ARE NON-REFUNDABLE.**

TUITION is charged annually and may be divided into monthly payments. Payments are divided over eleven (11) months, beginning August 1st and ending June 1st.

3 days per week (Tues., Wed. & Thurs.) tuition **\$5060 annually/\$460.00 monthly**

4 days per week (Plus Mon. or Fri.) tuition **\$5885 annually/\$535.00 monthly**

5 days per week monthly tuition **\$6710 annually/\$610.00 monthly**

FOOTHILLS CHRISTIAN CHURCH MEMBERS AND VOCATIONAL MINISTRY DISCOUNT: may apply for a \$40 discount. The form is available in the school office.

FINANCIAL AID: upon acceptance of the student, if financial aid is needed, forms are available in the Administration office. No other discounts may apply if approved for financial aid.

SIBLING DISCOUNT: if you have two or more children enrolled at FCHS you may be granted a 10% discount per sibling.

Discounts cannot be used in tandem.

WITHDRAWAL Tuition payments are non-refundable. In the event that a student is withdrawn from FCHS, there will be a withdrawal fee of \$75 which covers all the administrative tasks required to process a student.

RETURNED CHECKS are charged a \$25.00 fee and require replacement in the form of a money order or cash. A second returned check requires future payments be made in cash or with a money order.

FINANCIAL CONTRACT will be sent with your student's acceptance letter or given at the time of interview. If you are applying for Financial Aid and it is granted you will need to fill out a Financial Aid Contract.

1. The tuition payment is due on the first of each of month.
2. Payment is late if not received **by the 15th of the month.** If the 15th falls on a holiday or weekend, payment is due the following business day.
3. Payments received after the 15th of the month, will be assessed a 10% late fee against the monthly tuition.
4. Upon written request, FCHS School Board Finance Committee may grant payment extensions. The written request must be received in the Administration Office by the 15th of the month.
5. Accounts in arrears, without prior approval, FCHS have the discretion to remove the student from attending school the following month.
6. Each semester FCHS reviews delinquent accounts over 60 days or has defaulted on a payment extension, at which time, FCHS has the discretion to remove the student from attending school until all tuition and fees are paid in full for the semester with cash or money order.
7. No transcript will be given out to students with delinquent accounts.

