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www.ccs-ludington.org

*"Getting to the heart of the matter"*

## New Student Application Form

### Requirements

1. The parent(s) and student(s) must recognize, accept, and encourage the Covenant Christian School's emphasis on Christ-centered education.
2. Parent(s) must submit a completed form and send it to Covenant Christian School's office. Once this has been received, you will be contacted to set up an enrollment interview.
3. The administration will make the final admissions decisions. You will be notified of this decision either in writing or verbally, within two weeks of completing the enrollment interview(s).
4. There must be a commitment by the parent(s) to:
  - Participate in school functions
  - Abide by school rules and regulations in the CCS Handbook
  - Pay tuition and fees promptly
  - Participate actively in fundraisers
  - Abide by payment policies regulated by the School Board
  - Help where they are able
  - Fulfill participation requirements each year
5. Parent(s) and student(s) must recognize that failure to agree to and abide by Covenant Christian School's Philosophy of Education and Policies (contained in the Covenant Christian School Handbook) will result in non-acceptance or dismissal.
6. All new students are automatically placed on a six-week probation period. After that time, parent(s) will be notified if it is determined that continued attendance is not beneficial for the student(s) and/or the school.
7. Student(s) entering Developmental Kindergarten or Kindergarten must meet the following readiness requirements.
  - a. Pre-Primary Class, Monday-Thursday, 8:45 am - 11:45 am
    - i. Ages 3 years old
    - ii. Must be three by September 1st
    - iii. Must be toilet training and communicating
  - b. Primary Class, Monday-Thursday, 8:45-3:30
    - i. Ages 4-6 years old
    - ii. Must be four by September 1st
    - iii. Must be toilet-trained

*Covenant Christian School does not discriminate on the basis of race, national origin, or socioeconomic status. Potential students may be required to pass a grade-level entrance examination.*

School Year: \_\_\_\_\_/\_\_\_\_\_

**1. STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_

*If one of your children is entering the new school year as a NEW STUDENT, please fill out our New Student Application Form.*

**2. FAMILY INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Mobile

Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Mobile Number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

**REMINDER: Email is our MAIN source of communication, so please list an email that you check regularly. Also, we use the Remind Alert System for school announcement reminders, school cancellations, school emergencies, etc. If the number you listed above is not enrolled in this system, please let the office know.**

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Change in Child(ren)'s Household: Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**3. CHURCH INFORMATION**

Name of Church Attending: \_\_\_\_\_

#### 4. TUITION AGREEMENT

##### Tuition Schedule

Select Payment Schedule		2026/2027 Tuition Base Prices				
	<b>12-Month Payment Plan</b> Monthly payments are made by the third Friday of each month, July - June	Starters Half Day (4 Days) Mon - Thurs			\$2,100	
	<b>Alternative Plan</b> If this option is checked, you MUST apply for your plan to be approved by our School Board Finance Committee. Please check with the office for the Alternative Payment Plan Form.	Starters Full Day (4 Days, Mon-Thurs) Mon- Thurs			\$4,100	
		Starters Friday Care (Fridays only) This is for students who aren't enrolled in the full-day Startes Program			\$1,200	
		Primary-8th Grade	Full-Day	Monday-Friday	1st Student	\$4,600.00
					2nd & 3rd Student	\$4,100
					4th Student	No Charge

**Total** Family Tuition Amount Due: \$ \_\_\_\_\_ . \_\_\_\_\_

*Tuition Fees will be applied to the above base amount*

##### Technology Fee

**Fee:** A technology fee of \$55 PER STUDENT will be applied annually to the family's first statement of the school year.

**Purpose:** The funds collected from the technology fees will go directly into the CCS technology budget to allow us to continue to update and enhance our technology within the classroom.

##### Yada Yada Resale Participation Charge

To be determined by June, 2026, and communicated thereafter.

\*\* When referring to a 'school year,' the dates in the discussion are July 1st to June 30th\*\*

**Tuition Payment Methods**

Tuition payments must follow the tuition payment plan that has been selected and approved above. Payments are due by the third Friday of each month. If monthly payments are not made by the third Friday of each month, the office administrator will contact you to make arrangements. If payment is still not rendered by the last day of the month, the credit card required to have on file for each account will be charged. Lastly, if payments are delinquent more than 30 days beyond your tuition payment agreement, the finance committee will contact you to make arrangements for payment. Delinquent accounts will be reviewed at the end of each month. The School Board has the right to dismiss the student(s) until the account becomes current. Tuition statements will be emailed monthly.

Tuition can be paid by:

- Check (free of charge)
- Cash (free of charge)

**Tuition Assistance**

I/We will be applying for Tuition Assistance. Yes No

Forms for tuition assistance will be available **online** or in the **office**. The first-semester request is due on the second Friday of June, and the second semester is due by the second Friday of December.

I have carefully read Covenant Christian School's financial policies and agree to abide by them. I promise to pay tuition in the manner chosen above. If problems arise, I agree to contact the appropriate school personnel in a biblical approach to problem-solving (Matthew 18:15-20).

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

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

Covenant Christian School admits applicants and students of any race, color, national or 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 or ethnic origin in the administration of educational policies, admissions policies, scholarship and loan programs, or athletic or other school-administered programs.

**5. STUDENT EMERGENCY INFORMATION**

School Year: \_\_\_\_\_ / \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical  
Information: \_\_\_\_\_ Student

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical  
Information: \_\_\_\_\_ Student

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical  
Information: \_\_\_\_\_ Student

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical  
Information: \_\_\_\_\_ *Medical*

*information refers to allergies, medical conditions, etc.*

My child/children listed above has/have my permission to go on any and all school-sponsored field trips with Covenant Christian School for the above-stated school year. He/She/They also have my permission to be transported in the case of an emergency. I understand that an adult, the licensed driver, will transport my child/children to and from the field trip activities or in the case of an emergency.

\_\_\_\_\_  
Signature Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parent

Emergency Contact: \_\_\_\_\_ Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***NOTE: Emergency contacts MUST be someone outside of the child(ren)'s mother, father, or guardian listed.***

**6. STATEMENT OF FAITH**

**We believe** the Bible to be the inspired, infallible, authoritative Word of God.

**We believe** that there is one God, eternally existent in three persons: Father, Son, and Holy Ghost.

**We believe** in the Deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His sacrificial and atoning death through His shed blood, in His resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

**We believe** that man is sinful by nature, alienated from God and, of himself, utterly unable to remedy his lost condition and that salvation comes only by personal faith in the Lord Jesus Christ and through the power of the Holy Spirit.

**We believe** that in order to live a Godly life, we need the indwelling of the Holy Spirit, for no one is righteous on his own.

**We believe** in the resurrection of both the saved and the lost - those who are saved to the resurrection of life, and those who are lost to the resurrection of condemnation.

**We believe** in the spiritual unity of believers in Christ, and the evidence of that unity being shown by how we love one another.

**We believe** Satan is the author of sin and the enemy of God and man.

Covenant Christian School teaches religious values in accordance with the above statement of faith. Students are encouraged to discuss areas of church doctrine beyond the above statement of faith with their parents or church leaders.

Parental signature(s) below signifies acceptance of the above statement of faith.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature Date

## 7. SOCIAL MEDIA RELEASE FORM

We are sending you this parental consent form to request permission for your child's photo/image and some personally identifiable information to be published on the school's website, Facebook page, Instagram account, or for other promotional and advertising use.

We are by law required to have your permission before posting any pictures or information. We would like to use your student's photograph as a marketing tool for the school and to keep families updated on school life; as well as post photos and information in regards to school events (i.e. field trips, projects, etc.) and school trips (i.e. camp, Gettysburg, etc.).

We will not release any personally identifiable information beyond your child's photo, name, and grade. Personal information such as a home address, phone, email, etc. will not be made public knowledge.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the school office and such rescission will take effect upon receipt by the school.

Check one of the following choices:

- I/We **GRANT** permission for a photo/image and information that includes this student to be published on the school's website **AND** Facebook page.
- I/We **GRANT** permission for this student's photo/image and information to be published on the school's website but **NOT** Facebook page.
- I/We **DO NOT GRANT** permission for photos/image and information that includes this student to be published on the school's website and Facebook page.

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Print name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**8. SCHOOL -PROVIDED DEVICE SIGNATURE PAGE**

*For the complete School-Provided Device policy that is being agreed upon by signing below, please reference the 'School-Provided Device Agreement' on the school website or request from the school office.*

**Student Pledge for School-Provided Device Use**

- I will take good care of my school-provided device.
- I will never leave my school-provided device unattended.
- I will never loan out my school-provided device to other individuals.
- I will protect my school-provided device from damage.
- I will use my school-provided device in ways that are appropriate, meet CCS expectations, and are educational.
- I understand that my school-provided device is subject to inspection at any time, without notice, and remains the property of CCS.
- I will follow all policies outlined in the **School-Provided Device Agreement**, both on and off school premises.
- I will be responsible for all damage or loss caused by neglect or abuse; including the \$100 deductible for replacement.
- I will file a police report in case of theft, vandalism, or other such acts.
- I agree to return the CCS school-provided device in good working condition.

I understand and agree to follow the guidelines included in the CCS **School-Provided Device Agreement**. Student Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand and agree to the responsibilities on myself and my student, outlined in the CCS **School-Provided Device Agreement**.

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**9. PERSONAL DEVICE AGREEMENT**

*For the complete Personal Device policy that is being agreed upon by signing below, please reference the 'Personal Device Agreement' on the school website or a request from the school office.*

I understand and agree to follow the guidelines included in the CCS **Personal Device Agreement**. Student Name (Printed):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name (Printed):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name (Printed):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name (Printed):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ I understand and agree to

the responsibilities of myself and my student, outlined in the CCS **Personal Device Agreement**. Parent/Guardian Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Name

(Printed): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**10. TRANSFER OF RECORDS**

Prior School Name: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or Email Address: \_\_\_\_\_ Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

*This student receives special services*

Covenant Christian School requests all educational records pertaining to:

\_\_\_\_\_

*student's name*

to be mailed to them as soon as possible.

Please send records to:

**Covenant Christian School  
2980 West U.S. 10  
Ludington, MI 49431**

If there are any questions please call Dayla Dublaay at (231) 845-9183.

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

\_\_\_\_\_  
Administrator's Signature

**\*\*\* Please fill out for 1st-8th grade students only.**

**11. OVER-THE-COUNTER MEDICATION RELEASE**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name:  
 \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name:  
 \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If over-the-counter medicines release is different for each child, please fill out a separate one for each student. If the same, please list all names about.**

Over-the-counter (OTC) medicine is a term used to describe medicine that you can purchase without a prescription. The completion of this form is required before OTC medicines can be administered by the school.

**PLEASE INITIAL EACH MEDICINE FOR WHICH YOU ARE GRANTING PERMISSION**

\_\_\_\_\_ I **APPROVE** all medicines listed below

\_\_\_\_\_ I do **NOT APPROVE** any of the medicines listed below

I **APPROVE** the selected medicines listed below

ORAL OTC Medicines		TOPICAL OTC Medicines	
<input type="checkbox"/>	Adult Ibuprofen (i.e. Advil, Motrin)	<input type="checkbox"/>	Antibiotic Cream (i.e. Bacitracin Cream, Polysporin)
<input type="checkbox"/>	Children's Ibuprofen (i.e. Children's Advil, Children's Motrin)	<input type="checkbox"/>	Benadryl Cream (i.e. Caladryl, Diphenhydramine)
<input type="checkbox"/>	Adult Acetaminophen (i.e. Tylenol)	<input type="checkbox"/>	Burn Gels (i.e. Aloe Gel)
<input type="checkbox"/>	Children's Acetaminophen (i.e. Children's Tylenol)	<input type="checkbox"/>	Hydrocortisone Cream (i.e. Cortaid)
<input type="checkbox"/>	Antihistamine (i.e. Benadryl, chlorpheniramine, Loratadine)  Children's Antihistamine (i.e. Children's Benadryl)  Antacid (i.e. Mylanta, Maalox, Tums)	<input type="checkbox"/>	Sunscreen (varied SPF)  Bug Spray  Triple Antibiotic Ointment (i.e. Neosporin)

Cough Drops

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT FOR THE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SCHOOL YEAR**

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

Signature

Date

## **12. ADMINISTRATION OF PERSONAL MEDICATION**

If your student has a daily prescription medication or other personal medication (i.e. daily supplements, as-needed medications or inhalers, epipens, etc) that will need to be administered at school by office personnel, please refer to the school office to fill out the necessary paperwork for administration.

This paperwork *must* be reviewed and completed annually.

**Medication CANNOT and WILL NOT be administered without the proper paperwork being completed and turned into the CCS office.**

Lastly, a log will be kept by office personnel of medication administration regardless of over-the-counter status, prescription, or supplemental.