

Covington Christian School  
 "Where Children Learn Truth"  
 New Student Application

**Student Information**

Student Name:		STN:
Grade Entering:	Race:	Gender: M F
Date of Birth:	Last School Attended:	

Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Legal Guardian		
Parents marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother deceased <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother remarried <input type="checkbox"/> Father remarried <input type="checkbox"/> Foster parents <input type="checkbox"/> Adoptive parents		
Father:	Mother:	
Father Phone:	Mother Phone:	
Father Work Phone:	Mother Work Phone:	
Father email:	Mother email:	
Street Address:		
City:	State:	Zip:

Students entering K3, K4, or K5		
K3 student will be attending:	<input type="checkbox"/> Half Day (MWF)	<input type="checkbox"/> Half Day (5 days)
	<input type="checkbox"/> Full Day (MWF)	<input type="checkbox"/> Full Day (5 days)
K4, K5 student will be attending:	<input type="checkbox"/> Half Day (5 days)	<input type="checkbox"/> Full Day (5 days)

Who may pick up your child(ren) from school?		
Name:		
Relationship:	Phone:	
Name:		
Relationship:	Phone:	

**Student History:** *Any false information given will automatically bring rejection of this application*

Has the student repeated any grade? \_\_\_\_\_ If so, which grade? \_\_\_\_\_

Has the student experienced learning problems or have a learning disability? \_\_\_\_\_

Has the student had any significant behavior problems at home or at another school? \_\_\_\_\_

Has the student been suspended from another school? \_\_\_\_\_ Expelled? \_\_\_\_\_

Is the student currently or in the past been on court probation? \_\_\_\_\_

Does the student have any physical limitations that will require an adjustment in the normal activities of the school day? If so, please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Financial Information

Preferred Payment Method:	<input type="checkbox"/> One Payment <input type="checkbox"/> Two Payments <input type="checkbox"/> 10 Monthly Payments <input type="checkbox"/> Other _____
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Are you applying for any of the following scholarships? <i>Please note: you must submit your most recently filed IRS 1040 Form if you are applying for tuition assistance.</i>	<input type="checkbox"/> Choice Scholarship <input type="checkbox"/> Scholarship Granting Organization (SGO) <input type="checkbox"/> CCS Scholarship
Were your child(ren) eligible for free or reduced lunches in public school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

## Church Information

Name of church family attends:
Name of pastor:
Are you members of your church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salvation Experience (If this does not apply, leave blank):
Has father personally accepted Jesus Christ as his Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has mother personally accepted Jesus Christ as her Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student personally accepted Jesus Christ as their Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No

## General Information

Were you referred to CCS by anyone? If so, who? \_\_\_\_\_

For what reason(s) have you chosen CCS as your educational choice?

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Submit completed application and accompanying documents to:

Covington Christian School  
 PO Box 267  
 Covington, IN 47932

Application for Enrollment Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Administrator/Principal

School Use Only: <input type="checkbox"/> 1040 Submitted <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Reg/Book Fees Paid
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*Covington 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 Name \_\_\_\_\_

Covington Christian School  
"Where Children Learn Truth"  
Parent Permission Form

Covington Christian School has my permission to do the following:

**Medical**

Please give my child ibuprofen, Tylenol, or Benadryl (appropriate dose for age) as needed. Medications given will be recorded in a medication log.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child is NOT allergic to the above mentioned medications.	Initials _____

If your child is to receive medications on a daily basis, please list the medication and dose.

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Please list any known allergies for your student:

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**Food/Beverage**

I give permission for my child to partake in food/drinks brought in by other students/parents throughout the year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Media**

CCS teachers often take pictures of your child throughout the year. These pictures may be published in a newspaper article, a school publication, or on social media. Note: When posting pictures to social media, the child's name will not be given. We do, however, tag the parents.

CCS Staff members may use pictures of my child taken during the school day or during school events to publish in newspaper articles, social media, or in school advertisements and publications. I understand that student names will not be used on social media, however, parents will be tagged.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments or special notes from parent:

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**Pick-Up**

Person(s) authorized to pick up my child from school:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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



Covington Christian School  
 "Where Children Learn Truth"  
 2023/2024 Tuition and Fee Schedule

<b>Tuition (shown in annual amounts)</b>	
Grades 7-8	\$4925.00
K5-6 <sup>th</sup> Grade	\$4770.00
K3/K4 (Five Full Days)	\$4560.00
K3/K4/K5 (Five Half Days)	\$3400.00
K3 (Three Full Days)	\$3400.00
K3 (Three Half Days)	\$2670.00

<b>Annual Fees (per student)</b>	
Registration Fee (due at time of registration, non-refundable)	\$150.00
Book Fee (due by June 15)	\$250.00

<b>Other Fees (where applicable)</b>	
Pre-school half day students staying for a full day	\$10.00 each occurrence
Aftercare (3:30 PM to no later than 5:30 PM)	\$6.00 each occurrence

**Discounts**

- 5% of total tuition for full, one-time tuition payment on/or before August 1. (Does not include registration/book fees)
- 10% pastoral discount (Employment must be verified, does not include registration/book fees)

**Payment Plans**

- Indiana Choice Scholarship (paid directly by the State of Indiana).
- Pay in full on/or before August 1 (receive 5% discount).
- 10 or 12-month payment plan.
- Pay 50% of tuition on/or before August 1 and pay remaining balance on/or before January 1.
- Other payment arrangements may be considered by contacting the school office.