



EVANGEL CHRISTIAN SCHOOL
3728 TAYLORSVILLE ROAD
LOUISVILLE, KY 40220

Dr. Youlanda C. Washington, Principal
Mr. Joe I. Washington, Jr., Dean of Students

ADMISSIONS PROCESS

- ✚ Parent-Student Interview
- ✚ Bring most current report card and/or transcript at time of appointment
- ✚ Application
- ✚ Records review by committee

We will process the application only after receiving the following:

- ✚ Birth Certificate
- ✚ Kentucky Immunization Certificate
- ✚ Kentucky Physical Form, if entering Kindergarten
- ✚ KHSAA Physical Form, if participating in sports

ECS will request the student's records from the previous school.

Upon Acceptance the Admissions clerk will assist the parents in setting up their account in **FACTS** Tuition Management. The Registration and Book Fees are to be paid at the school on the day of registration. The fees may be made through check, money order, or debit/credit card.

FACTS Tuition Management

Unless full tuition is paid in full, all at one time, it is required that all families contract with FACTS Tuition Management Services. FACTS works with more than one million families at approximately 5,000 schools to set up monthly payments through automatic bank or credit card deductions. August - May payments will be set up the 1st of each month through FACTS. There is a yearly fee of \$45.00 to start the contract with FACTS.

The Admissions Clerk will set up your account for you. In order for the account to be set up, please fill out the small form at the top of the next page. *Students will not be allowed to attend school until the account has been set up through FACTS.*

If you have any questions, please email the Admissions Clerk at:
mandy.bell@ewpc.us

SCHEDULE OF TUITION

Grades	Tuition	Annual	Month
K-12	First Child	\$5000.00	\$500.00
	Second Child	\$4000.00	\$400.00
	Third Child	\$3500.00	\$350.00
	Fourth Child	\$2500.00	\$250.00

REGISTRATION COSTS

Fees are per student. Upon acceptance, the fees will be nonrefundable, as arrangements will already be made for placement and books. Thank you for your cooperation.

FEE	AMOUNT	COMMENTS
Registration Fee	\$300	All students pay for registration each school year
Book, Tablet, Activity Fee	\$400	Due at time of registration

APPLICATION FOR ADMISSION/READMISSION

Date of Application ____/____/____

Please print clearly

Student Information: Grade:_____

Last:_____ First:_____ Middle:_____

Birth Date:_____ Place of Birth:_____ Ethnicity:_____ Gender:_____

Home Address:(include city, state, & zip)_____

Social Security #:____ - ____ - ____ Student email:_____

Student Phone # (if applicable)_____

Second Student Information: Grade:_____

Last:_____ First:_____ Middle:_____

Birth Date:_____ Place of Birth:_____ Ethnicity:_____ Gender:_____

Home Address:(include city, state, & zip)_____

Social Security #:____ - ____ - ____ Student email:_____

Student Phone # (if applicable)_____

Third Student Information: Grade:_____

Last:_____ First:_____ Middle:_____

Birth Date:_____ Place of Birth:_____ Ethnicity:_____ Gender:_____

Home Address:(include city, state, & zip)_____

Social Security #:____ - ____ - ____ Student email:_____

Student Phone # (if applicable)_____

Fourth Student Information: Grade:_____

Last:_____ First:_____ Middle:_____

Birth Date:_____ Place of Birth:_____ Ethnicity:_____ Gender:_____

Home Address:(include city, state, & zip)_____

Social Security #:____ - ____ - ____ Student email:_____

Student Phone # (if applicable)_____

Name of Last School Attended:

Last Day in School: _____

Reason For Transfer:

FAMILY INFORMATION

Father (or legal guardian) _____

Address (only if different from student):

Cell#: _____ Work#: _____

Email: _____

Employer: _____

Mother (or legal guardian) _____

Address (only if different from student):

Cell#: _____ Work#: _____

Email: _____

Employer: _____

EMERGENCY CONTACTS (IN THE ORDER TO BE CONTACTED)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

PROHIBITED PICK-UP (PERSON(S) NOT ALLOWED TO PICK UP YOUR CHILD)

IF A PARENT IS PROHIBITED FROM PICKING UP THEIR CHILD, WE MUST HAVE A COPY OF THE LEGAL DOCUMENTS STATING THAT THEY ARE NOT ALLOWED TO PICK UP THEIR CHILD.

Name _____

Name _____

Name _____

Name _____

RELIGIOUS INFORMATION (REQUIRED)

Name of church now attending: _____

Pastor's Name: _____

Has the student applicant made a profession of faith in Christ: Yes _____ NO _____

Please describe the student's relationship with Jesus Christ and His meaning in your life at this time.

SCHOLASTIC INFORMATION

First Child:

Has the applicant ever been in Special Education classes? YES _____ NO _____
Has the applicant ever been in Behavior Disorder classes? YES _____ NO _____
Has the applicant ever been diagnosed with ADD/ADHD? YES _____ NO _____
Has the applicant ever been diagnosed with dyslexia? YES _____ NO _____
Has the applicant ever been expelled/suspended from any school? YES _____ NO _____
Has the applicant ever repeated a grade? YES _____ NO _____

If the answer is yes to any of the above questions, please explain fully:

Level of child's previous work: Excellent _____ Good _____ Average _____ Poor _____

Second Child:

Has the applicant ever been in Special Education classes? YES _____ NO _____
Has the applicant ever been in Behavior Disorder classes? YES _____ NO _____
Has the applicant ever been diagnosed with ADD/ADHD? YES _____ NO _____
Has the applicant ever been diagnosed with dyslexia? YES _____ NO _____
Has the applicant ever been expelled/suspended from any school? YES _____ NO _____
Has the applicant ever repeated a grade? YES _____ NO _____

If the answer is yes to any of the above questions, please explain fully:

Level of child's previous work: Excellent _____ Good _____ Average _____ Poor _____

Third Child:

Has the applicant ever been in Special Education classes? YES _____ NO _____
Has the applicant ever been in Behavior Disorder classes? YES _____ NO _____
Has the applicant ever been diagnosed with ADD/ADHD? YES _____ NO _____
Has the applicant ever been diagnosed with dyslexia? YES _____ NO _____
Has the applicant ever been expelled/suspended from any school? YES _____ NO _____
Has the applicant ever repeated a grade? YES _____ NO _____

If the answer is yes to any of the above questions, please explain fully:

Level of child's previous work: Excellent _____ Good _____ Average _____ Poor _____

FOOD ALLERGY FORM AND PARENT CONTACT INFORMATION

To protect your children, we are asking parents of children with food allergies to fill out this form and return to school. Please tell us what types of foods your child is allergic to. We will keep this form on file and safeguard your child from being offered something he/she should not have.

Child's name: _____

Is the child asthmatic? _____ Does the child use an inhaler? _____

Does the child have any food allergies? _____

If so, please describe the reaction the child will have if exposed to or ingests the allergen:

Examples of what types of food the allergen may be in: _____

If ingestion is suspected take the following steps:

Immediately give my child the medication listed in the dose that I have specified and provided to the to the school: _____

Call me at: _____

I hereby give permission for Evangel Christian School staff to administer the above medication if necessary, and follow the course of action as directed by me.

Parent Signature: _____ **Date:** _____

Emergency Contact Name and Phone Number if I cannot be reached: _____

Other medical information about my child I'd like for the school to be aware of: _____



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Request For Student School Records

MEMORANDUM FOR:

Name of Previous School: _____

City, State, Zip Code: _____

SUBJECT: Request/authorize release of all records for the following student:

Student Name (Last, First, Middle): _____

DOB (mm/dd/yyyy): _____

Please forward all record for the above student to include, but not limited to, transcripts, academic, discipline, health, legal/psychological/social reports, test scores and special services. Also, include method of weighting grades, numerical\letter grade conversion, special clinical, or diagnostic studies, cumulative and confidential records (including IEP), school profile, and any other information that may be helpful.

Date Student started at Evangel: _____

FORWARD RECORDS TO:

mandy.bell@ewpc.us

Disclosure: Voluntary, however, failure to provide information may delay enrollment of, or development of a suitable educational plan for a student enrolling at Evangel Christian School.



Evangel Christian School

FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver

Child's Name: _____ Date of Birth _____

Parent/Guardian's Name: _____

Home Address: _____ Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____ grant permission for the above named child to participate in any field trip sponsored by the Administration, Teachers, or volunteers of Evangel Christian School requiring transportation for the SY2022/2023

In the event I cannot be contacted during an outing, please contact the below named person at the number provided:

Name of Emergency Contact Number

TRIP DETAILS: These will be sent by the sponsors of individual class trips. Information will always include:

Type of event
Location of event
Individual(s) in charge
Date and time of departure and return
Mode of transportation to and from event

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

I also acknowledge if I do not agree with the above statements, I can opt for my child not to participate and I can keep them at home on the day of the trip.

Parent Signature: _____ Date: _____

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PARENTAL STATEMENT OF UNDERSTANDING

PLEASE INITIAL EACH STATEMENT

_____ I understand that it is the policy of Evangel Christian School to make **no** refunds on the Registration Fee or Book Fee.

_____ I understand that if I withdraw my child during the months of August - December (regardless of which month) Evangel Christian School requires payment through December.

_____ I understand if I withdraw my child during the months of January – May, (regardless of which month) Evangel Christian School requires payment through June.

_____ I understand my tuition payments are DUE THE 1ST OF EVERY MONTH unless otherwise agreed with the Director of Admissions. When a tuition payment is not paid for two consecutive months, my child(ren) will be withheld from attending school until the account becomes current. No transcripts or diplomas will be released until the account is paid in full.

_____ I further understand that if my child or I fail to comply with the policies as set forth by Evangel Christian School that the Administration reserves the right to withdraw my child.

_____ To the best of my ability I/we have provided accurate, truthful information on the Application of Admission.

This application does not assure final enrollment but provides information upon which a decision will be based.

THE REGISTRATION FEE MUST ACCOMPANY THE APPLICATION.



STATEMENT OF PARENTAL SUPPORT & COVENANT SCHOOL YEAR 2022 ~ 2023

NOTE: Please read the following statements. If there is any statement you cannot personally support, please make note of it and discuss it with us in a personal interview. Generally, your honest inability to commit to any of these support measures would not necessarily prohibit acceptance into Evangel Christian School; however, we want you to know from the start the foundational premises of ECS; our parental expectations, and how important it is to have your personal support.

1. We have received and read the “Statement of Doctrinal Beliefs” of the school and are willing to have our children educated in accordance with them.
2. We will regularly and earnestly pray for Evangel Christian School.
3. We will fully cooperate in the educational activities at ECS by doing our best to make Christian education effective in the lives of our children.
4. We will require our children to support the spiritual activities of the school (Chapel, Bible classes, Scripture memory, etc.)
5. We will pay all of our financial obligations to ECS on or before the date due. If we are unable to pay by the due date, we will notify the Finance Office, giving a reasonable explanation for the delay and stating when payments will be made. (Payments made after due date are subject to late fees)
6. The school has full discretion in the discipline of children in accordance with the “dress code policy” and the “discipline policy” as published.
7. The school reserves the right to place children at the appropriate grade level and designate the appropriate teacher(s).
8. The school reserves the right to dismiss any student when either a parent/guardian or the student does not cooperate with the policies of the school.

COVENANT

A covenant is a binding agreement between two parties. It signifies a solemn oath and sincere pledge of mutual respect and cooperation. Evangel Christian School covenants to provide the best it can for your children in the way of facilities, curriculum, faculty, athletics, social functions, and instruction. The school further pledges to do all possible to support your home in growing every student in the nurture and admonition of the Lord.

As the legal parents/guardians of our children, we covenant to support Evangel Christian School in its efforts at Christian education. We agree that it is our responsibility to strive diligently toward the observance of the “Parent’s Statement of Support” as God enables us by the power of the Holy Spirit. If for some reason we become dissatisfied, we promise to handle the matter as privately and lovingly as possible. If support or resolution cannot be reached, we recognize it is our responsibility to leave Evangel Christian School and seek a school in alignment with our personal convictions. Together, as a school and as parents/guardians we pledge to submit our lives to one another and to the final authority of the Word of God.

Student Name and Grade

Parent/Guardian Signature

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____

Parent Phone # _____

Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: 07/25/2022



Evangel Christian School is a Christian School that is a ministry Evangel World Prayer Center. It is our desire that every school employee and student reflect a lifestyle pleasing to Jesus Christ. Because of this, who we are and what we do, both on and off campus are extremely important. Since the testimony of our lives is so important, you are asked to read and sign the following agreement which pertains to student conduct both on and off campus, during and after school.

I agree to strive for excellence as a student in all I say and do.

I agree to obey the Bible in speech and conduct.

I agree to respect and cooperate with those in authority at the school.

I agree to abstain from alcohol, drugs, and tobacco to include vaping.

I agree to avoid cursing, sexual immorality, witchcraft, dissension, and cheating. These and other specific acts and attitudes that Evangel Christian School adheres to are cited in Galatians 5:19-21.

I agree to the dress code that has been set by the school.

I agree to submit to the discipline policy of the school.

I understand that any form of bullying, verbal or physical abuse at school or on social media will be grounds for expulsion.

I understand that once I enroll at Evangel Christian School, I am part of the Evangel Christian Family wherever I am. Therefore, I agree to avoid behavior, both on and off campus, which would dishonor Jesus Christ, the school, the church, my family and myself.

I understand that the school can hold me accountable at any time during the year for any negative behavior.

My signature indicates I have read and understand this student covenant.

STUDENT SIGNATURE

DATE

PRINT NAME