



STUDENT APPLICATION

Tidings of Peace Christian School

329 East Poplar Street
York, PA 17403
Phone & Fax: 717-843-4562
mail@tidingsofpeace.org
www.tidingsofpeace.org

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____

City _____ Zip _____

Birth date _____ Age _____ Gender _____

Social Security Number _____ - _____ - _____ Grade to Enter _____

Student Cell Phone _____ Email _____

School last attended _____

Name of school district you live in _____

FAMILY INFORMATION

Parent/Guardian's Name _____

Cell Phone _____ House Phone _____

Email: _____

Employment _____ Position _____

Business Phone _____

Spouse's Name _____

Cell Phone _____ Email _____

Employment _____ Position _____

Business Phone _____

Marital Status: Married ____ Living Together ____ Divorced ____ Widow ____ Separated ____ Single ____

Church you regularly attend _____

Address of church _____

EMERGENCY INFORMATION

In case of emergency contact:

Name _____ Phone _____

Second Choice _____ Phone _____

Date Received _____

Office Use Only

Accepted _____

Parent Interview _____

Date _____

Student Interview _____

Immunizations received _____

Please indicate the level of the child's previous school work:

Excellent _____ Good _____ Average _____ Poor _____

Has the child ever failed a grade in school? Yes No

Explain _____

Has the child ever had any disciplinary difficulties? Yes No

Explain _____

Has the child ever been expelled, dismissed, suspended or refused admission to another school? Yes No

Explain _____

Has the child ever used tobacco or drugs of any kind? Yes No

Explain _____

Has the child ever been in trouble with the law, been arrested, etc.? Yes No

Explain _____

What are your reasons for sending your child to a Christian school?

Why did you choose Tidings of Peace Christian School?

Is this your first child to attend Tidings of Peace Christian School? Yes No

If no, list name(s) of previous students.

PARENTS' ACADEMIC BACKGROUND

Highest grade attended (circle one):

Father	7	8	9	10	11	12	College:	1	2	3	4	4+
Mother	7	8	9	10	11	12	College:	1	2	3	4	4+

PARENT OR GUARDIAN AGREEMENT

I have read the Student & Parent Handbook and all the application forms. I agree to assist my child in submitting to the program, academic and disciplinary regulations and all other requirements instituted by the administration and carried out by the principal and faculty. I pledge to honor the school and its staff as my assistants in helping me to develop Christian character in the life of my child and family.

Discipline

I realize that paddling is a Scriptural admonition. I also understand that the staff will try all other possible options before reverting to paddling. If my child needs to be paddled, I, as the Parent/Guardian, will come in to the school and administer the paddling to my child in the presence of one of the school faculty. I will give a reasonable amount of strokes, not to exceed five. We will clearly discuss the offense and Scriptural applications with my child. After I administer the discipline, I or a staff member will pray with my child, assuring him/her of our love. I will pledge my full support in carrying out the rules and discipline of Tidings of Peace Christian School.

Extra-curricular Activities

I give permission for my child to take part in school activities including sports and school sponsored trips away from school premises. I absolve the school from liabilities to me or my child due to any injury to my child at school or during any school activity.

Photo and Video Release

I understand that occasionally the school staff will take photographs and videos of students to be used in the yearbook, on the website, and in brochures and newsletters that promote the school. I give permission for my child's photos and videos to be used.

My signature below certifies that:

1. I have read and discussed with my child his statements on this application.
2. I will support the school's policies, standards, and disciplinary procedures, and I will recognize the right of the school to dismiss any student who does not cooperate satisfactorily.
3. I am committing myself to support the school with finances and prayer.
4. I have read and agree with all that is stated on this page.

Parent/Guardian Signature _____ Date _____

Signature of Spouse _____ Date _____

Please submit this application, *with a copy of immunization records*, to Tidings of Peace.

Student _____



Parental Medical Release

As a parent/guardian of a student in the Tidings of Peace Christian School, I realize that I will not always be available in times of medical emergencies. Therefore I am authorizing the school staff to administer the following procedures when they deem best for the health and well-being of my child listed below. I understand that any of the below listed procedures that I do not initial, will not be carried out by the staff without my permission.

If I am not available by phone, I give the staff permission to call emergency personnel to take my child to the hospital to do whatever medical procedures are deemed best by the medical staff.

By putting my initials on the blank, I am giving permission for the school staff to administer the following:

_____ Antiseptic ointment and band aids

Pain killers:

_____ Cough drops

_____ Aspirin

_____ Ice pack for bumps and sprains

_____ Ibuprofen

_____ Pepto-Bismol

_____ Tylenol

_____ Tums

_____ Any pain killer is fine.

If my child must go to the hospital, I prefer my child be taken to:

_____ Memorial Hospital

_____ York Hospital

_____ Other _____

Family Doctor _____

Phone _____

Parent/Guardian Signature _____ Date _____

FINANCIAL RESPONSIBILITY FORM



School Financial Policies

1. The school receives NO government money.
2. Income includes:
 - gifts from interested parties
 - student tuition
3. All financial records of the school are open for public inspection.
4. NO officer of the school board receives any money from the school.

Financial Agreement

As a parent wishing to enroll my child in Tidings of Peace Christian School, I understand the following statements:

1. Each family is required to pay student tuition.
2. Any family unable to contribute full tuition has several options, including:
 - a. Financial scholarships through the Faith Builders Scholarship Program (subject to availability).
 - b. Community service work-for-tuition programs.
 - c. Help from the board in asking for assistance.
3. For any month that community service is not completed, the family is responsible to contribute the full tuition amount.
4. Any family not willing to be responsible for its financial obligation may be asked to withdraw its child from the school.
5. Report cards and some field trips will be granted only if families are fully “paid up”.

I further understand that if I fall more than two months behind in my tuition, a representative of the school board may meet with me to discuss my options. If no satisfactory conclusion has been reached within the next month, I will voluntarily withdraw my child from the school.

I have read and understand my financial obligation as a patron of Tidings of Peace Christian School.

Parent/Guardian _____ Date _____

School Witness _____

Student Pledge

For students ages 12 and above



As a student of the Tidings of Peace Christian School, I understand all of the following to be true:

1. Attendance at this school is a privilege, not a right.
2. All who are chosen to attend this school are expected to help the teachers, not work against them.
3. Since this is a Christian school, we will:
 - study the Bible.
 - memorize the Bible.
 - live by the Bible.
4. Every student is expected to joyfully help with lunch cleanup.

I, _____, do voluntarily agree to all of the following:

- I will work with the teachers to make this year the best possible.
- I will encourage my fellow students to cooperate with the school staff.
- I will encourage students and staff to live by the rules of the Bible.
- I will do my best to follow the student handbook.
- I will participate in the annual Christmas program and school picnic.

Student Signature _____

Parent Signature _____

Date _____

School Witness _____



Tidings of Peace Christian School

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topcs4u@gmail.com

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REQUEST FOR TRANSFER OF STUDENT RECORDS

Student _____

Date of Birth _____

I hereby authorize _____

(Name of previous school)

(Address of previous school)

to release information regarding the above student to:

Tidings of Peace Christian School

This information shall include the following data:

- educational
- medical
- psychological, psychiatric, and social

which will be helpful in the educational planning for and understanding of this student.

Parent/Guardian Signature _____

Address _____

Relationship _____

Date _____