

Financial Information

Tuition can be divided into ten equal payments unless other arrangements have been made through the finance office. Payments are due the 1st of each month, August through May. A registration fee is required for each student. All fees are due prior to the school term unless arrangements are made through the finance office.

1. All tuition/fees required by the school are expected to be paid on time. This includes fundraising, athletic, academic, lunch and extended care fees. Report cards will be withheld unless all tuition/fees are paid.
2. A \$15 late fee is assessed for all accounts unpaid after the 10th of each month. A \$25 fee is charged for returned checks and/or ACH payments.
3. In the event that any payment has not been received and is late 45 days, the student(s) shall be subject to dismissal. Any exception to the financial agreement must be approved by the administrator with a written agreement in place.
4. No student will be permitted to participate in graduation ceremonies and no transcripts and/or student records will be released until all tuition and fees are paid up-to-date.
5. All past-due accounts for returning students are to be paid in full by May 31 of the current school year.
6. In the event your account is past due, it may be turned over to a collection agency. If your account is turned over to a collection agency and/or attorney, then you are responsible for all costs and fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees.

Financial Commitment: Please select one of the following regarding charges incurred.

- Father and Mother paying jointly (no further information required)
 Father and Mother will be making separate payments as follows: (please explain)

- Someone other than parents will make regular payments on this account. Please list below:

Name(s) _____ Email* _____

Address _____ Phone _____

Relationship to Student _____ Work _____ Cell _____

Signature of Agreement

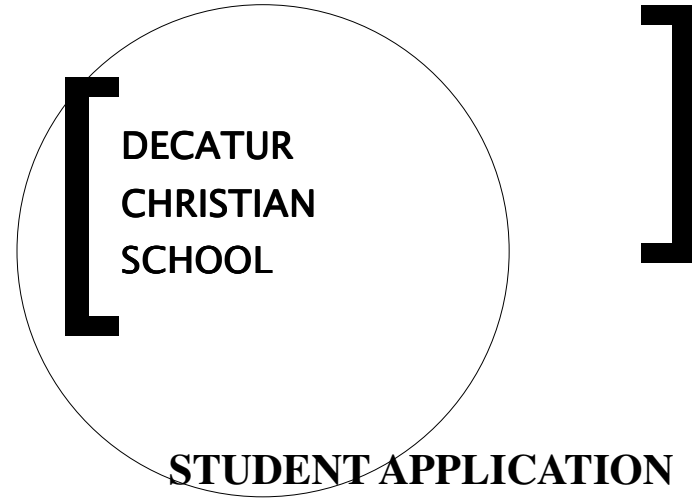
I, the undersigned(s), hereby acknowledge that I have read, understand, and agree to the financial commitment indicated above.

I also agree:

- to read and adhere to all guidelines outlined in the DCS Handbook.
- that my child will submit to academic and disciplinary regulations.
- to all other requirements instituted by the Administration and carried out by the Principals and Faculty of Decatur Christian School.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____



DCS MISSION STATEMENT

Decatur Christian seeks to fulfill the God-given potential of each student by teaching excellence in academics, character, leadership and responsibility through solid principles based on scriptural truth.

“Training Tomorrow’s Christian Leaders Today.”

Student Information

Name (First Middle Last) _____
Address _____
City/State _____ Zip _____
Birth date _____ Home Phone # _____
Cell phone _____ Email _____
Age ____ Sex ____ Grade to Enter ____ Race/Ethnicity _____
(For state report purposes only)
*Emergency Contact: _____
*Emergency Ph.# _____ Relationship _____
Public School District In Which You Reside _____
School Last Attended _____
Address _____ City/State/Zip _____

Family Information

Father's Name _____ Email _____
Employment _____ Position _____
Business Phone _____ Cell Phone _____
Marital Status: Single ____ Married ____ Widowed ____ Divorced ____ Separated ____
Mother's Name _____ Email _____
Employment _____ Position _____
Business Phone _____ Cell Phone _____
Marital Status: Single ____ Married ____ Widowed ____ Divorced ____ Separated ____
School age children in family who are not applying to DCS:

Names _____ Age _____
_____ Age _____

Grandparent(s) Names _____
Address _____ Phone _____
Grandparent(s) Names _____
Address _____ Phone _____

Volunteer Information

Father Mother
 I am able to volunteer during the day on short notice.
 I am able to volunteer during the day.
 I am able to volunteer at evening events.

Please list specific areas of interest:

Father _____

Mother _____

Medical Information

Family Physician _____
Phone _____
Does child have any physical disabilities or allergies? _____
Explain: _____

Students entering Preschool, Kindergarten, 6th, or 9th grade must have a physical examination at the beginning of the school year. Also, students entering Preschool, Kindergarten, 2nd or 6th grade must have a dental examination at the beginning of the school year. Please use the appropriate forms that are available in the school office.

Academic/Behavior Information

Please indicate academic level of pupil's previous work:

Excellent __ Good __ Average __ Poor __

Has your child ever had an IEP (Individualized Educational Program) Testing or does your child have an IEP? No / Yes If Yes, explain: _____

Has your child ever been retained a grade or failed a course? No / Yes If Yes, explain: _____

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? No / Yes If Yes, explain: _____

Has your child ever had any disciplinary difficulties? No / Yes If Yes, explain: _____

Has your child ever been in trouble with the law, arrested, etc? No / Yes If Yes, explain: _____

Has your child ever been or is he/she currently under juvenile court supervision? No / Yes If Yes, explain: _____

Has your child ever used tobacco or drugs of any kind? No / Yes If Yes, explain: _____

General Information

How did you hear about Decatur Christian School? (Please check all that apply)

- Yellow Pages
- Internet
- Current DCS student/family - Name _____
- Church: Name _____
- Other Advertisement: List _____

Church Affiliation

Church Attending _____ City/State _____

Pastor _____

Father: Christian? Yes ____ No ____ Mother: Christian? Yes ____ No ____

Has student accepted Christ as his/her personal savior? Yes ____ No ____

OFFICE USE ONLY

Date Received _____ Reg. Paid _____ Interview _____ By _____