

Marshalltown Christian School
“Excellence in Christ-Centered Education”
mchristianschool@hotmail.com
www.marshalltownchristianschool.org
641.753.8824

To Prospective Families of Marshalltown Christian School:

Welcome! I am so glad that you are actively considering MCS for your family. We are privileged to partner with Christian parents who desire to help their children become fully devoted followers of Christ. To help you determine whether MCS is the best fit for you, I want to share some basics about who we are:

We are a Christian school - All of our goals, curriculum, faculty, and programs are centered on the Christian faith and based on a personal relationship with Jesus Christ.

Our focus is on the discipleship of Christian students. At MCS, our focus is on the teaching, training, and empowering students who come to MCS with a personal desire to follow Jesus Christ. We want to build on the commitment to Christ that is already present in their lives and in their families. Certainly, students will be at varying levels of spiritual maturity. But our desire is to build upon a foundation that has already been laid by parents and guardians.

We support Christian parents in their hopes and dreams for their children. We are strong supporters of the family! We also ask that parents be strong supporters of our overall mission at MCS. At your admissions conference, we want to hear from you about your goals for your child/ren (spiritually, academically, socially, and emotionally). We also want to hear about your own spiritual pilgrimage. At the conference, you will have plenty of opportunities to get to know and interact with us, so that together we can see if MCS is a good match for you and your child/ren.

We are a non-denominational school but we affirm the historic truths of the Christian faith. Please see our Statements of Faith attached to this letter for those basic truths. Our emphasis is on the essentials of faith. We boldly and unashamedly teach the essential truths and lifestyle of the Christian faith.

The essential ingredient for success at MCS is personal faith in and relationship with Jesus Christ. We ask that faculty possess a personal relationship with Christ. The Bible is clear: We are Christians when we declare Jesus Christ as the Lord and Savior of our lives. We know we sin, and Christ died for our sins. We become Christians when we fully turn from our sin and, by faith, give control of our lives to Christ. It is this kind of personal relationship with Christ that is the foundation of all we do at MCS.

Briefly, this is who we are. If this sounds like the start of a good match for you and your child, let's take the next step together. Please read over the enclosed information. If you have any questions, do not hesitate to contact me, another board member or faculty member.

Sincerely,

Penni Chadderdon. - Board President, Marshalltown Christian School
PO Box 1514
Marshalltown, IA 50158

Marshalltown Christian School Registration Checklist

Family Name: _____	
Student: _____	Grade: _____
Student: _____	Grade: _____
Student: _____	Grade: _____
Student: _____	Grade: _____
Student: _____	Grade: _____

Kindergarten & New Family Forms to Complete:

<input type="checkbox"/> Registration Checklist
<input type="checkbox"/> 1-New Family Registration
<input type="checkbox"/> 2-Health Questionnaire (1/student)
<input type="checkbox"/> 3-Contract
<input type="checkbox"/> 4-Parent/Student Agreement
<input type="checkbox"/> 5-New Family Information (1/student)
<input type="checkbox"/> 6-Statement of Faith/Admissions Policy
<input type="checkbox"/> 7-Student Family Information
<input type="checkbox"/> 8-Student Medical Report
<input type="checkbox"/> Transcript Request
<input type="checkbox"/> Copy of Birth Certificate (Kindergarten Only)
<input type="checkbox"/> Referral Form (New Only)
<input type="checkbox"/> New Family Interview w/Administrator Date: _____
**Kindergarten Family- Additional Forms to Complete
<input type="checkbox"/> Student Medical Report
<input type="checkbox"/> Date Scheduled for Physical: _____
<input type="checkbox"/> Immunization Card

**All registration packets must be returned by a parent. All forms must be signed and returned along with Registration fees to be fully registered. Please check that all appropriate forms are complete.

Office Use Only:

Cash _____ Check# _____ Amount: _____

Date Received: _____

NEW FAMILY REGISTRATION

(PLEASE PRINT AS YOU WANT TO APPEAR IN DIRECTORY)

OLDEST STUDENT NAME: LAST FIRST MIDDLE

BIRTH DATE: / / AGE: SEX: RACE: GRADE ENTERING:

ATTENDED PREVIOUSLY
(DATES ATTENDED) FROM: / / TO / /

2ND STUDENT NAME: LAST FIRST MIDDLE

BIRTH DATE: / / AGE: SEX: RACE: GRADE ENTERING:

ATTENDED PREVIOUSLY
(DATES ATTENDED) FROM: / / TO / /

3RD STUDENT NAME: LAST FIRST MIDDLE

BIRTH DATE: / / AGE: SEX: RACE: GRADE ENTERING:

ATTENDED PREVIOUSLY
(DATES ATTENDED) FROM: / / TO / /

4TH STUDENT NAME: LAST FIRST MIDDLE

BIRTH DATE: / / AGE: SEX: RACE: GRADE ENTERING:

ATTENDED PREVIOUSLY
(DATES ATTENDED) FROM: / / TO / /

5TH STUDENT NAME: LAST FIRST MIDDLE

BIRTH DATE: / / AGE: SEX: RACE: GRADE ENTERING:

ATTENDED PREVIOUSLY
(DATES ATTENDED) FROM: / / TO / /

OVER PLEASE ►

NEW FAMILY REGISTRATION

STUDENT(S) LIVES WITH (CHECK ONE) MOTHER & FATHER MOTHER ONLY FATHER ONLY GUARDIAN(S)
 MOTHER & STEP-FATHER STEP-MOTHER & FATHER GRANDPARENT(S)

MOTHER AND FATHER TO BOTH BE LISTED IN DIRECTORY? YES NO

MOTHER'S NAME:
(TITLE- MRS./MS./DR., ETC, FIRST, LAST)

MOTHER'S
ADDRESS:

E-MAIL:

MOTHER'S
CITY

ZIP

HOME
PHONE:

MOTHER'S
EMPLOYER

MOTHER'S
WORK#:

MOTHER'S
OCCUPATION:

MOTHER'S
CELL #:

FATHER'S NAME:
(TITLE- MR./DR., ETC, FIRST, LAST)

FATHER'S
ADDRESS:

E-MAIL:

FATHER'S
CITY

ZIP

HOME
PHONE:

FATHER'S
EMPLOYER

FATHER'S
WORK#:

FATHER'S
OCCUPATION:

FATHER'S
CELL #:

CHURCH
HOME:

PASTOR'S
NAME:

CHURCH
MAILING ADDRESS:

CITY:

ZIP:

PHONE:

PARENT'S/GUARDIAN'S
SIGNATURE:

DATE: / /

PARENT'S/GUARDIAN'S
SIGNATURE:

DATE: / /

HEALTH QUESTIONNAIRE

EMERGENCY MEDICAL AUTHORIZATION- PLEASE SIGN ON REVERSE

NAME: _____ BIRTHDATE / / _____ ETHNIC _____ GRADE
NEXT YEAR _____

BREATHING PROBLEMS <input type="checkbox"/> ASTHMA <input type="checkbox"/> REACTIVE AIRWAY <input type="checkbox"/> OTHER PROBLEM (LIST)	HEART PROBLEMS <input type="checkbox"/> HEART MURMUR <input type="checkbox"/> HEART SURGERY <input type="checkbox"/> OTHER PROBLEM (LIST)	NEUROLOGICAL PROBLEMS <input type="checkbox"/> FREQUENT HEADACHES <input type="checkbox"/> DIZZINESS, FAINTING, SEIZURE <input type="checkbox"/> ADHD/ADD	EATING PROBLEMS <input type="checkbox"/> STOMACH PROBLEMS/ULCER <input type="checkbox"/> BOWEL PROBLEMS <input type="checkbox"/> SPECIAL DIET AT SCHOOL	GLAND PROBLEMS <input type="checkbox"/> DIABETES <input type="checkbox"/> THYROID <input type="checkbox"/> OTHER PROBLEM (LIST)	ORTHOPEDIC <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> ORTHOPEDIC BRACES <input type="checkbox"/> OTHER PROBLEM (LIST)
--	--	--	--	--	--

LIST: _____
DR. ORDERED _____
SPECIAL NEEDS: GLASSES/CONTACTS HEARING AIDS SEAT CLOSE TO INSTRUCTION LIBERAL BATHROOM PRIVILEGES LIMITED PE BRACES/ORTHO

LIST YOUR CHILD'S ALLERGIES: FOOD: _____ MEDICINE: _____ ENVIRONMENTAL: _____

CURRENT MEDICATIONS: _____ IMMUNIZATIONS RECEIVED THIS YEAR TYPE: _____ DATE: / / _____

SCHOOL MEDICATIONS
(LIST PRESCRIBED MEDICATIONS TO BE GIVEN AT SCHOOL, MUST BE GIVEN TO TEACHER IN ORIGINAL CONTAINER.)

LIST ANY ILLNESSES, OPERATIONS, OR ACCIDENTS YOUR CHILD HAS HAD IN THE PAST YEAR:

LIST ANY EMOTIONAL, SOCIAL, OR OTHER CONDITIONS THAT MIGHT AFFECT YOUR CHILD'S SCHOOL PERFORMANCE:

INTERNATIONAL TRAVEL: MY CHILD HAS BEEN OUTSIDE THE US DURING THE PAST YEAR: YES NO

LIST LOCATION OF ANY BODY PIERCINGS:

PARENT NAME	PHONE NUMBERS: HOME	WORK	CELL
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PARENT NAME	PHONE NUMBERS: HOME	WORK	CELL
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EMERGENCY INFORMATION PHYSICIAN NAME:	PHYSICIAN PHONE:	HOSPITAL OF PREFERENCE
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PLEASE LIST AN ADDITIONAL PERSON TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED. LIST A LOCAL PERSON ONLY.

EMERGENCY NAME: _____ PHONE: _____

OVER PLEASE ►

EMERGENCY MEDICAL AUTHORIZATION

If your child is on routine medication or has a health condition that may require action by the teacher/administrator, you must call the teacher/administrator to set up an appointment, before the student begins attending MCS, to discuss your child's health needs.

I give permission to the teacher/administrator to share health and emergency information with school staff on a need to know basis.

Marshalltown hospitals require a notarized parent signature to give emergency treatment to minors not accompanied by a parent. Every effort will be made to notify parents or others shown on the form in the event of an emergency. However, this Medical Authorization will allow treatment or care until such time as the parents can be reached. Thank you for your cooperation.

I, _____, mother/father/guardian of _____, do hereby give my permission and/or consent to Marshalltown Christian School to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of Marshalltown Christian School. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. I agree to this authorization for the time that my child attends Marshalltown Christian School and will inform the school as to any change in the name of the medical provider, hospital, or my child's medical condition.

PARENT/GUARDIAN SIGNATURE:

DATE / /

TO BE COMPLETED BY NOTARY PUBLIC

Subscribed and sworn to before me by the said

This _____ Date of _____, 20____

Notary Public in and for the State of Iowa _____

Date Commission Expires _____

CONTRACT

Marshalltown Christian School (MCS) agrees to offer educational services in accordance with MCS's Statement of Faith and Educational Policies. We/I the undersigned, agree to pay MCS appropriate fees and tuition as outlined in the Tuition and Fee Schedule. In families with more than one student, the student with the highest dollar amount of tuition will be considered the "first student" for tuition discount purposes.

1. **REGISTRATION AND ACADEMIC FEES (non-refundable)**

A non-refundable registration fee of \$100 per student is due upon registration. This fee covers the processing of records by the State. The non-refundable academic fee is due no later than April 1, 2008. The academic fee provides textbooks and classroom materials. All fees are due in the month billed. Fees not paid by check will be automatically deducted from your account or charged a monthly late fee until paid.

**FOR OFFICE
USE ONLY**

DATE: _____

CK#: _____

AMT: _____

RE: _____

2. **TUITION PLEASE CHECK ONE**

Tuition fees may be paid one of two ways:

- Payment in full by July 31
- 10 monthly payments beginning in July and ending in May

3. **LATE FEES AND INSUFFICIENT FUNDS FEES**

We/I further understand tuition payments are subject to a \$20.00 returned check charge for insufficient funds. If I am late in my payment, I understand that there is a \$25.00 late fee. If tuition is in arrears for a period of 45 days, the student(s) may be dismissed from the school until all accounts are brought up to date. In the event that it is necessary to collect this account by a collection agency, we/I agree to pay all costs and fees associated with collection.

4. We/I acknowledge the acceptance of these documents incorporated here in signed: Parent Student Agreement, Admissions Policy, Student Family Information, New Family Registration, Student Medical Report, New Family Information, the Health Questionnaire and handbook. We/I acknowledge board policies as they currently exist or as appropriately amended.

Upon receipt of this COMPLETED AND SIGNED contract, the Business Office will issue you a statement detailing your charges for the school year.

PARENT/GUARDIAN'S
SIGNATURE: _____

DATE: / /

PARENT'S/GUARDIAN'S
SIGNATURE: _____

DATE: / /

PARENT & STUDENT AGREEMENT

PARENT/GUARDIAN AGREEMENT

We, as parent/guardians, agree to accept all regulations of the school on the student's behalf. We hereby invest authority in the school to discipline our child as outlined in the Student Handbook. We further agree to cooperate and discipline our child in the home as needed. We will make ourselves available to come promptly to MCS to deal with any discipline problems as deemed necessary by MCS personnel. We pledge to pay our financial obligations to the school regularly and on time and understand that late fees will be assessed when payment has not been made by the payment date we designated on the contract. We understand that MCS reserves the right to expel any student who fails to comply with regulations and discipline. (If this occurs, or the student is withdrawn, tuition and all other fees incurred through the date of withdrawal/expulsion are due and payable.) We agree to support the academic standards of MCS by providing a quiet place at home for study and by encouraging our child to complete assignments and homework. We understand the standards of the school do not tolerate profanity, obscenity in action or word, disrespect to school personnel or dishonor to the Lord or His Word. If, during the year, our home address or home/business telephone numbers should change, we will immediately notify the MCS office. Knowing that off-campus field trips are a part of the curriculum of MCS, we give full permission for such trips and authorize MCS personnel to exercise necessary authority in our stead to protect, render medical attention, discipline, and control as shall be necessary. We do further absolve MCS from any liability for accident or injury, on or off campus for which the school has taken reasonable precaution and care. Since MCS cannot care for children who are ill, we will come promptly when contacted or make arrangements to have our child picked up if necessary. We also understand that no medication can be administered unless full written instructions accompany such medication. (A doctor's authorization is required.) We have read the items stated above and agree hereto:

PARENT/GUARDIAN'S/
SIGNATURE: _____

DATE: / /

PARENT/GUARDIAN'S/
SIGNATURE: _____

DATE: / /

NEW FAMILY INFORMATION

ONE FORM PER STUDENT

STUDENT NAME

LAST SCHOOL ATTENDED (IF ANY)

NAME

STREET

CITY/STATE

ZIP

HAS THE STUDENT EVER BEEN RETAINED AT ANY GRADE LEVEL? YES NO IF SO, WHAT GRADE/CIRCUMSTANCES?

HAS THE STUDENT EVER FAILED A CLASS? YES NO IF SO, WHAT CLASS? _____

LIST ANY OTHER SCHOOL(S) ATTENDED BY STUDENT.

NAME

STREET

CITY/STATE

ZIP

FATHER: HOW DID YOU COME TO A PERSONAL RELATIONSHIP WITH JESUS CHRIST AS YOUR LORD AND SAVIOR?

MOTHER: HOW DID YOU COME TO A PERSONAL RELATIONSHIP WITH JESUS CHRIST AS YOUR LORD AND SAVIOR:?

WHY DO YOU WISH TO ENROLL YOUR STUDENT IN MCS? _____

HAS THE APPLICANT EVER HAD DISCIPLINE PROBLEMS IN SCHOOL? YES NO IF SO, EXPLAIN.

WHAT METHODS OF DISCIPLINE HAVE YOU FOUND TO BE EFFECTIVE? _____

IS THERE ANY OTHER INFORMATION WHICH WOULD BE BENEFICIAL TO US IN FURTHER UNDERSTANDING YOUR CHILD?

PARENT/GUARDIAN'S

SIGNATURE:

DATE: / /

PARENT'S/GUARDIAN'S

SIGNATURE:

DATE: / /

ADMISSIONS POLICY*

STATEMENT OF FAITH ON REVERSE SIDE

At least one parent or guardian of each student must agree with and support, in action, the statement of faith and policies of the school.

Marshalltown Christian School is operated as an educational institution for the benefit of the Christian families in our community. Students are admitted without regard to race, color, gender, or national or ethnic origins, and MCS does not discriminate with regard to these areas in its policies or procedures.

The philosophy upon which MCS has been established, and upon which it operates, teaches that God has placed the full responsibility for the education and training of a child upon the parents. The parents may choose to delegate some of their responsibility to the school or church, to supplement the training and instruction given by the parents in the home.

This philosophy demands that there be close communication and agreement between the home and the school. If MCS is to be an extension of the home, there must be agreement between the two as to educational objectives, methods of achieving those objectives, obligations of each party, and the need for unity and harmony between home and school.

Therefore, when parents and student seek admission to MCS, it will be assumed that they are in complete accord with the objectives, methods, and obligations which accompany such admission. Because of the importance of harmony and open communication between the home and the school, parents are expected to bring problems, concerns and/or area of confusion or misunderstanding to the attention of MCS personnel immediately and privately (Matthew 18:15-20). If areas of disagreement occur, they should be dealt with quickly and maturely, beginning at the lowest level, so that children are not asked to serve two masters (Matthew 6:24).

In order to be supportive of the education process and be an encouragement to the student, parents are asked to take an active part in the MCS program. As in any activity our children undertake, our interest and involvement as parents has a tremendous positive influence on their performance. Parents are asked to attend Association Meetings. It is necessary for each family to be represented at these informative and important gatherings. Opportunity also exists for parents to involve themselves in the varied Parent-Teacher Fellowship activities.

Attendance at MCS is a privilege and not a right; that privilege may be forfeited by any student (or family) who does not conform to the standards and regulations of the institution. MCS may at any time request the withdrawal of a student who, in the opinion of MCS, is not in harmony with the spirit of the institution, regardless of whether or not s/he conforms to the specific rules and regulations of MCS.

Applicants who withhold pertinent information, or who falsify information, may be required to withdraw from MCS.

*The MCS enrollment packet supports all requirements outlined in Board Policy. A complete copy of Board Policy 501.2 "Entrance Requirements" is available to all parents. Please contact the Board President.

We have read the admission policies of the Marshalltown Christian School and understand the obligations and responsibilities which are required of parents/students. By enrolling a student at MCS we accept and agree to abide by the provisions set forth therein.

PARENT'S/GUARDIAN'S
SIGNATURE: _____

DATE: / /

PARENTS'S/GUARDIAN'S
SIGNATURE: _____

DATE: / /

STATEMENTS OF FAITH

1. Belief in the authority and reliability of the Bible as the only inspired and infallible Word of God. The Bible is the complete and final revelation of God concerning all matters of faith, truth and practice. All truth is God's truth.
2. Belief in the omnipotent, omniscient and omnipresent God who is sovereign over all. His sovereignty is seen in acts of creation, salvation and continual care.
3. Belief in the Trinity of the one true God, the deity of Jesus Christ, His virgin birth, sinless life, miracles, atonement for our sins by His blood sacrifice, His bodily resurrection, ascension, His personal return in power and glory.
4. Belief in the Holy Spirit as teacher of God's Truth and as giver of new life in Christ and who unites all believers in Christ.
5. Belief that man is the crown of God's creation. God endowed man with His image and gave him the responsibility to rule the earth.
6. Belief that sin has severely broken the relationships between God and man, man and himself, man and other men, and man and nature.
7. Belief that Jesus Christ, the eternal Son of God, came to earth to offer cleansing for man's sin and to heal these broken relationships through His cross.
8. Belief that man, cleansed through Christ, must seek to live out his life in total commitment to Jesus Christ as Lord of life, which involves reestablishing all original relationships God intended for him.
9. Belief in a need for clearly defined goals and objectives centered in the Word of God for the development of the whole person (spiritual, mental, emotional, social and physical) and for the establishing of proper priorities in an individual's life.
10. Belief that God established the family as the basic unit of society. Parents are ultimately responsible for the instruction and discipline of their children. The Christian school is simply an extension of the educational process of the family and the church providing a supportive basis of encouragement to the family and the church.
11. Belief that a personal commitment to Jesus Christ and God's Word is necessary for those who are involved in the educational process (faculty, staff, administration and board).
12. Belief a true Christian is one who has received Jesus Christ as Savior and Lord by faith. We believe good works to be the inevitable result of true faith.

STUDENT FAMILY INFORMATION

STUDENT NAME

LIST THE PRESCHOOL EXPERIENCES OF YOUR STUDENT
PRESCHOOL STREET CITY/STATE AGE YEAR

DID THE STUDENT ATTEND A PRESCHOOL PROGRAM? YES NO
PLEASE LIST SCHOOL NAME STREET CITY/STATE AGE YEAR

DOES THE STUDENT COMMONLY EXPERIENCE PROBLEMS WITH TOILET HABITS? YES NO

WAS THE STUDENT EVER RETAINED AT THE KINDERGARTEN LEVEL? YES NO

IF SO, EXPLAIN

LEARNING BACKGROUND

DOES THE STUDENT HAVE ANY SPECIAL NEEDS FOR WHICH SHE/HE WILL NEED SPECIAL HELP NOW OR IN HIS/HER LATER EDUCATION?

HEARING VISION SPEECH

IF OTHER, EXPLAIN

LIST ANY SPECIAL CHARACTERISTICS OR LEARNING NEEDS OF THE STUDENT WHICH YOU BELIEVE THE TEACHER SHOULD KNOW ABOUT.

PLEASE INCLUDE EVALUATION FROM PREVIOUS SCHOOL EXPERIENCES.
THIS WILL HELP US TO MEET THE LEARNING NEEDS OF YOUR STUDENT FOR A SUCCESSFUL SCHOOL EXPERIENCE.

PREVIOUS HISTORY

1. Did mother have any illness during her pregnancy?.....yes no
2. Was your baby born early?.....yes no
3. Did your baby weigh less than 5 lbs. at birth?.....yes no
4. Did your baby have any trouble starting to breathe?.....yes no

Please explain any "yes" answers

DEVELOPMENT

1. Did your child say any words by 1 ½ years of age.....yes no
2. Has your child developed at the same rate as other children the same age.....yes no

Please explain any "no" answers

PARENT'S/GUARDIAN'S
SIGNATURE:

DATE: / /

PARENT'S/GUARDIAN'S
SIGNATURE:

DATE: / /

STUDENT MEDICAL REPORT

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

GRADE ENTERING: _____ SEX: _____ BIRTH DATE: / / _____ BIRTHPLACE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: / / _____

DISEASES (Dates of Immunization-Month/Year)
DIPHTHERIA
PERTUSSIS
TETANUS
POLIO
MEASLES
MUMPS
RUBELLA

ILLNESSES	
ALLERGY	MEASLES (RED)
CHICKENPOX	MUMPS
DIABETES	RHEUMATIC FEVER
EPILEPSY	TUBERCULOSIS
RUBELLA (3 DAY MEASELS)	WHOOPING COUGH
OTHER ILLNESSES AND SURGERY	

PHYSICAL EXAMINATION CHECK MARK = NORMAL OR NEGATIVE			BLOOD TYPE:
APPEARANCE	EARS	EXTREMITIES	CHRONIC DISEASE
POSTURE	NOSE	BLOOD PRESSURE	MEDICATIONS
NUTRITION	THROAT	URINE ANALYSIS	REMEDIAL DEFECTS
SPEECH DEFECT	LYMPH NODES	HEMOGLOBIN	PHYSICAL EDUCATION PROGRAM:
SKIN	THYROID	HEIGHT	<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED <input type="checkbox"/> NONE
HAIR/SCALP	HEART	WEIGHT	REASON FOR LIMITATION:
EYES/VISION	LUNGS	NEUROLOGICAL	
HERNIA	ABDOMEN	DEVELOPMENT	
BACK	GENITALIA	OTHER	

Physician's Comments or Recommendations:

Important Medical Information: _____

Date of Exam: _____

Physician: _____

Return to: Marshalltown Christian School
 P.O. Box 1514
 Marshalltown, IA 50158

REFERRAL FORM

NEW FAMILY NAME:

FIRST

LAST

Welcome to Marshalltown Christian School, we are glad that you are here! We have been told that Marshalltown Christian School is the “best kept secret” in Marshalltown and are working hard to advertise Christian education to our community. Will you tell us how you heard about MCS?

RADIO ADVERTISING

MY CHURCH

A CURRENT MCS FAMILY- PLEASE LIST FAMILY NAME

FIRST

LAST

OTHER

May your school year be better than what you prayed for!

Penni Chadderdon Board President

MARSHALLTOWN CHRISTIAN SCHOOL

VOLUNTEER FORM

MARSHALLTOWN CHRISTIAN SCHOOL

PO BOX 1514

MARSHALLTOWN, IA 50158

mchristianschool@hotmail.com

www.marshalltownchristianschool.org

641-753-8231

A Christian School is a privilege and an honor. With the blessing comes responsibility, where parents need to be involved in the school.

Below is a list of committees that are in place for the effective running of the school. Please check areas in which you feel comfortable helping.

_____ Phone Contacting (One person is the main contact person, who has one or two parents helping with calls if any emergencies or changes arise.)

_____ Fund Raising (The fundraising committee is a group of parents who are in charge of organizing various fundraising events throughout the year. We also need one parent to be head of this committee.)

_____ Transportation (One parent is the contact person for arranging rides for field trips, etc.)

_____ Driving for day trips _____ Helper for day trips

_____ Baby-sit while others volunteer

_____ Noon Supervisor (Circle one) MON TUES WED THURS FRI

_____ Teacher Aides _____ Classroom Help _____ Outside Help (cutting out, etc.)

_____ Handyman Duties (list your skills) _____

_____ Box tops (collect, organize, count)

_____ Guest Speaker on (list topic) _____

Any talents/skills not listed but you feel would be helpful to the functioning of the school; please list below:

Name: _____

Contact Telephone: Day _____ Evening _____

Thank you for your support!

Parent Teacher Fellowship contact person:

Penni Chadderdon

2005 Timberline Rd

Marshalltown IA 50158

(641) 752-8231

abcpen7@hotmail.com

Adopted by the board of Marshalltown Christian School 1/23/06

STEPS TO ADMISSION

FOR STUDENTS ENTERING KINDERGARTEN

1. Read carefully through this material noting any questions you have.
2. If desired, call the school office and make an appointment for a school tour.
3. Fill out the entire registration packet and return it to the elementary office with the following:
 - A. Registration fee
 - B. Copy of birth certificate
 - C. Immunization card
 - D. If your child has had previous special testing, please include a copy of the report(s).
4. All materials will be reviewed by the Elementary Teacher/Administrator. Upon initial acceptance, your child will be scheduled for the Kindergarten Experience Day.
5. An interview with both parents/guardian, if possible, is scheduled with the Elementary Teacher/Administrator
6. Upon acceptance of your student, you will receive a letter detailing your payment information.

FOR STUDENTS ENTERING GRADES FIRST-THIRD

1. Read carefully through this material noting any questions you have.
2. If desired, call the school office and make an appointment for a school tour.
3. Fill out the entire registration packet and return it to the elementary office with the following:
 - A. Registration fee
 - B. Provisional/Immunization card
 - C. Copies of past achievement testing
 - D. Transcript request
 - E. Copy of birth certificate
4. All materials will be reviewed by the Elementary Teacher/Administrator. If necessary your child will be scheduled for testing.
5. An interview with both parents/guardian, if possible, is scheduled with the Elementary Teacher/Administrator.
6. Upon acceptance of your student, you will receive a letter detailing your payment information.

TUITION AND FEE SCHEDULE

REGISTRATION FEE – all students

The registration fee is per student, per year and is non-refundable.

	Prior to April 1	After April 1
Registration – New Students	\$100	\$120

TUITION FEES – full-time students

Student with highest dollar amount tuition will be considered the “first student” for tuition discount purposes.

Tuition	1 st Student	2 nd Student 10%	3 rd Student 10%	4 th Student 10%
Kindergarten	\$3,000	\$2700	\$2700	\$2700
Grades 1 – 3	\$3,200	\$2880	\$2880	\$2880

Additional fees may be required for some classes or field trips.

Tuition and fees cover approximately 67% of the cost of education.

PHOTO AGREEMENT

I grant permission for my child to be included in any photos Marshalltown Christian School may use for school newsletters, yearbooks, promotions, school website, etc.

PARENT/GUARDIAN'S
PRINTED NAME:

DATE: / /

PARENT/GUARDIAN'S
SIGNATURE:

DATE: / /
