

Marshalltown Christian School



Excellence in Christ-Centered Education

1408 South 7 Avenue • Marshalltown, Iowa 50158 • 641-753-8824

marshalltownchristianschool.com



~ WELCOME ~

At Marshalltown Christian School, we equip students with a high quality education, and support the values your family cherishes.

With MCS's firm foundation of "*Glorifying God through biblical, Christ-centered education, providing academic excellence, and preparing students for service and leadership,*" each child is loved and valued, and taught by gifted and devoted teachers who model their relationship with Jesus Christ. We are privileged to partner with Christian parents who desire to help their children become fully devoted followers of Christ.

We are a Christian school, and all of our goals, curriculum, faculty, and programs are centered on the Christian family 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 of 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, and our desire is to build upon a foundation that has 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 an inter-denominational school and affirm the historic truths of the Christian faith. Please see our *Statement of Faith* for these 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.

Marilyn Downs
Board President, Marshalltown Christian School

Marshalltown Christian School

Registration Checklist

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

Required for registration:

<input type="checkbox"/> Registration Checklist
<input type="checkbox"/> Welcome Letter/Steps to Admission
<input type="checkbox"/> 1-Admissions Policy/Statement of Faith
<input type="checkbox"/> 2-Parent/Student Agreement/Photo Agreement
<input type="checkbox"/> 3-Tuition and Fee Schedule/Contract
<input type="checkbox"/> 4-New Family Registration
<input type="checkbox"/> 5-New Family Information (1/student)
<input type="checkbox"/> 6-Health Questionnaire/Field Trip Authorization (1/student)
<input type="checkbox"/> 7-Iowa Dept of Public Health Certificate of Immunization
<input type="checkbox"/> 8-Student Medical Report (1/student - completed by doctor)
<input type="checkbox"/> 9-Request for School Records
<input type="checkbox"/> 10-Volunteer/Referral Form
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Tuition Assistance Application (optional)
<input type="checkbox"/> New Family Interview w/Administrator Date: _____
<input type="checkbox"/> Kindergarten - Additional Forms
(Recommended but not required)
<input type="checkbox"/> Student Vision Card
<input type="checkbox"/> Iowa Dept of Public Health Certificate of Dental Screening

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: _____

Students Registering:
(Oldest to youngest)

NAME	Date of Birth	M/F	Grade entering	Resident School District
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Other Children in Family:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Student(s) live with:
MOTHER & FATHER _____ MOTHER ONLY _____ FATHER ONLY _____ GUARDIAN(S) _____ MOTHER & STEP-FATHER _____
FATHER & STEP-MOTHER _____ GRANDPARENTS _____ JOINT CUSTODY _____ OTHER _____

PARENT INFORMATION:

Parent's Name: _____

Parent's Address: _____

Home Phone: _____

MOTHER: Cell Phone _____ Address: _____ (if different from above)

Occupation: _____ Employer: _____ Work Phone: _____

e-mail _____

FATHER: Cell Phone _____ Address: _____ (if different from above)

Occupation: _____ Employer: _____ Work Phone: _____

e-mail _____

OTHER E-MAIL ADDRESSES for announcements, etc. (grandparents, after-care, etc.)

HEALTH QUESTIONNAIRE

EMERGENCY MEDICAL AUTHORIZATION- PLEASE SIGN ON REVERSE

NAME: _____ BIRTHDATE / / _____

Are there any health concerns we should know about?

Has a Dr. ordered any of the following?

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

Emergency Contact #1 Mother/Father/Other _____	PHONE NUMBERS: HOME _____	WORK _____	CELL _____
Emergency Contact #2 Mother/Father/Other _____	PHONE NUMBERS: HOME _____	WORK _____	CELL _____
Emergency Contact #3 Mother/Father/Other _____	PHONE NUMBERS: HOME _____	WORK _____	CELL _____

EMERGENCY INFORMATION _____ HOSPITAL OF _____

PHYSICIAN: _____ Phone: _____

DENTIST: _____ Phone: _____

HEALTH INSURANCE COVERAGE: _____ POLICY #: _____

POLICY HOLDER NAME: _____ POLICY HOLDER DOB _____

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.

I give permission for my child to be released to the person named as the emergency contact.

Every effort will be made to notify parents or emergency contact 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 / /

FIELD TRIP AUTHORIZATION

I give permission for my child to ride to school activities during school hours with a parent volunteer driver. I understand that each volunteer will provide a copy of their current driver's license and proof of automobile liability insurance.

PARENT/GUARDIAN SIGNATURE:

DATE / /

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 FEES (non-refundable)**

A non-refundable registration fee of \$125 per student is due upon registration. The early registration deadline is April 1. After this date, the registration fee increases to \$150. The registration fee helps cover the cost of textbooks and classroom materials.

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 August 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.

FOR OFFICE USE ONLY
DATE: _____
CK#: _____
AMT: _____
RE: _____

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: / /

INDIVIDUAL ACADEMIC 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

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

HAS THIS CHILD EVER HAD DISCIPLINE PROBLEMS IN SCHOOL? YES NO IF SO, EXPLAIN.

WHAT METHODS OF CORRECTION 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: / /

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

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: / /

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

OVER PLEASE ►

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 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	FULL LIMITED 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
 1408 South 7th Avenue
 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, 1408 South 7th Avenue

MARSHALLTOWN, IA 50158

mcs@marshalltownchristianschool.com

www.marshalltownchristianschool.com

641.753.8824

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

_____ Fund Raising

_____ Transportation

_____ Driving for day trips _____ Helper for day trips

_____ Baby-sit while others volunteer

_____ Lunch Pick-Up/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)

_____ Chapel/Guest Speaker (list topic) _____

Please list below any talents/skills not included but you feel would be helpful to the functioning of the school.

Name: _____

Telephone: Day _____

Evening _____

Email: _____

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.
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 1 – 8

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. Copies of past achievement testing
 - E. School Records request
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.

SPIRITUAL LIFE STATEMENTS

CHURCH HOME: _____

PASTOR: _____

Church Mailing address: _____

Church e-mail and/or website: _____

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?

Are there any other references you would like to share with us?

PHOTO AGREEMENT

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

PARENT/GUARDIAN'S
PRINTED NAME:

DATE: / /

PARENT/GUARDIAN'S
SIGNATURE:

DATE: / /
