

2024-2025 Application for Re-Enrollment to Classical Roots Christian School

Student Name:

Grade Applying For:

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Thank you for your continued partnership in educating and spiritually training your child. Below you will find a simplified application.

APPLICATION PROCESS:

- Complete this application electronically (Please confirm you have the correct application. New students should complete the “New Student Application”)
- Save the completed application to your device.
- Upload and submit saved application through the submission form at <https://www.classicalrootschristianschool.org/apply>
- Pay re-enrollment fee online (you will be redirected after submitting form)
- Returning families (with students currently enrolled at CRCS) should submit the New Student Application for NEW incoming student **siblings** by February 2nd, during our re-enrollment period.

Students are officially enrolled with a place guaranteed when re-enrollment application and payment of non-refundable re-enrollment fee are submitted by Feb 2, 2024.

POLICY ACCEPTANCE

I have read the CRCS Handbook fully and carefully. I understand and agree to follow all the policies found in the CRCS Handbook and will help my children do so as well. I understand that not adhering to the outlined policies may result in expulsion from the program without refund.

Signed: _____ Date: _____

Agreement Reaffirmation:

Please agree that you have read the following statements:

<https://www.classicalrootschristianschool.org/before-application>

Initial here:

After reviewing the application requirements, and concluding that Classical Roots Christian School is in alignment with your family’s values and goals for education, we invite you to complete the remainder of this application.

STUDENT INFORMATION

Legal last name:
Legal first name:
Legal middle name:
Nickname:
Sex: M F
Student's Birthday:
Student's age by Aug 1, 2024:
Student Address:

EMERGENCY CONTACT (Person student does not live with)

First Name:
Last Name:
Relationship to student:
Mobile Phone:

PARENT INFORMATION**Mother's Name:**

Address:
Primary Contact Phone Number:
Email Address:
Are you a regular attender or member of a church?: Y N
If yes, which church?:
Hobbies or special interests:
Occupation:

Father's Name:

Address:
Same as mother's address: Y N
Primary Contact Phone Number:
Email Address:
Are you a regular attender or member of a church?: Y N
If yes, which church?:
Hobbies or special interests:
Occupation:

MEDICAL RELEASE

I, _____, the parent of

_____ give permission for my child to be treated in case of an emergency. I do not hold the Classical Roots Christian School and Headwaters Church responsible for any injuries which occur to my child while on the premises.

Signed: _____ Date: _____

Children's Physician's Name: _____

Phone: _____

Effective August 15, 2024, through May 30, 2025.

Please list any physical conditions that may affect your children's participation in the CRCS program (allergies, etc.):

INSURANCE WAIVER

I give my children permission to participate in the CRCS program and hereby waive, release, and forever discharge any and all claims or responsibilities of Classical Roots Christian School, Headwaters Church or premises, employees, volunteers, officers, agents or servants for damages or injuries which may arise to my children.

Signed: _____ Date: _____

PERSONAL INFORMATION RELEASE

CRCS provides a family directory with the names, addresses, telephone numbers and ages of the children enrolled in the program. This directory will be distributed to CRCS families only. This information should only be used for personal contact with fellow CRCS families.

I allow my personal information to be distributed to the enrolled families of CRCS. I understand that the directory I am given should be used for my personal use only.

Signed: _____ Date: _____

IMAGE RELEASE

Classical Roots Christian School desires to promote the positive activities, honors, and work of our staff and students. This includes publishing photos and school information via our website, newsletter, and social media. These publications may include information, likenesses, and images of students, parents, and faculty.

I/We DO give permission for this student’s image/photograph, name, or work to be used as described above. We understand that no monetary compensation will be given for the use of the materials.

If you do not grant permission to CRCS for image release please detail your circumstances that inhibit your ability to give the school this permission:

If a situation arises that may change your child’s status regarding publicity, please notify Classical Roots Christian School in writing as soon as possible.

Parent/Guardian Name(s) _____

Parent/Guardian Signature _____ Date: _____

TUITION:

To ensure that your student’s tuition maintains the founding family freeze, at \$2,200 for the 2024-2025 school year, please submit the following by February 1, 2024:

- Completed online application
- Pay \$250 Re-Enrollment fee per student when you submit your application online
 - Fee Breakdown: (\$200 non-refundable tuition deposit + \$75 non-refundable re-enrollment fee)

Please select tuition payment option below:

Option #1: Pay \$2000 in full by July 1, 2024

Option #2: Pay \$1000 by July 1, 2024 with second payment scheduled during Nov 2024

Option #3: Make monthly payments of \$200 (+ processing fee) July - April (10 monthly payments) that are set up on an ACH auto-withdraw from bank account.