

**DILLON CHRISTIAN SCHOOL**

**2018-2019**

**NEW STUDENTS:** Please complete this application and return it to DCS accompanied by a **\$300.00 non-refundable REGISTRATION/BOOK FEE.** The payment of the \$300.00 fee will secure your enrollment while the Admission Committee evaluates required submitted materials. The \$300.00 fee will be returned only if your student is not accepted for enrollment.

\*\*\* Any registration received after June 1<sup>st</sup> will be \$350.00\*\*\*

**CURRENT DCS & DCPS STUDENTS REGISTRATION/BOOK FEE: \$250.00 by March 6<sup>th</sup>.**  
**March 7<sup>th</sup>-May 31<sup>st</sup> - \$300.00.**

**NEW STUDENTS ONLY:** The following information must be submitted or completed for evaluation purposes. The Admission Committee and Headmaster will make the final decision concerning enrollment of your child, based on these documents:

1. Signed: Completed "APPLICATION FORM," "STATEMENT OF COOPERATION," AND "INTENT TO ENROLL," (grades 5-12 only).
2. A state certified copy of the child's birth certificate and a copy of the child's social security number.
3. A copy of the South Carolina Certification of Immunization (K5-12), on or before 1<sup>st</sup> day of school.
4. Two letters of recommendation – (1) from a pastor, assistant pastor, or youth pastor, (1) from a teacher, guidance counselor, or principal. (K5 applicants disregard).
5. A copy of the most current testing results.
6. Parent-Student/Headmaster conference (1-12).

**Please list the student for whom enrollment is requested:**

\_\_\_\_\_ **SS#** \_\_\_\_\_ **Date** \_\_\_\_\_

(Last)                      (First)                      (Middle)

**Grade to Enter:** \_\_\_\_\_ Enrolling for First Time ( ) Yes ( ) No

**Name and mailing address of last school attended:** \_\_\_\_\_

\_\_\_\_\_  
P.O. Box/Street                                      City                      State                      Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male ( ) Female ( ) Ethnic Group \_\_\_\_\_

Month   Day   Year

**Parent's Information:**

Father: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box/Street                                      City                      State                      Zip

Home Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Mother: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box/Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant lives with: ( ) Father & Mother ( ) Mother Only ( ) Father Only ( ) Father & Step-Mother  
( ) Mother & Step-Father ( ) Grandparents ( ) Guardian

If you cannot be reached in case of emergency, list those whom we may contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I give permission to Dillon Christian School to release my child/children to the following person(s):

\_\_\_\_\_  
\_\_\_\_\_

**Paternal Grandparents:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Maternal Grandparents:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please list siblings of the applicant:**

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

Please check the following if they apply to the applicant: ( ) Allergies ( ) Asthma ( ) Nosebleed  
( ) Daily Medication ( ) Reaction to insect bites

Explanation: \_\_\_\_\_

\*Will he/she need daily medication while at school? ( ) Yes ( ) No

If yes, written permission and instructions are required and medications are kept in the office.

\*Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Does the applicant have any physical or mental handicaps? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

\*Has the applicant ever failed a grade? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

\*Does the applicant have a learning disability or has he/she been in a class for special needs? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

\*Please list applicant's extra-curricular interest, abilities, and achievements: \_\_\_\_\_

What church family does the family attend at this time? \_\_\_\_\_ Are you a member? ( ) Yes ( ) No  
Why do you wish to send your child to Dillon Christian School? \_\_\_\_\_

If this information should change at any time, promptly notify the school office. The office needs  
WRITTEN NOTIFICATION if anyone other than the individuals above are to pick up your child.

**NOTE: \*Hours of School Supervision** 7:30 a.m. – 3:00 p.m.

**\*Sports Practice/Games/Extra-Curricular Activities Supervision** 15 minutes before and 15  
minutes after school hours

- 1) Returning to the DCS Campus after an away game or school activity, the coach or faculty representative will be certain all students have been picked up before leaving the DCS Campus.
- 2) Transportation to and from away athletic contests will be arranged by the school. Athletes and cheerleaders will ride to the game and back to the campus accordingly. The only exception to the rule is that a student's parents may present a written request to transport their son or daughter following an athletic contest. Parental transportation is the only exception to this rule.

Dillon Christian School accepts and reveres the Bible as the holy, inerrant, and authoritative Word of God. We joy fully, and enthusiastically teach and promote the Biblical perspective in all academic subjects and in the general administration of the school. Attendance at Dillon Christian School is a privilege. It is a precious opportunity, which by necessity, must be upheld by a disciplined code of school regulations. The school administration may at any time request the withdrawal of any student who, in the opinion of the administration, does not submit to the school's philosophy and/or regulations. DCS has an open admission policy without regard to race or sex, and will not permit discrimination against any student. The primary goal of DCS is to provide quality education, with a Biblical perspective, in an atmosphere of loving discipline. The person(s) whose signature appears below is responsible for payment and fees outlined in the application and the enclosed Tuition Contract.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DILLON CHRISTIAN SCHOOL**  
**STATEMENT OF COOPERATION**

\_\_\_1. It is hereby understood that full tuition will be paid as stated: annually, semi-annually, or on a 12 month basis, the first payment due on June 1.

\_\_\_2. a. The school policy is to make no refunds on the Registration Fee (activities and books), which serves as the 2018-2019 registration fee.

b. No refund of tuition will be paid after May 31, 2018 unless the application is not accepted or the student moves, making distance impractical or a doctor's statement assuring DCS that because of sickness the student cannot attend DCS, other private schools, or a public school. If the request is granted to refund based on the above, 10% of the tuition paid will be deducted for a handling fee.

c. All request for refunds must be made in writing to the Board of Directors. There is a 30 day waiting period from the day the request s received until the refund is issued. Refunds granted due to moving, as stated above, will be mailed to the forwarding address.

\_\_\_3. Tuition payments are due on the first day of the month, payable through the 10<sup>th</sup> month. An account will be considered delinquent on the 11<sup>th</sup> day of the month. If this account is not made current by the 11<sup>th</sup> day of the following month, the student may be removed from school until both months' payments are made. Transcripts of records, report cards, and progress reports will not be released if an account is not current.

\_\_\_4. The school administration has final authority for placing students in the proper grade, section, or homeroom. All new students are accepted on a nine-week trial basis.

\_\_\_5. The school has full discretion in the classroom discipline of students. This could include the issuing of therefore school detention, suspension, or expulsion from school. DCS does not administer corporal punishment. Specific rules and policies are stated in the Student Handbook; however, the handbook is not exhaustive. Other school policies may be implemented as required. The school also reserves the right to dismiss or discipline any student who does not respect its standards or fails to cooperate in the educational program.

\_\_\_6. We sincerely pledge our loyalty to the aims and ideals of the school and will bring any and all questions and criticisms directly to the teacher first and then the administration so that they may be properly considered by those in authority. Should there come a time the support of the parent can no longer be given, then we may ask the parents to withdrawal their student from the school.

\_\_\_7. In making this application, it is my desire for my child to attend the 2018-2019 school year. I also give permission for my child to take part in al school activities, including sports and school sponsored trips away from the school's premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my child's physician; the school may make whatever arrangement is needed.

\_\_\_8. We the parents/guardians of the student(s) have read the Statement of Cooperation and are willing to support our school with the rules, regulations, and discipline policies established by DCS for the 2018-2019 school year. We agree to support DCS and will be of the proper spirit and attitude in persons whose signature appears below is responsible for payment and fees outlined in the supplication and the enclosed tuition contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2018-2019

**Statement of Intent to Enroll**

**(Grade 5-12 only)**

Any student suspended or expelled from his or her present school or expelled from any school, and unable to return at the time of application with Dillon Christian School, will NOT be considered for enrollment at Dillon Christian School.

I would like to enroll in Dillon Christian School. I understand that my official enrollment will be affected by the accuracy of the responses to the following:

- |                   |  |
|-------------------|--|
| I have / have not | been charged by any law enforcement agency<br>(except for minor traffic violations). |
| I have / have not | been suspended from my present school.   |
| I have/ have not  | been expelled from my present school.  |
| I have / have not | been expelled from any school.   |
| I have / have not | withdrawn from a school in lieu of expulsion.  |
| I have / have not | had any encounters with the Department of Juvenile<br>Justice                        |
| I have / have not | been previously enrolled in special education classes.                               |

\*Please provide an explanation for questions circled "I Have."

I certify that the above information is correct and accurate. I understand that willful omission of any information m result in my withdrawal from Dillon Christian School.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Headmaster

\_\_\_\_\_  
Date

**TUITION CONTRACT**  
**(INDIVIDUAL CONTRACT FOR EACH CHILD)**  
2018-2019

Application is hereby made by \_\_\_\_\_ (name of parents, guardian or sponsor) for the enrollment of \_\_\_\_\_ in the \_\_\_\_\_ grade at Dillon Christian School for the 2018-2019 academic year.

Acceptance and enrollment are subject to the following:

1. Each applicant must have a signed “Statement of Cooperation” and “Enrollment” form. New applicants in grades 5-12 must also have a signed “Intent to Enroll” form on file. Parents and students must adhere to each provision of these requested signed forms.
2. Each applicant shall be accompanied by a non-refundable registration fee, which includes the following: Registration Fee (activities and books). Payments of this registration fee will hold a seat for your child..
3. \$50 Lab Fee for Grades 9-12 due by August 31, 2018
4. The person who signs the “Tuition Contract” agrees to pay the balance outlined below:

|                             | <b>Yearly</b> | <b>Semester</b>                                | <b>Monthly</b>        |
|-----------------------------|---------------|--|-----------------------|
| First Child<br>Grades K-3   | \$4,140.00    | \$2,070.00 due June 1<br>\$2,070.00 due Dec. 1 | \$345.00 June 1-May 1 |
| Second Child<br>Grades K-3  | \$3,816.00    | \$1,908.00 due June 1<br>\$1,908.00 due Dec. 1 | \$318.00 June 1-May1  |
| Third Child<br>Grades K-3   | \$3,504.00    | \$1,752.00 due June 1<br>\$1,752.00 due Dec. 1 | \$292.00 June 1-May1  |
| First Child<br>Grades 4-12  | \$4,200.00    | \$2,100.00 due June 1<br>\$2,100.00 due Dec. 1 | \$350.00 June1-May1   |
| Second Child<br>Grades 4-12 | \$3,876.00    | \$1,938.00 due Jane 1<br>\$1,938.00 due Dec.1  | \$323.00 June1-May1   |
| Third Child<br>Grades 4-12  | \$3,564.00    | \$1,782.00 due June 1<br>\$1,782.00 due Dec. 1 | \$297.00 June1-May1   |

\*Fourth child – ½ tuition, ½ registration, ½ activity fee of the third child.

\* Fifth child – ½ tuition, ½ registration, ½ activity fee of the fourth child.

5. A late payment of \$25.00 will be assessed on any tuition not received in the office by the 10<sup>th</sup> of the month.
6. There will be a \$25.00 charge for any returned checks.
7. Accounts which are delinquent over two (2) months may result in dropping a student from the school until the account is current.
8. I understand that before report cards, permanent records, or transcripts of grades can be released all textbooks, library books, and other items that are property of DCS must be handed in and checked off. Also, tuition must be current and other assessed fees paid before the above records will be released.
9. I agree to the provisions of this contract and am responsible to see it paid in full as outlined in this tuition contract.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

TUITION CONTRACT  
(INDIVIDUAL CONTRACT FOR EACH CHILD)  
**THIS CONTRACT MUST BE SIGNED**