



MOUNT CALVARY CHRISTIAN SCHOOL

629 Holly St., PO Box 508
Elizabethtown, PA 17022
717/367-1649

The enrollment packet contains the following documents (all appropriate forms are to be completed and returned to the school office).

- Introductory letter
- Family application for enrollment
- Student application
- Middle school/high school application
- Textbook loan form
- Certified disciplinary records request
- Records request form
- Emergency response plan

Feel free to contact the school office with any questions you may have.



Dear Parents,

Thank you for your interest in Mount Calvary Christian School. We are pleased to provide to you the enclosed application and enrollment materials.

Mount Calvary Christian School (MCCS) opened its doors in September 1976 as a ministry of Mount Calvary Church. Many parents at the church were troubled by the education their children were receiving in the public school system. These Christian parents, striving to obey the commands of the Lord to “train up a child in the way he should go” (Proverbs 22:6) and to “bring them up in the nurture and admonition of the Lord” (Ephesians 6:4), became acutely aware of the growing trend of “secular humanism” along with the exclusion of godly training in the public schools. This trend continues to grow stronger.

We had 99 students our first year of operation and over the ensuing years we have seen enrollments of over 400 students. Our program includes preschool grades through the twelfth grade. The majority of our graduates have gone on to college and further study. Our faculty is comprised of 30 certified teachers, all born-again followers of Jesus Christ.

In addition to the strong phonics program in our elementary classes and the college preparatory and general curricula in our secondary program, MCCS offers fine arts instruction (music and art), supported instruction, and Bible teaching for all grades as well as competitive athletics for grades 6 through 12. Character development and training are taught and caught through our integration of Biblical teachings in all subject areas. Our students follow a code of conduct and dress standards, and learn in disciplined, controlled classrooms. We hold accreditations with the Association of Christian Schools International and the Middle States Association of Colleges and Schools Committee on Institution-Wide Accreditation.

The enrollment process begins when the application and non-refundable registration fee per student (please refer to the attached tuition schedule) are returned to our office. A personal interview with parents and prospective students will be scheduled with a member of the administration. Enrollment is not considered complete until this interview is conducted, past school records are received (when applicable) and any needed testing is performed.

You are always welcome to visit our school, speak with our faculty members and attend our church. We look forward to meeting you personally.

If you have questions about our school, please call us at 367-1649 extension 105. Our primary goal is to provide an educational institution where children receive an excellent education taught by Christian teachers that is based on a Christian philosophy of education in a Christian environment.

In His service,

Kenneth R. T. Howard
Superintendent

MOUNT CALVARY CHRISTIAN SCHOOL FAMILY APPLICATION FOR ENROLLMENT

629 Holly St., PO Box 508
Elizabethtown, PA 17022
717/367-1649

OFFICE USE ONLY	
Date Received	_____
Date of App.	_____
Interviewed	_____
Accepted	<input type="checkbox"/>
Rejected	<input type="checkbox"/>
Testing Date	_____
ENROLLMENT FEE PAID	
<input type="checkbox"/> Check	<input type="checkbox"/> Cash \$ _____

FAMILY NAME _____ EMAIL ADDRESS _____
 Address _____ Phone _____
 City _____ County _____ State _____ Zip _____

FATHER

Name _____ Initial _____ Occupation _____
 Employer _____ Address _____
 May we call you at work? Yes No Work Phone _____
 Cell Phone _____

MARITAL STATUS

(Check one) Married Widowed Separated Divorced Remarried Never Married

MOTHER

Name _____ Initial _____ Occupation _____
 Employer _____ Address _____
 May we call you at work? Yes No Work Phone _____
 Cell Phone _____

MARITAL STATUS

(Check one) Married Widowed Separated Divorced Remarried Never Married

MCCS GRADUATE? Yes No Year of Graduation: _____

CHILDREN LIVING AT HOME

Name _____ Age _____ School Attending _____
 Name _____ Age _____ School Attending _____
 Name _____ Age _____ School Attending _____
 Name _____ Age _____ School Attending _____

WE DESIRE TO ENROLL THE FOLLOWING CHILDREN

Birth date

LAST NAME	FIRST	INITIAL	Month	Day	Year	Grade to Enter	Sex

Child(ren) lives with: Both Parents Other _____

Child(ren) lives in _____ School District. Child(ren) lives approx. _____ miles from MCCS.

Will your children be riding the public school transportation? Yes No Referred by: _____

Would you like to receive an application for financial aid? ___ yes ___ no

CHURCH INFORMATION

Church _____ Pastor _____

Address _____ City _____ State _____ Zip _____

Phone _____ Church Member: _____ Yes _____ No

- Yes No Would you be a contact person for the school to your church?
- Yes No Do your children attend church with you? If no, please explain. _____

RELIGIOUS INFORMATION

Family Name _____ Date _____

FATHER

Do you know if you have eternal life? _____

On what do you base your answer? _____

- Yes No Member of church?
- Yes No Attends Sunday School regularly?
- Yes No Attends a.m. worship regularly?
- Yes No Attends p.m. worship regularly?
- Yes No Attends midweek service?

What activities of your church are you involved in other than Sunday Morning Worship? _____

What are your ideas about the purpose and function of Mount Calvary Christian School ? _____

What benefits do you feel that Mount Calvary Christian School will have for your child(ren)? _____

*The Mount Calvary Christian School admits students of any race, color, national and ethnic origin, disability or handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, disability or handicap in administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other school administrated programs.

MOUNT CALVARY CHRISTIAN SCHOOL APPLICATION FOR ENROLLMENT

OFFICE USE ONLY	
Date Received	_____
Interviewed	_____
Tested	_____
Accepted	_____
Grade Placed	_____
Rejected	_____
Trans. Req.	_____
Trans. Rec.	_____
Birth Cert.	_____
Immunizations	_____

STUDENT FORM (One for each child please)

Desired enrollment year _____ / _____
Month Year

Name _____ Sex _____
Last First Middle Name Name student goes by

Address _____ Phone _____

City _____ County _____ State _____ Zip _____

Birthdate _____ / _____ / _____ Birthplace _____ Ethnicity _____
Mo. Day Year City State

Grade Entering _____ (Circle One) If K5 Indicate: 5 Full Days 5-1/2 Days 3 Full Days

Social Security Number _____

Child's rank in family (circle) 1 2 3 4 5 No. brothers _____ No. sisters _____

Father's Name _____ Mother's Name _____

Education: High School _____ College _____ Education: High School _____ College _____

School in which child presently enrolled _____

Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Will your child be riding the public school transportation? Yes No School District child lives in. _____

Has child ever repeated a grade? _____ Which grade? _____ If so, give details _____

Does the child have any problems that may affect his activity or progress that for some reason should be known by his teacher?
 (Reply will be held confidential): _____

STUDENT'S CHURCH ATTENDANCE

Church _____ Pastor _____

Address _____ Phone _____ Member _____

Attendance at: Sunday School Church - A.M.	Sometimes _____	Regularly (Weekly) _____
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PLEASE READ CAREFULLY BEFORE SIGNING

No student shall be accepted into the school unless their parents sign and initial each provision of the agreement written below.

Due to our desire to obtain a distinctively Christian education for our child(ren) we hereby voluntarily and knowingly agree to the following:

_____ I accept all regulations of the school in the applicant's behalf.

_____ I authorize this school and its employees to administer such discipline as it deems wise and expedient for my child.

_____ I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school 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.

_____ I understand that Mount Calvary Christian School reserves the right to expel any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid after the due date. (If this occurs, or he is withdrawn, the current month's charges are due and payable, and will not be refunded.)

_____ I agree to uphold and support the high academic standards of Mount Calvary Christian School by providing a place at home for my child to study and give my child encouragement in the completion of homework and assignments.

_____ I understand the standards of the Mount Calvary Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school, sexual contact of any type, or the use of any non-prescription regulated substances.

_____ I understand that the Mount Calvary Christian School is wholly owned and operated by the Mount Calvary Church of Elizabethtown, for the purpose of providing a Christian education.

_____ I have read the terms stated and am willing to have my child monitored and taught in accordance with it.

_____ I understand that academic records will be withheld and re-enrollment will not be permitted until an account is paid in full.

Parents' Signature _____

Date _____

*The Mount Calvary Christian School admits students of any race, color, national and ethnic origin, disability or handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, disability or handicap in administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other school administrated programs.



APPLICATION FOR ADMISSION TO MIDDLE SCHOOL/HIGH SCHOOL

This form must be completed by each student who applies for admission to grades 7 – 12.

Student's Full Name _____

- 1. Have you ever received Jesus Christ as your Savior and Lord? _____ Yes _____ No
- 2. Is it your desire to live your life in a way which is pleasing to God? _____ Yes _____ No
- 3. Do you attend church regularly (at least once a week)? _____ Yes _____ No

Name of church: _____

Name and phone number of one of the following:
 Pastor, Youth Director, Sunday School Teacher, or another adult who knows you.

- 4. In which church activities do you regular participate?

___ Sunday Morning Service	___ Youth Group or club
___ Sunday Evening Service	___ Choir or other music activity
___ Sunday School	___ Other _____
___ Prayer Meeting, Mid-Week Service	___ None of the above
- 5. Do your parents want you to attend Mount Calvary Christian School? _____ Yes _____ No
- 6. Do you want to attend Mount Calvary Christian School? _____ Yes _____ No
- 7. If you are accepted as a student at Mount Calvary Christian School, are you willing to:
 - a. Respect and obey teachers and abide by school rules? _____ Yes _____ No
 - b. Dress in accordance with the school's dress code? _____ Yes _____ No
 - c. Abstain from the use or possession of all alcoholic beverages, tobacco products, and drugs unless prescribed by your physician. _____ Yes _____ No
 - d. Give serious attention to studies, including required homework? _____ Yes _____ No
 - e. Treat other students with love and consideration that you want for yourself? _____ Yes _____ No
 - f. Help care for school property, including buildings, books, furniture, equipment, etc. in the best way you can. _____ Yes _____ No

8. Comments: (This space may be used to explain any reason given, or to make any statement you want about your application.)

SIGNATURE OF STUDENT

DATE

SIGN AND RETURN FORM BELOW TO MCCS

**MOUNT CALVARY CHRISTIAN SCHOOL
629 Holly Street
Elizabethtown, PA 17022**

Dear Parent or Guardian:

State legislation authorizes the loan of textbooks and instructional materials by the Secretary of Education to children enrolled in Kindergarten through grade 12 in nonpublic schools. Our school is continually requesting the specific textbooks and materials to be loaned to your child(ren).

It is required; however, that a parent of each child attending the nonpublic school individually request a loan of textbooks and instructional materials. Please sign the form below, date it, and return it to the school office.

Thank you for your continued assistance and cooperation.

In His Service,

Kenneth R. T. Howard
Superintendent

CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending Mount Calvary Christian School.

Date _____ Signed _____
(Parent or Guardian)

This program is available only to Pennsylvania residents.

(This form will remain on file at Mount Calvary Christian School.)

MOUNT CALVARY CHRISTIAN SCHOOL

CERTIFIED DISCIPLINARY RECORDS REQUEST

Pennsylvania School Code (24 PS 13-130S.a Transfer of Records) requires receiving school districts in the state of Pennsylvania to request disciplinary records from a student's former school or school district. Please accept this form as a formal request for certified disciplinary records.

Name of Student

Check the appropriate statement:

The above named student has had no disciplinary record at the school.

The above named student's certified disciplinary record is attached.

The signature of the following individual certifies the disciplinary records enclosed are the true and accurate discipline records of the above-indicated student.

Signature of School Official

Printed Name of School Official

Position of School Official

Date

**Please return this form and discipline records
along with the student's permanent record file.**

Dear Sir or Madam:

We would like to request the permanent academic records, health records, and testing data for the student listed below. Our school has recently accepted this student for enrollment to our school.

We would appreciate this information at your earliest convenience. Thank you in advance for your cooperation.

Sincerely,

Peggy L. Parsons
Assistant to the Superintendent

Student Name

Grade Entering

Signature of Parent

Date

EMERGENCY RESPONSE PLAN

(Please retain page one for your reference. Return pages 2 & 3 to the school office.)

Please read this article carefully.

In the event of an incident at the Three Mile Island Nuclear Station requiring the evacuation of the Mount Calvary Christian School, our students will be taken directly to the Manheim Township Middle School and Manheim Township High School in Neffsville, PA. Parents or authorized persons will be asked to meet their children there.

Parents are urged not to telephone the school or attempt to make different arrangements as this will only create confusion. Parents will be requested not to pick up their children at Mount Calvary but to meet their children at the Manheim Township School District complex in Neffsville. In the event an evacuation is ordered, Mount Calvary Christian School students will be transported to the following schools in the Manheim Township School District:

Elementary students – in the two cafeterias and Little Theater of
the Manheim Township Middle School.

Grades 6 through 8 – in the auditorium of the Manheim Township
High School.

Grades 9 through 12 – in the gymnasium of the Manheim Township
High School.

Parents or other persons authorized to pick up a student will be required to provide identification at the pickup point and to sign a register prior to the release of a student to their custody.

Should an emergency occur, in order to ensure the safety of the children in our school, the cooperation of all parents is requested and appreciated.

MOUNT CALVARY CHRISTIAN SCHOOL

CATASTROPHIC EMERGENCY

AUTHORIZED PERSON PICK UP FORM

SCHOOL YEAR _____ **BUILDING** _____

(Church or School)

Dear Parents,

This form will be used in the event of any type of catastrophic emergency. School personnel will use this list to determine authorized persons to pick up your child(ren) from school. Please write down the names of any individuals (relatives/non relatives) whom you may contact in such an emergency to pick up your child(ren) from school. Each individual will need to present a photo ID for the student to be released to them. You should include on this list the names of the individuals you have named on the "Emergency Card."

Parent(s)/Guardian(s) Name: _____

Student(s) Name(s) _____

Grade _____

Grade _____

Grade _____

Grade _____

Grade _____

PLEASE COMPLETE REVERSE SIDE

There will be a designated checkpoint set up in the gymnasium. The school asks your cooperation in order to expedite the student pick up process.

Only student drivers need to fill out this form.

Dear Mr. Howard,

