





## **INTRODUCTION**

Evangel Christian School is a private, non-denominational school committed to the education of the whole person. Founded in 1985, it serves students who strive for academic, moral and spiritual excellence. These goals must be supported and encouraged by the home working closely with the school.

Evangel Christian School is a ministry of Evangel Church. In addition, we are a member of the Association of Christian Schools International. We are also a member of the College Board and the National Honor Society. ECS serves over 500 students from 45 different countries.

Evangel Christian School was chartered by the University of the State of New York in May 1987, and received its permanent charter on September 12, 2003 authorizing us to conduct Preschool through 12<sup>th</sup> grade. On July 17, 2003 we received our High School Registration through the Board of Regents.

As we set out to provide your children with the best education possible, we also seek your help in a number of areas. If Evangel Christian School is going to grow under the blessings of God, it will be because of the faithful and earnest prayers of God's people. Please remember to pray for our school and in turn, we will remember to pray for each family throughout the year.

We have no greater joy than to see young people learn and grow in the things of the Lord. We are ready to serve you in any way possible. We are grateful to God for His blessings and look forward to what He has in store for us in the future.

# Evangel Christian School

39-21 Crescent Street, Long Island City, NY 11101 Phone: 718-937-9600

*"The fear of the Lord is the beginning of wisdom; A good understanding have all they that do His commandments; His praise endureth forever." Psalm 11:10*

**We welcome your interest in enrolling your child in Evangel Christian School. Please read thoroughly our admissions philosophy, policies and procedures and Statement of Faith.**

## PK through 8<sup>th</sup> Grade

### APPLICATION INSTRUCTIONS:

1. The attached **Student Application** (yellow sheet) must be completed in every aspect. Please forward to the school office along with a **non-refundable Application fee** and testing fee found on website:  
Pre-Kindergarten - Pre-K Screening Test  
Kindergarten - Eighth grade - for Entrance Placement Test
2. For each student applying, the following must be submitted prior to test scheduling:
  - a. The completed **Student Application Form**
  - b. The completed **Annual Parent Questionnaire**
  - c. A copy of the **Birth Certificate** (not the original)
  - d. A copy of the **Immunization Record**
  - e. The student's most recent **report card** (unless in Pre-K or Kindergarten)
3. Each student must **complete entrance placement tests**. The school will notify applicants of a testing date.
4. **Parents of applicants must meet with the School Representative**. The presence of both parents is requested.
5. **Complete Part I of the Pastor's Recommendation Form, then give the form to your pastor**. The form is to be submitted directly to the school by your pastor.
6. **Upon acceptance, the non-refundable Registration must be paid for the student to be enrolled**. If you desire to use one of the transportation options, please complete the appropriate form (green) and submit it to the school office.
7. **The following must be provided before admission to the classroom:**
  - a. **Physical Examination by physician** (including record of immunizations) dated no more than 90 days prior to entering school.
  - b. **Book Fee \$150 due in July, 1st month's tuition due by August 1 and bus fee** if applicable.

## ADMISSION POLICY

### PREAMBLE:

**Christian education involves the whole family.** It is therefore necessary that the elements, which effect the child's education, be consistent and properly reinforced. Your home and church are vital in the educational process. For this reason, parents must be in accord with the philosophy and teaching of the school. To insure consistent standards of admission, the following admission policies have been adopted.

## EVANGEL CHRISTIAN SCHOOL PHILOSOPHY

**God places the responsibility of educating children in the home.** Educating children without the cooperation of the parents is unscriptural and endangers the souls of those most precious to us - our children. The Bible declares that **"the fear of the Lord is the beginning of wisdom..."** Without reverence for God the whole child is not educated. Many Old Testament scriptures give us light on teaching, training and educating our children (Deut. 6:7; 11:19, Psalm 111:10). Children should be educated where scriptural principles are in evidence -- as a lifestyle. What is taught in the Christian school must be reinforced at breakfast, at bedtime, on outings, at social activities, in athletic competition, in church and in Sunday School.

**Stated more precisely,** Christian education should be experienced in every place and at all times. Evangel Christian School is committed to filling the gap in your child's education. Evangel School is your partner in the education of your children. Attendance at Evangel School is a privilege, not a right. Our goal is to carefully educate your children in the principles of Christian leadership, self discipline, individual responsibility, personal integrity and good citizenship. We are not a reform school.

The faculty and staff of Evangel Christian School, pledge themselves to academic and moral excellence in a Christ-centered atmosphere. It is our prayer that all things be done to the honor and glory of our Lord Jesus Christ!

### **STATEMENT OF FAITH**

1. We believe the Old and New Testaments to be the Divinely inspired revelation of God and His purposes for all mankind.
2. We believe in the Triune God revealed in the Bible and in Creation. He has and always will. He is Creator and Ruler of the universe.
3. We believe Jesus Christ is the eternal Son of God. He became man in order to fulfill God's great plan of redemption.
4. We believe man was created good and upright, in the image of God. Choosing to disobey God's command, man became sinful and was separated from fellowship with His Creator. Suffering and death entered the world because of sin.
5. We believe man's only hope for restoration with God and eternal salvation is by the forgiveness, which God has provided through the death of Jesus Christ. We believe in the bodily resurrection of Christ.
6. We believe in the Triune Godhead expressed by Christ as Father, Son and Holy Spirit.
7. We believe the Holy Spirit brings salvation when a sinner comes to God in repentance and faith. All Christians may also experience the infilling of the Holy Spirit, referred to as the "Baptism of the Holy Spirit."
8. We believe healing is part of the good news which God has given us to proclaim to the world.
9. We believe God will again intervene in human affairs by the soon return of Jesus Christ for His church, bringing history to a climax and bringing in a "new heaven and a new earth."

### **EVANGEL CHRISTIAN SCHOOL POLICIES**

1. The Christian school complements the Christian home; therefore, we primarily enroll children of Christian families. (An exception may be made if parents agree to the School covenant with the home and the church and do not oppose the Biblical teaching and practices of the school).
2. Parents must state in writing that they have read our school philosophy and statement of faith. They must commit themselves to co-educate their children according to Biblical principles.
3. Parents must agree in writing that:
  - a. parents and students will abide by the disciplinary guidelines of the school.
  - b. the school has full discretion for the grade placement of children.
  - c. they will promptly meet all tuition and other financial obligations.
  - d. they agree to willingly support the school in prayer and practical help as required by the school.
4. Parents must be interviewed by the School Representative. Both parents will be interviewed except under special circumstances.
5. Evangel Christian School has three Departments:
  - EARLY CHILDHOOD DEPARTMENT** - Pre-K 3 and 4
  - GRADE SCHOOL DEPARTMENT** - Grades K-5
  - MIDDLE SCHOOL DEPARTMENT** – Grades 6-8

Acceptance into the **Early Childhood Division** is by application and evaluation of each child.

**Please Note: Entrance into the Grade School Department is not guaranteed. Acceptance for Grade School is determined by the Admissions Committee established by the School Board.**



## APPLICATION PROCESS INCLUDES:

6. A test for prospective students to determine grade placement.
7. Prospective Kindergarten students must be five years old by Jan. 1st of the school year.
8. Active Church Membership in a Bible-believing church is an important factor in enrollment preference.
9. Upon confirmation by the Administration, your child will be enrolled or placed on a waiting list.
10. Acceptance or rejection of applicants will be by written notification.
11. When a child is accepted, the Registration Fee must be paid for a child to be enrolled.  
The Registration Fee is non-refundable if the child is withdrawn.
12. The Administration may refuse to admit a student with severe disciplinary, psychological or learning problems.
13. The school does not discriminate on the basis of race, color, national origin or ethnicity in the administration of its admission policies.
14. **All new students enrolling at Evangel for the first time will undergo a ten week probationary period.** The main focus of this period will be the manner in which the student adjusts to the academic program and the type of behavior/conduct demonstrated. A conference will be scheduled with parents when there is a question regarding the ability of the student to meet either of these expectations.

## TUITION PAYMENT POLICY

1. Payment booklet with monthly coupons for each child will be mailed to each family in July.
2. Parents pay directly to Evangel Christian School by check, money order sent in by mail or deposited in the fee slot in the main hall. Your cancelled check or money order is your receipt. Credit card payments can be made in person or over the phone, (only Visa or Mastercard).
3. **THE ANNUAL BOOK AND SUPPLY FEE is due in July. If you have two children, the book fee can be paid in two equal installments, one in July and one in August.**
4. **Tuition payments are due on the first of each month beginning August 1st.**
5. There will be no service charge on accounts paid by the 11th of the month. **If payment has not been received by the 11th of each month a late payment fee will be levied on each family's account. After the 11th, an invoice is mailed to every family giving them the status of their account and indicating any outstanding amounts.**
6. After the 20<sup>th</sup> of each month, families that owe for that month will be sent a letter informing them of the amount due by the end of month in order for their child (children) to continue attending Evangel.
7. **Checks that are returned to us for insufficient funds will be charged \$25.00 per check.**
8. Withdrawals: (a) If a family withdraws from the school because of transfer or moving out of the city, there is a responsibility for paying the tuition through the 15th of the month, and for the entire month if withdrawing between the 16th and the end of the month. (b) If a family leaves school for any other reason, payment must be made for the month that the student(s) leaves the school. (c) If a student leaves before the year is over due to vacation, etc., and plans on returning in September, the school year must be paid in full.
9. If an account remains delinquent for two consecutive months the School Board will consider not allowing the student to return.
10. **Issuing of grades, diplomas and transfer of records will be held until account is paid in full.** The only exceptions to the above will be made by prior arrangements with the School Administration, subject to approval by the School Board and verified in writing. No student will be allowed to return for another school year unless their account for the previous year is paid in full.

## **ANNUAL FUNDRAISING FEE**

Fundraising helps to keep school fees as low as possible. We depend on families participating in each fund raising event in order to raise necessary funds.

The annual fund raising fee of \$150 per child will be included in tuition payments. The monthly fundraising payment will be \$15 per child per month. In June student accounts will be credited for money raised up to \$150 per child through the following fund raising events:

Christmas Sale	50% of total amount
Chocolate Sale	50% of total amount
Bowl-A-Thon/Jog-A-Thon	90% of total amount received from donors

### **For example:**

If you raise \$150 or more per child through the above events, you will be credited the full amount of \$150 per child.

If you raise \$75 per child, you will be credited \$75 per child.

If you raise \$300 per child, you will be credited only \$150 per child.

If you raise nothing, nothing will be credited.

**EVANGEL CHRISTIAN SCHOOL 39-21 Crescent Street, Long Island City, NY 11101 (718) 937-9600**

**STUDENT APPLICATION**

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

NAME OF CHILD \_\_\_\_\_ SEX \_\_\_\_\_ S.S.# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ BIRTH CERTIFICATE NO. \_\_\_\_\_

GRADE TO BE ENTERED \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_ DISMISSAL TIME (circle one) 11:30, 2:45 & 6:00 \_\_\_\_\_

Has this child repeated a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Child living with (circle one): \_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Languages spoken in home other than English \_\_\_\_\_

How did you find out about Evangel Christian School? \_\_\_\_\_

List all previous schools child has attended: \_\_\_\_\_

NAME OF SCHOOL	ADDRESS	GRADE	YEAR
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**FAMILY INFORMATION**

Father's Full Name	Title (circle one): Mrs. Ms. Miss	Mother's Full Name
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Employer	Employer
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Address	Address
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Position	Position
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Work #	Cell #	Work #	Cell #
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Education: High School	Years	Education: High School	Years
College	Years	College	Years

Status: Married	Separated	Divorced	Status: Married	Separated	Divorced
Remarried	Single	Widower	Remarried	Single	Widow

Name of Church:	Name of Church:
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Address	Address
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Denomination	Denomination
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How often do you attend?	How often do you attend?
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Have you personally received Jesus Christ as your Lord and Savior?	Have you personally received Jesus Christ as your Lord and Savior?
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**Names of Brothers and Sisters**

**Date of Birth**

**Present Grade**


**PARENT AGREEMENT: We have read the application. We pledge our support and cooperation to the school and agree to comply with all policies and procedures stated.**

Date: \_\_\_\_\_ Signature of concurrence: \_\_\_\_\_ Father \_\_\_\_\_

Guardian \_\_\_\_\_ Mother \_\_\_\_\_

# EVANGEL CHRISTIAN SCHOOL

## ANNUAL PARENT QUESTIONNAIRE

Date \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Student's name \_\_\_\_\_ S. S. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Home Address and Phone Number (if different from student's address)

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

\_\_\_\_\_ Zip \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Home Address and Phone Number (if different from student's address)

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

\_\_\_\_\_ Zip \_\_\_\_\_

The transportation of a sick child from the school to the home or to a medical facility is basically the parents' responsibility. Please list below 2 neighbors or relatives to be called in an emergency if the parent/guardian cannot be reached.

1. Name \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_

Beeper/Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

3. IF NONE OF THE ABOVE CAN BE REACHED, WHAT DO YOU WISH THE SCHOOL TO DO?

\_\_\_\_\_

\_\_\_\_\_

THE RECOMMENDATIONS OF THE PARENT WILL BE RESPECTED, BUT IN THE FINAL DISPOSITION OF AN EMERGENCY, THE JUDGEMENT OF THE SCHOOL AUTHORITIES WILL PREVAIL.

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please complete if relevant:

Psychiatrist/Psychologist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

PLEASE ANSWER QUESTIONS ON THE REVERSE SIDE



**HAS YOUR CHILD HAD ANY OF THE FOLLOWING PROBLEMS:**

vision problems \_\_\_\_\_ glasses \_\_\_\_\_ contacts \_\_\_\_\_ color blindness \_\_\_\_\_  
hearing problems \_\_\_\_\_ tested ? \_\_\_\_\_  
frequent earaches \_\_\_\_\_ dates \_\_\_\_\_  
orthopedic conditions \_\_\_\_\_  
speech problems \_\_\_\_\_  
hospitalizations \_\_\_\_\_  
frequent sore throat (past year) \_\_\_\_\_  
asthma \_\_\_\_\_ any pattern \_\_\_\_\_  
headaches \_\_\_\_\_ any pattern \_\_\_\_\_  
nosebleeds \_\_\_\_\_ any pattern \_\_\_\_\_  
constipation \_\_\_\_\_ any pattern \_\_\_\_\_  
diarrhea \_\_\_\_\_ any pattern \_\_\_\_\_  
bed wetting \_\_\_\_\_ any pattern \_\_\_\_\_  
convulsions \_\_\_\_\_ any pattern \_\_\_\_\_  
heart conditions \_\_\_\_\_ any pattern \_\_\_\_\_  
skin conditions \_\_\_\_\_ medications \_\_\_\_\_  
other \_\_\_\_\_

Has your child had any serious illness, injury, operation or communicable disease since September 1<sup>st</sup> of last year? \_\_\_\_\_

Does your child take any medication on a regular basis? Specify, including times: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ To what? \_\_\_\_\_

If an allergic reaction occurs in school, are there any special instructions? \_\_\_\_\_

Are there any special needs of which we should be aware of? (i.e. diet, emotional, menstrual, learning disability) \_\_\_\_\_

This health history is correct and my child \_\_\_\_\_  
has permission to engage in all school activities unless noted by the physician or me. In the event of an emergency and I or my spouse or pediatrician cannot be reached, I give permission to the physician or hospital selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above with the understanding that the family will be notified as soon as possible.

Signature \_\_\_\_\_

Relationship to student \_\_\_\_\_

Date \_\_\_\_\_

If child lives with one parent, are there any restrictions in dealing with the other parent? **All restrictions must be accompanied by court documents!** \_\_\_\_\_

With which parent does the child live? \_\_\_\_\_

PLEASE USE THE REMAINING SPACE FOR FURTHER COMMENTS \_\_\_\_\_

\_\_\_\_\_

## Pastor's Confidential Recommendation Form

### **I. TO BE FILLED IN BY THE FAMILY**

After you have filled in Part I, please give to your Pastor. He should complete Part II and mail directly to the school.

Family Name \_\_\_\_\_

Family Address \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_

Full Names of Children Applying (First and Last Names)

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### **II. TO BE FILLED IN BY YOUR PASTOR**

Is the above family active in your church? Yes \_\_\_\_\_ No \_\_\_\_\_

Have any members of the family held a leadership position in your church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are the children in the youth programs of the church? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider the children open to spiritual instruction? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your understanding of this family's relationship to God?

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

Are there any matters, which you feel would be helpful for us to know as we consider the admission of this family?

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

Do you recommend this family for admission? Yes \_\_\_\_ No \_\_\_\_

Pastor's Signature \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Please return to:

Evangel Christian School  
39-21 Crescent Street  
Long Island City, N.Y. 11101

# METRO CARD APPLICATION FORM

**PLEASE NOTE:** IF A CHILD IS ALREADY TAKING THE OPT BUS, THEY ARE NOT ENTITLED TO RECEIVE A PUBLIC TRANSPORTATION PASS.

The Office of Pupil Transportation offers two metrocards to students full fare and half fare metro cards. Full fare metro cards can be used on the bus or train and half fare metrocards are for bus use only. Students eligible for half fare cards are required to pay ½ the fare. Requirements are as follows:

K-2 students who live ½ mile or more are eligible for Full Fare.

who live less than ½ mile are eligible for half fare metro card.

3 - 6 grade students who live a mile or more are eligible for Full Fare.

who live ½ mile up to a mile are eligible for half fare metro card.

7 - 8 grade students who live over 1 ½ miles from the school are eligible full fare metro card.

who live over 1/2 mile to 1 ½ mile from the school are eligible for half fare metro card.

IF YOU DESIRE A METRO CARD FOR YOUR CHILD, AND FALL WITHIN THE REQUIREMENT, PLEASE COMPLETE AND SUBMIT THIS FORM TO THE SCHOOL OFFICE.

## PUBLIC BUS OR TRAIN REQUEST

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ APT# \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Previous School (new students only) \_\_\_\_\_

## PLEASE INDICATE THE TRAIN OR BUS LINE YOUR CHILD WILL USE.

Train: Name of Line \_\_\_\_\_

Bus: Name of Company \_\_\_\_\_

Bus Number \_\_\_\_\_

### **DISCLAIMER:**

**(Upon your signature, you agree that the above address is your current residential address and is the same address the school has on record.)**

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

FOR OFFICE USE ONLY:

Date of Submission: \_\_\_\_\_ Data Entry: \_\_\_\_\_