



EVANGEL CHRISTIAN HIGH SCHOOL

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, it is a member of the Association of Christian Schools International. It is also a member of the College Board. 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 12th 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 High 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.

PHILOSOPHY OF EDUCATION

WE BELIEVE

....that God is the source of all life and truth.

....that the school is committed to supporting the parents in teaching and training the student "to think God's thoughts after Him," and to "bring every thought captive to the obedience of Christ."

....that it is essential to recognize the worth of each individual and the way he learns.

....that the school should encourage and help each child develop to the highest degree he is capable of attaining.

....that it is the responsibility of the school in, cooperation with the home and other agencies, to capitalize on the child's diverse interests, background, talents and abilities.

....that since the child lives in a democratic society, it behooves the school to develop in the child an understanding of our society through experiences and situations appropriate to his learning level.

....that to live in a democratic society a child must be guided to accept his responsibilities to himself and his peers, so that ultimately upon reaching adulthood, he will be an active contributor and discerning member of society.

....that the school should provide for the learning of basic skills and knowledge to include not only **reading, writing and mathematics** but also the principles of the Bible and all other subjects needed for thought, study and moral decision in today's world.

....that the school should provide opportunities for self-expression along with a vast number of experiences that will help each child discover his particular talents, nurture his creative thinking, develop his character, learn self-discipline, appreciate beauty, and strengthen sound mental, emotional and spiritual well-being.

....that the school should maintain and strengthen our American heritage and develop in the child a love and appreciation for the rights, privileges and responsibilities guaranteed by our form of government.

....that the school should help pupils become critical thinkers - acquire factual knowledge, develop the ability to analyze facts, weigh evidence, resist destructive propaganda and form intelligent opinions - **a mastery of the necessary skills needed to apply his knowledge in service to both God and man.**

....that the school should foster attitudes that would encourage children of all races and colors to live in harmony, appreciation and understanding of one another.

....that teaching should be a process of helping, assisting, and encouraging children in a Christian atmosphere. **They are taught to respond Biblically in their actions and interactions with others. The student is taught to be obedient to the two greatest commandments as set forth by Christ, namely:**

**YOU SHALL LOVE THE LORD YOUR GOD WITH ALL YOUR HEART, AND WITH ALL YOUR SOUL, AND WITH ALL YOUR MIND....YOU SHALL LOVE YOUR NEIGHBOR AS YOURSELF.
(Matthew 22:37,39 NASV)**

BIBLICAL PHILOSOPHY

God has placed the responsibility for educating children on the parents. Educating children without the cooperation of the home is unscriptural and endangers the mental, spiritual and social well-being of those most precious to us - our children.

Proverbs declares that "the fear of the Lord is the beginning of wisdom..." Without reverence for God there is no foundation for true wisdom and thus, the whole person is not educated. Many Old Testament Scriptures shed light on training, teaching 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, at social activities, in athletic competition - in church and in Sunday School. Stated more precisely, Christian education should be experienced in all things, at every place and at all times.

God has called Evangel Christian School to fill a gap in our children's education. This school will serve as your partner in the Christian education of your children. Attendance at this school is a privilege and not a right. The goal of the school is not to reform, but to carefully educate children in the highest principles of character, Christian leadership, self discipline, individual responsibility, personal integrity and good citizenship.

As the faculty and staff of Evangel Christian School, we **are committed to leading each student into a vital personal relationship with Jesus Christ as Lord and Savior and to training the student to serve Christ in every area of life.** We pledge ourselves to academic and moral excellence in a Christ-centered atmosphere. It is our prayer and purpose to do all things to the honor and glory of our Lord Jesus Christ!

STATEMENT OF FAITH

1. We believe the Old and New Testaments are the divinely inspired revelation of God and His purposes for all mankind.
2. We believe in the Triune God, revealed in the Bible and creation as Creator and Ruler of the universe. He has always existed and always will.
3. We believe Jesus Christ the eternal Son of God became man in order that God's great plan of redemption would atone for humanity and that He died and rose from the dead.
4. We believe man was created good and upright, in the image of God. By choosing to disobey God's command, man was separated from fellowship with the Creator. Suffering and death entered the world because of sin.
5. We believe man's only hope for fulfillment, satisfaction and restoration to God is the forgiveness which God has provided through the death of Jesus Christ.
6. We believe in a Triune Godhead which Christ expressed in specific terms as Father, Son and Holy Spirit.
7. We believe the Holy Spirit working within man brings salvation when he comes to God in faith. In addition, all Christians may experience an infilling of the Holy Spirit, following salvation, called the "Baptism in the Holy Spirit."
8. We believe healing is an integral part of the good news God has for the world and that God heals sickness today, as in Bible times.
9. We believe God will intervene in human affairs by the return of Jesus Christ to the earth. This will bring history to a climax and usher in a "new heaven and a new earth."

ADMISSION POLICY

PREAMBLE: Christian education involves the growth of the whole man: Therefore, it is imperative that those elements which focus on the child's education be consistent both at home and at school. For this reason it is necessary that parents are in accord with the philosophy and teaching of the school.

The following policies and standards of admission will provide consistent training and a quality education for your child.

1. The Christian school complements the Christian home; therefore, we primarily enroll Christian families. (An exception may be made if parents agree not to oppose the Biblical teaching of the school).
2. Parents must state in writing that they have read our philosophy and statement of faith, and commit themselves to co-educate their child 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 in lending practical help as required by the school.
4. Parents/Students must be interviewed by the School Representative.
5. Preference in enrollment will be given to our members of Evangel Church first, then to others on a first come first serve basis.
6. Parents may apply for a scholarship by submitting necessary form to the School Board.
7. All families are encouraged to attend a Bible-believing church.
8. Upon confirmation by the Administration, your child will be enrolled or placed on a waiting list.
9. Acceptance or rejection of applicants will be by written notification. The Testing Fee must be paid before testing and is nonrefundable if the child is not admitted, or if the child withdraws.
10. The Administration may refuse to admit a student with severe disciplinary, psychological or learning disability problems.
11. The school does not discriminate on the basis of race, color, national origin or ethnicity in the administration of its admission policies.



EVANGEL CHRISTIAN HIGH SCHOOL

39-21 Crescent Street, Long Island City, NY 11101 718/937-9600 Fax: 718/706-8669
Dr. Rev. Robert Johansson – Headmaster Mrs. Carolyn Marko – Principal

APPLICATION

This form is to be completed by the applicant and parent(s)/guardian(s).

Student Information

Name: _____ Grade Entering: _____
Last First Middle

School year applying for: _____

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Sex (circle): M F Height _____ Birth date: _____ Age: _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Social Security No.: _____ Country of Citizenship: _____

Birth Certificate Number: _____

Has this child repeated a grade? Yes _____ No _____ If so, what grade? _____

Applicant is living with (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Father & Stepmother |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Mother & Stepfather |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Foster Parents Only | <input type="checkbox"/> Other: _____ |

Current School: _____ Location: _____

Church Affiliation: _____ Location: _____

Parent/Guardian Information

MOTHER

Title (circle one): Mrs. Miss Ms.

Mothers Name: _____ Telephone: () _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Place of Birth: _____

Employer: _____ Position: _____

Employer's Address: _____

Business Telephone: () _____ Ext. : _____

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

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

Name of Church: _____ Denomination: _____

How often do you attend? _____

Have you personally received Jesus Christ as your Lord and Savior? _____

FATHER

Fathers Name: _____ Telephone: () _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Place of Birth: _____

Employer: _____ Position: _____

Employer's Address: _____

Business Telephone: () _____ Ext. : _____

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

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

Name of Church: _____ Denomination: _____

How often do you attend? _____

Have you personally received Jesus Christ as your Lord and Savior? _____

Additional Information

Names and Ages of other children:

Name: _____ Age: _____ Present Grade: _____

Name: _____ Age: _____ Present Grade: _____

Name: _____ Age: _____ Present Grade: _____

Name: _____ Age: _____ Present Grade: _____

What language is spoken in your home? _____

Has the applicant ever been treated for a learning disability?

Yes No If "yes" explain here.

Has the applicant ever received counseling, psychological or otherwise?

Yes No If "yes" explain here.

Does the applicant have any chronic diseases, physical limitations, or handicaps?

Yes No If "yes" explain here.

Previous Academic Preparation

Most Recent Elementary School: _____

City/State: _____ Grades Attended: _____

Most Recent Middle/Junior High School: _____

City/State: _____ Grades Attended: _____

Most Recent High School: _____

City/State: _____ Grades Attended: _____

Pledge of Support

I have read the application. I pledge my support and cooperation to the school and agree to comply with all policies and procedures stated. I also understand that my child's privileges as a member of the school family may be curtailed at the discretion of the staff. I will support the school financially through my regular tuition payments. I understand that all tuition and fees must be paid in full before semester or final examinations may be taken, or transcripts, report cards, diplomas or transfer may be issued.

I also understand that my child likeness may be photographed or videotaped by the course of school activities. I hereby give consent for the school to use my child likeness in promotional materials.

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Evangel Christian High School will accept qualified students in good standing regardless of race, color, sex, or ethnic or national origin.

Student Interests

Please check if you are interested in any of the following:

Musical Instruments: _____

I would like to sing in the choir this year: Yes No

Extracurricular Activities

- Chapel, Worship Committee
- Chorus
- Drama
- Student Government
- Yearbook
- Newspaper

Sports

- Track
- Volleyball
- Basketball
- Baseball

Are there any other interests you may have that you do not see listed above? If so, please list them below.

Please list any past experience or awards in the above areas you checked.

My plans after high school are:

- College/Higher Education Employment Armed Services

Other: _____

EVANGEL CHRISTIAN HIGH SCHOOL

ANNUAL PARENT QUESTIONNAIRE

Date _____ Grade _____ Birth date _____

Student's name _____ S. S. # _____

Address _____

City _____ Zip _____ Phone _____

Mother's Full Name _____ Business Phone _____

Father's Full Name _____ Business Phone _____

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 1st 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 calling the other parent? _____

With which parent does the child live? _____

PLEASE USE THE REMAINING SPACE FOR FURTHER COMMENTS _____



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PRELIMINARY ACADEMIC INFORMATION

This form is to be completed by the appropriate school authority (Principal, Counselor) and returned directly to Evangel Christian High School.

Verification of information from school records:

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Present School: _____ Present grade: _____

Date and grade of entry into your school: _____

Address: _____ Apt. No.: _____

City: _____ Zip Code: _____

STANDARDIZED TEST SCORES: (Please submit most recent data):

	Test Name	Test Date	Grade Equiv.	Local %	National %
Total Reading					
Total Mathematics					
Total Language					

EVALUATION IN MATH AND ENGLISH

Please use the following scale to evaluate the above student's present grade work in English and in Math.

		1 = Far below average 2 = Below average 3 = Average 4 = Above Average 5 = NA (Not applicable)
English	Math	Compared to his/her peers, this student's maturity.
		Compared to his/her peers, this student's responsibility.
		Compared to his/her peers, this student's general behavior and discipline.
		Compared to his/her peers, this student's attention to detail and time on task.
		Compared to his/her peers, this student's effort and attitude towards school.
	x	His/her reading ability.
	x	His/her competency in writing.
		His/her consistency in completing assignments.
x		His/her knowledge of fundamental math concepts.
x		His/her problem solving abilities.

ATTENDANCE /DISCIPLINE

Please indicate the student's attendance for the most recently completed school year.

Days Absent _____ Days Late _____

Has the student ever been dismissed, suspended or expelled from your school for any reason? _____

If you answered "Yes," please explain. _____

Please be specific regarding the student's discipline record.

Comments: _____

ACADEMIC PROGRESS

Date of last report card: _____ Your school's passing grade is: _____

REPORT CARD GRADES

(Please enter report card grade in space provided, and circle year in school).

Subject	Previous Grade	Present Grade	Check if:	
			Honors	Accelerated
English	____ 7 8 9	____ 7 8 9	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	____ 7 8 9	____ 7 8 9	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	____ 7 8 9	____ 7 8 9	<input type="checkbox"/>	<input type="checkbox"/>
Science	____ 7 8 9	____ 7 8 9	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language	____ 7 8 9	____ 7 8 9	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT ACADEMIC COURSES

Mathematics

- General Sequential I Sequential II Algebra I Algebra II
 Math A Math B Other _____
 Will take Regents exam

Science

- General Earth Biology Living Environment
 Other _____
 Will take Regents exam

Foreign Language

- French German Spanish Other _____
 Will take Proficiency exam

*Specify level _____ Class meets ___ times per week.

PLACEMENT

Student's native language: _____

Is the student recommended for ESL? Yes _____ No _____

Is the student in a Remedial Program? _____ Resource Room? _____

If yes, what type of remediation is he receiving? (Please explain including diagnosis of any learning disability) _____

Would you recommend this student for Honors/Advanced Placement courses? _____

REGENTS EXAMS

Please list any Regents Exams taken and scores.

Course	Date/Grade Taken	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student has not taken any Regents Exams.

RECOMMENDATION

Please check one of the responses below:

_____ I recommend highly

_____ I recommend with reservation

_____ I recommend

_____ I do not recommend

If you checked "I recommend with reservation" or "I do not recommend," please explain.

Authorized School Official's Signature: _____ Date: _____

Position: _____ Telephone: _____



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Thank you for completing this recommendation.

ACADEMIC REFERENCE FORM

(To be filled out by current teacher)

The student named below has applied for admission to Evangel Christian High School. We would appreciate your completing the following information, and returning it directly to us to help us expedite his/her application. Thank you for your consideration.

Name of Student: _____

Student's Address: _____

Present School: _____ Present Grade: _____

Parent's Signature Authorizing Release of Information: _____

Please check the appropriate response to each question:

	<u>Always</u>	<u>Usually</u>	<u>Seldom</u>
1. Student is prepared for class	_____	_____	_____
2. Student works to the best of his/her ability	_____	_____	_____
3. Students prepares assignments carefully	_____	_____	_____
4. Student turns in assignments on time	_____	_____	_____
5. Student demonstrates appropriate conduct at school	_____	_____	_____

The student's academic performance in relation to his/her peers is:

- Above Average
 Average
 Below Average

In relationship to the student's own ability, this student's academic motivation:

- Highly Motivated
 Usually Purposeful
 Vacillating
 Purposeless

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>
*Motivation	_____	_____	_____
*Self Discipline	_____	_____	_____
*Self Esteem	_____	_____	_____
*Respect For Authority	_____	_____	_____
*Concern For Others	_____	_____	_____
*Emotional Maturity	_____	_____	_____

The student's attendance record for the current school year is:

- Exceptional
 Acceptable
 Unacceptable

Are there any physical or learning disabilities that have required special consideration by your school, especially the classroom teacher?

- No
 Yes (Please explain): _____

Describe the relationship the applicant has with teachers. _____

Describe the personality traits of the applicant: _____

Does the student have any difficulty on academic tests? No Yes (Please explain):

Has the student been dismissed, suspended, or expelled from your class or school for any reason. Please explain: _____

List days absent and late _____

List the strengths of the applicant: _____

List the areas of possible improvement: _____

What special talents does the applicant have in the areas of athletics, creative arts, or specialized areas:

RECOMMENDATION – please check one of the responses below:

I recommend highly

I recommend with reservation

I recommend

I do not recommend

If you checked “ I recommend with reservation” or “I do not recommend,” please explain.

You are invited to share additional information regarding the applicant or the applicant’s family:

Check if you wish to give additional information by telephone.

Signed: _____ Position: _____ Date: _____

School: _____ City: _____ Telephone: _____

Additional remarks: _____



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Thank you for completing this recommendation.

PASTOR'S EVALUATION

The student named below has applied for admission to Evangel Christian High School. In considering this admission, we would appreciate your evaluation of the student. Please return this form directly to us, to help us expedite his/her application. Thank you for your consideration.

Name of Student: _____

Student's Address: _____

Home Church: _____

Parent's Signature Authorizing Release of Information: _____

Please check the appropriate response:

MOTIVATION:

- Highly Motivated Usually Purposeful Vacillating
 Purposeless Unable to Answer

CONCERN FOR OTHERS:

- Deeply Concerned Generally Concerned Self-Centered
 Indifferent Unable to Answer

RESPONSIBILITY:

- Assumes much responsibility Conscientious
 Somewhat dependable Unreliable Unable to Answer

INTEGRITY:

- Trustworthy Dependable Questionable
 Dishonest Unable to Answer

CHRISTIAN ATTITUDE:

- Exceptional Above Average Average
 Poor Unable to Answer

List the strengths of the applicant: _____

List the areas of possible improvement: _____

Is this 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: _____

How regular is this student in Church and Sunday School/Youth activities? _____

Do you consider this child open to spiritual instruction? Yes _____ No _____

Describe the spirituality level of the student and the family. (Is it High? Average? Low?)

Please explain: _____

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

My recommendation for this student to Evangel Christian High School is:

- Strongly Recommended**
 Generally Recommended
 Not Recommended

Additional comments related to the individual or family background that will assist our ministry to the applicant _____

Pastor's Signature: _____ Date: _____

Pastor's Name: _____

Church Name: _____

Church Address: _____

Church Telephone Number: _____

