



Greater Beckley Christian School

140 Crusader Drive * PO Box 670 * Prosperity, WV 25909

Phone: 304-255-1571 * Fax: 866-582-0341

Dr. Roger Harding

www.greaterbeckley.org

Greetings,

Thank you for your interest in Greater Beckley Christian School. Greater Beckley has over a forty year tradition of providing the finest Christian education available in this area. Our goal is to provide quality academic and extracurricular programs that will serve to educate and develop our students academically, spiritually, socially, and emotionally.

We have adopted an admissions policy that opens the school to families who are like-minded spiritually, who are supportive of our philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education, but a distinctively Christian education for their children.

Before applying for admission to our school, please read the Student Policy Manual at our website, www.greaterbeckley.org. The Manual will introduce you to many of the school's policies, procedures, and expectations for both parents and students.

The first several pages of the Manual explain our religious purpose, mission, and beliefs. Our school unashamedly believes, teaches, and practices a literal interpretation of the Word of God. Biblical principles are integrated into every subject taught at our school. Our staff is committed not only to academic excellence, but also to teaching students how to apply the truths of God's Word to every aspect of life. If you are in agreement with the teachings of God's Word, our school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

Sincerely,

Dr. Roger Harding, Administrator
Greater Beckley Christian School

Mr. Steven Cuthbert
Secondary Principal

Mrs. Amanda Moye
Middle School Principal



Greater Beckley Christian School

FINANCIAL INFORMATION

2020 - 2021

A \$35 **non-refundable** application fee per student is required with each new application.

No action will be taken until the application fee is paid and all application materials have been completed and returned to the financial office.

STUDENT FEES* (per student) (All fees are mandatory.)

DESCRIPTION OF REGISTRATION FEE

Testing Fee - State Mandated Annual Achievement Testing
Technology Fee - Maintenance and Replacement of Technology Items
Transportation Fee - Maintenance and Replacement of Vehicles
ACSI Dues - Payable to the Association
Activity Fee - Covers free admission for **students** to all home athletic contests
Yearbook Fees - All students (K5-12) receive school yearbook.

REGISTRATION FEE

\$250.00 (non-refundable)

BOOK RENTAL AND CONSUMABLE MATERIALS FEE

\$300.00

**All fees must be paid by first day of school.*

2020 - 2021

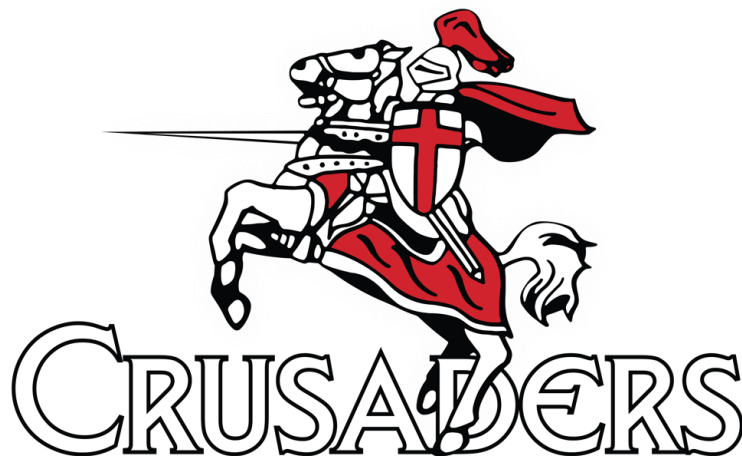
GRADE	TUITION	
<u>K5- Grade 12</u>	<u>Yearly</u>	
1 Child	\$4400	
2 Children	\$7920	10, 11, 12 month plans available
3 Children	\$9900	
4 Children	\$10,560	

The tuition fees at Greater Beckley Christian School are **annual fees**.

GBCS is partnered with the FACTS Management Company to fulfill and manage your tuition and fee payment obligations. Enrollment is online at www.greaterbeckley.org under "Parents." There are **several payment options available**.

Greater Beckley Christian School

Enrollment Application



PO Box 670
140 Crusader Drive
Prosperity, WV 25909
Phone: (304) 255-1571 (Secondary)
(304) 255-1616 (Elementary)
Fax: (866) 582-0341
www.greaterbeckley.org
Email: office@greaterbeckley.org

APPLICATION FOR STUDENT ENROLLMENT
GRADES Kindergarten 5 - 12th Grade

STUDENT'S FULL LEGAL NAME _____ Grade Entering _____
 GOES BY _____ Date of Birth ____/____/____ (K-5 must be 5 prior to July 1st)
 Place of Birth _____ Male Female Social Security # _____
 Ethnicity Asian, Black, Caucasian, Hispanic, Indian, Middle Eastern, Native American, Pacific Islander, Other _____ (Circle one)
 Please enclose a copy of your child's birth certificate.

STUDENT'S HOME ADDRESS: _____

BILLING ADDRESS (If different than home address): _____

COUNTY: _____ HOME PHONE: _____

BIOLOGICAL/ADOPTIVE PARENT INFORMATION

FATHER'S LEGAL NAME _____ SOCIAL SECURITY # _____
 EMPLOYER _____ OCCUPATION _____
 HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____
 MARITAL STATUS _____ APPLICANT LIVES WITH YES NO

MOTHER'S LEGAL NAME _____ SOCIAL SECURITY # _____
 EMPLOYER _____ OCCUPATION _____
 HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____
 MARITAL STATUS _____ APPLICANT LIVES WITH YES NO

STEP-PARENT, GUARDIAN INFORMATION IF APPLICABLE

NAME _____ SOCIAL SECURITY # _____
 EMPLOYER _____ OCCUPATION _____
 HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____
 MARITAL STATUS _____ APPLICANT LIVES WITH YES NO RELATIONSHIP _____

NAME _____ SOCIAL SECURITY # _____
 EMPLOYER _____ OCCUPATION _____
 HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____
 MARITAL STATUS _____ APPLICANT LIVES WITH YES NO RELATIONSHIP _____

PLEASE EXPLAIN ANY ADDITIONAL CIRCUMSTANCES

IN CASE OF EMERGENCY, IN ADDITION TO PARENTS CALL
 NAME _____ PHONE # _____ RELATIONSHIP _____
 NAME _____ PHONE # _____ RELATIONSHIP _____

NON-DISCRIMINATORY POLICY

Greater Beckley Christian School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its admission policies, educational policies, scholarship and loan programs, athletic and other administered programs and admits qualified students to all the rights, privileges, programs and activities generally accorded or made available to students at school subject to and in conformity with the school religious beliefs and practices as embodied in its rules and regulations.

CHURCH INFORMATION

CHURCH NAME:

PASTOR'S NAME:

CHURCH ADDRESS:

CHURCH PHONE:

DOES APPLICANT HAVE A SALVATION TESTIMONY?

YES NO

IS APPLICANT A CHURCH MEMBER?

YES NO

APPLICANT'S CHURCH ATTENDANCE?

REGULAR SELDOM NEVER

GENERAL MEDICAL INFORMATION

PHYSICIAN:

PHONE:

CONDITION OF STUDENT'S HEALTH: excellent good poor (please explain) _____

DOES STUDENT HAVE ANY DISABILITIES / ALLERGIES? (If yes, please explain) _____

SCHOOL INFORMATION

LAST SCHOOL ATTENDED

SCHOOL ADDRESS / PHONE

HAS APPLICANT EVER REPEATED A GRADE YES NO

WHICH GRADE? _____ IF YES, PLEASE EXPLAIN

HAS APPLICANT EVER BEEN EXPELLED YES NO OR SUSPENDED YES NO

IF YES, PLEASE EXPLAIN:

HAS APPLICANT EVER HAD ACADEMIC, DISCIPLINARY, OR BEHAVIORAL PROBLEMS IN A SCHOOL?

YES NO IF YES, PLEASE EXPLAIN:

HAS APPLICANT EVER BEEN IN TROUBLE WITH THE LAW? YES NO

IF YES, PLEASE EXPLAIN:

Please enclose a copy of your child's most recent academic record (report card).

GRANDPARENT INFORMATION

PATERNAL GRANDPARENTS' NAMES: _____ PHONE: _____

ADDRESS: _____

MATERNAL GRANDPARENTS' NAMES: _____ PHONE: _____

ADDRESS: _____

PLEASE NOTE!

We reserve the right to interview all applicants and parents before acceptance. A **\$35 application fee is required**. Applications (including necessary forms) will be processed in the order received. Final acceptance cannot be issued until all required forms are completed properly.

AGREEMENTS FOR PARENTS AND STUDENTS

THIS PAGE **MUST** BE SIGNED BY ALL PARENTS OR GUARDIANS. IN ADDITION, ALL YOUNG PEOPLE **MUST READ THE CURRENT STUDENT POLICY MANUAL AND SIGN THE AGREEMENT ON THE PROSPECTIVE STUDENT QUESTIONNAIRE.**

BY SIGNING THIS AGREEMENT, I AGREE TO ALL OF THE FOLLOWING POLICIES, PROCEDURES, AND PERMISSIONS:

The information provided by me in this application is, to the best of my knowledge, accurate and true. I realize that falsification of information may be grounds for a student's dismissal.

Permission is granted to use reasonable discipline to correct my child.

Permission is granted for my child to participate in any school-sponsored field trips or educational trips including the Senior Trip (grade 12). Students will ride on school-approved transportation, and the rules listed in the Student Policy Manual will apply.

Permission is granted for my child's picture to be used in the following promotional publications: school brochures, school website, local and school newspapers, and school CD/DVD presentations. This permission is given with the understanding that GBCS will not publish any information that would uniquely identify my child such as his/her last name, address, phone number, or email address. It is also understood that I have the right to withdraw this permission at any time in the future via a written document. Permission is granted unless otherwise stated on a separate sheet of paper with an explanation including: publication type and reason for not granting permission.

Permission is granted for Greater Beckley Christian School to submit to the State of West Virginia, on my behalf, any attendance records needed to comply with the Compulsory Education Law.

Permission is granted for Greater Beckley Christian School personnel to secure any medical attention they deem necessary for my child in the case of an emergency. In case of an 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 the physician indicated in the application and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

I agree to honor all financial obligations regarding my child's tuition at GBCS in a timely manner. I understand that failure to do so may result in dismissal of my student and my account being turned over to a collection agency. I also understand that my child's final grade card will be withheld and records will not be transferred to any other learning institution until all accounts are paid in full.

I hereby affirm that I have read the Student Policy Manual and discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including applicable policies in the Student Policy Manual.

I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this Student Policy Manual does not contractually bind Greater Beckley Christian School and is subject to change without notice by decision of Greater Beckley Christian School's governing body. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Signature of Mother/Guardian _____
Date

Signature of Father/Guardian _____
Date

Students in Grades 7-12: Please read the following statement carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student Policy Manual. I certify that I consent to, and will submit to all governing policies of the school, including all applicable policies in the Student Policy Manual. Any violation of the standards can necessitate my immediate expulsion from GBCS and that failure to be truthful in the application process could result in my not being accepted at GBCS or could result in my dismissal after enrollment.

I understand that this Student Policy Manual does not contractually bind Greater Beckley Christian School and is subject to change without notice by decision of Greater Beckley Christian School's governing body.

I understand that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school's standards could result in the loss of that privilege.

Signature of Student _____
Date

GBCS EMERGENCY INFORMATION
2020-2021

STUDENT INFORMATION (PLEASE PRINT)

Student's Name _____ Grade ____ *Student's Cell# _____

*Student E-mail _____

(CIRCLE) Ethnicity - Asian Black Caucasian Hispanic Indian Middle Eastern Native American Pac Isl Other _____

MEDICAL INFORMATION

Allergies _____

Other _____

Physician's Name _____ Name of Practice _____ Phone _____

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 the Physician indicated above and to follow his instructions. If it is impossible to contact this Physician, the school may make whatever arrangements deemed necessary.

⇒ Parent/Guardian Signature _____ Date _____

GRADES 6-12 ONLY (Elementary see the school office)

If you wish for your child to be given "over the counter" medications during school hours, you **MUST** sign below or the medication will not be administered. (Acetaminophen (generic Tylenol) and Ibuprofen (generic Advil) are available).

MEDICATION _____ STRENGTH _____ HOW OFTEN ADMINISTERED _____

MEDICATION _____ STRENGTH _____ HOW OFTEN ADMINISTERED _____

*TIMES PER WEEK _____

⇒ Parent/Guardian Signature _____ Date _____

CHURCH INFORMATION

Name of Church/Location _____

How often do you attend? _____ Member? _____

Pastor's Name _____ Youth Pastor's Name _____

PARENT/GUARDIAN INFORMATION

Mother _____ Father _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Other Phone #'s _____ Other Phone #'s _____

*E-mail _____ *E-mail _____

E-MAIL WILL BE THE PRIMARY MEANS OF COMMUNICATION

PLEASE LIST TWO INDIVIDUALS/RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Name _____

Phone _____ Phone _____

Photography Permission Slip

Child's Name: _____

Date: _____

Check one:

I do give my permission for photographs of my child participating in school activities/field trips to be used online or other media, shared with parents, or on the school website.

I do not give my permission for my child's photographs to be shared.

Parent/Guardian's Name & Signature



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Dr. Roger Harding, Administrator

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Instructions to the applicant:

Complete the following before delivering the form to the requested recommender.

Name of Applicant _____

Last

First

Middle

Birthdate: Month _____ Day _____ Year _____

Term applying for: _____

Grade applying for: _____

Name of Recommender _____

(Must not be a family member)

Signature of Parent _____ Date: _____

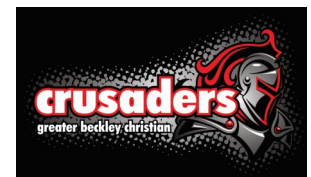
Instructions to the Recommender:

Please fill in the requested information as you feel qualified. The form may be mailed to: Greater Beckley Christian School, Attn.: Admissions, 140 Crusader Drive, Prosperity, WV 25909

Assessment of Students abilities:

How long have you known this student? _____ Years _____ Months

In what capacity? _____



Learning Readiness:

*On a scale of 1-10, please rate the student in the following areas with one needing the most improvement and 10 being the greatest strength in that area:

Learning Skills	1	2	3	4	5	6	7	8	9	10
Follows Directions	1	2	3	4	5	6	7	8	9	10
Attention Skills	1	2	3	4	5	6	7	8	9	10
Cooperates w/ Others	1	2	3	4	5	6	7	8	9	10
Relates well w/ Peers	1	2	3	4	5	6	7	8	9	10
Relates well to authority	1	2	3	4	5	6	7	8	9	10
Asks for Help when necessary	1	2	3	4	5	6	7	8	9	10
Adjusts to Transition	1	2	3	4	5	6	7	8	9	10
Responds well to correction	1	2	3	4	5	6	7	8	9	10
Functions independently	1	2	3	4	5	6	7	8	9	10
Overall Language Ability	1	2	3	4	5	6	7	8	9	10
Verbal Expression	1	2	3	4	5	6	7	8	9	10

Comments: _____

Has the student received or been recommended for any special programs or support services? (Circle one.)

Speech and Language: yes or no

Social Skills: yes or no

Occupational Therapy: yes or no

Behavior Modification: yes or no

Counseling: yes or no

Other: Please list _____

If yes on any selection, please explain:

Have you noticed any signs of a possible learning difference?

If yes, please explain _____

Does the student require regular one-on-one attention &/or one-on-one assistance?

If yes, please explain _____

Please describe any behavior issues the student may have had over the past year.

If applicable, are the student's parents supportive of actions taken by the school to prevent poor behavior from recurring.

Are the student's parents supportive of your institution and the policies it has set in place?

Is there any information about the student's family/home life that is vital to know to provide the best intervention and education for the child? Yes or no

If yes, please explain _____

Name of Recommender _____

Title or Position _____

Name of School (or Church only if no school has been attended) _____

Preferred Phone Number _____

Preferred Email _____

Best time to contact _____

Signature _____ Date _____

Thank you for your contribution.