



331 South Birchwood Ave. Louisville, KY 40206
(502)895-2534 fax: (502)290-7854
www.christianconsortium.org

Application 2018-2019

Student name _____ Gender: M F
Student grade (fall) _____ Student Birth date _____
Student Address _____
City _____ State _____ Zip _____
Student e-mail _____

	Father's Information	Mother's Information
Name	_____	_____
Address (if <u>not</u> the same as student)	_____	_____
Home phone #	_____	_____
E-mail	_____	_____
Employer	_____	_____
Business phone #	_____	_____
Cell phone/pager#	_____	_____

Siblings already enrolled (if applicable) _____

Emergency contact (other than parents) _____
Relationship _____
Home phone # _____ Cell Phone # _____

Physician _____
Physician phone _____
Any medical conditions? _____

Previous school(s) attended
Name _____
Address _____
Phone number: _____
Length of time at school _____

Student's Name: _____

CEC requires a character/academic reference from a non-family member. If the applicant has attended a school in the last two years, a reference from a school administrator or current instructor is required.

This application will not be processed until the CEC reference form has been completed. To expedite the application process, please notify your reference that CEC will contact them with the CEC reference form.

Reference Name _____

Reference title/relationship to applicant _____

Reference Email Address _____

Reference phone number _____

I waive the right of access to this recommendation written on behalf of my child's candidacy for admissions. Yes _____

For grades 7-11 coming from a traditional or cottage school, why is your child withdrawing from his/her present school?

Please circle answer

Has your child ever been suspended from school?

Yes No

Has your child ever been expelled from school?

Yes No

Has your child, to your knowledge, been involved in drugs?

Yes No

Do you owe any other educational institution money?

Yes No

If yes, describe incident _____

Please include with your application:

- A copy of the official transcript
- Additional information if the student has attended more than one school. If the student has been home schooled, please write a brief explanation of the class curriculum used.

* If you are signing up for a math class at CEC, please indicate here the date and results of math placement test:

Date ___/___/___ Results _____

* Students will not be allowed to take a Saxon Math Core class without taking the math placement test first.

CEC does not discriminate on the basis of race.

CEC reserves the right to reject any application. If an application is rejected, all fees will be returned.

Student's Name: _____

Please list below the classes in which you wish to enroll:

* Students may take 1-6 classes

* If you choose to sign-up for Study Hall please include it in the schedule below.

Period	Tuesday	Office Use Only	Wednesday	Office Use only
1 st	Class Title: _____ Instructor: _____	Check # _____ Amount: _____	Class Title: _____ Instructor: _____	Check # _____ Amount: _____
2 nd	Class Title: _____ Instructor: _____	Check # _____ Amount: _____	Class Title: _____ Instructor: _____	Check # _____ Amount: _____
3 rd	Class Title: _____ Instructor: _____	Check # _____ Amount: _____	Class Title: _____ Instructor: _____	Check # _____ Amount: _____
4 th	Class Title: _____ Instructor: _____	Check # _____ Amount: _____	Class Title: _____ Instructor: _____	Check # _____ Amount: _____

Please include all of the following with this form:

- a payment of **\$300/student** payable to Christian Educational Consortium as the CEC Reenrollment Fee for 2018-2019 School Year. (non-refundable)
\$15 fee per class will be due at the beginning of the school year at Orientation.
- a registration payment of **\$50/class** payable to the instructor to enroll in these classes (non-refundable)
- a registration payment of **\$50/study hall** payable to Christian Educational Consortium to enroll (non-refundable). The remaining \$50/study hall fee will be due the first day of classes (non-refundable).
- Signed Claims Release Form and Honor Code

Please note: Any requested changes made to the schedule after our office has received this application will result in a \$20 processing fee, accompanied by the CEC Drop/Add Form.

Please return all forms and payments to: Beverly Clark, Director
The Christian Educational Consortium
331 South Birchwood Ave.
Louisville, KY 40206
(502)895-2534

Application deadline is August 1st

Date Enrollment Fee Received _____ **Check #** _____

Student's Name: _____



Christian Educational Consortium
Release of Claim for Damages
2018-2019

On behalf of my student, I absolve and release the supervising teacher, the Christian Educational Consortium, and Indiana Wesleyan University, Louisville Campus from any claim for personal injuries or property loss which might be sustained by the student listed below while taking classes or on campus at the Christian Educational Consortium.

_____ has my permission to attend class under the supervision of teachers and staff at the Christian Educational Consortium.
Student Name (please print)

Grade

Parent/Guardian Signature

Date Signed

Student's Name: _____



CEC Honor Code

I promise not to lie, cheat, plagiarize, or assist others in these actions. I will respect and follow the CEC Guidelines. Furthermore, I promise to act in word and deed in a manner to bring respect and value to the faculty, staff, and other students at the Christian Educational Consortium.

Student Signature

Date