



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

March 6, 2017

Dear Parents:

Thank you for your interest in CEC. We have enclosed a brochure and 2017-2018 class schedule. CEC will have an **Open House at Indiana Wesleyan University – Louisville Campus on Alliant Ave. (next to Sam's Club) on Friday, March 24th from 7:00 – 9:00 pm.** Anyone interested in CEC is welcome to attend. During the Open House you may meet the instructors and tour the IWU facility where CEC classes meet, and turn in your new student application.

New Student applications will only be processed when the reference form from the student's current school has been completed. If a student has never been in a classroom setting, please use a nonfamily member who has seen your child in a group setting. **New applications will be received beginning on March 24th.** If you wish to apply at the Open House, please remember to bring a check for the CEC fee and one for each class instructor's registration fees.

The Christian Educational Consortium classes meet on Tuesdays and Wednesdays from the end of August through May. The enclosed schedule provides specific information detailing when each class will meet and the name of the instructor. Please note: students are allowed on campus only when they are enrolled in a CEC class. Students must leave campus after their classes or enroll in a proctored study hall for \$100 fee. Limited space is available in study hall, and they will be filled on a first come, first serve basis.

The Application process is as follows:

1. Go to www.christianconsortium.org to check the online class schedule to view which classes are still available for enrollment
2. Fill out the enclosed CEC New Student Application and other forms.
3. Write a check for \$300 to the Christian Educational Consortium.
4. Write a check for \$50 to each individual teacher to register for each particular class.
If you are taking Study Hall, write the check to CEC.

All checks must accompany the CEC application form in order for the application to be processed.

Both the CEC fee and the class registration fees are not refundable. Note: Once classes begin, families are obligated to pay for the year's tuition, using the payment schedule options.

5. Mail all of the above to the address below.

**Beverly Clark, Director
Christian Educational Consortium
331 South Birchwood Ave.
Louisville, KY 40206**

For further information, please feel free to contact CEC at (502) 895-2534 or email cecschoolinfo@gmail.com .

Sincerely in Christ,

Beverly Clark, Director
Christian Educational Consortium

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Application 2017-2018

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 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 2017-2018 School Year. (non-refundable)
- 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 \$10 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
2017-2018

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