



331 South Birchwood Ave. Louisville, KY 40206
(502) 631-2731
www.christianconsortium.org

Application 2026-2027

Student Name: _____ Gender: M F
Student Grade: (fall) _____ Student Date of Birth: _____
Student Address: _____
City: _____ State: _____ Zip: _____
Student cell phone: _____ Student email: _____

	Father's Information	Mother's Information
Name:	_____	_____
Address: (if different from student):	_____	_____
Mobile phone #:	_____	_____
E-Mail:	_____	_____
Employer:	_____	_____
Business phone #:	_____	_____
Siblings already enrolled (if applicable):	_____	

Emergency Contact (other than parents): _____
Relationship: _____ Primary Phone #: _____

Physician: _____
Physician phone #: _____
Known medical conditions: _____

Previous school(s)/hybrid school/coop attended 6-11th : (If exclusively homeschooled,
write "homeschool.")
Name of school: _____
Address: _____
Phone Number: _____

Student's Name: _____

CEC requires an academic reference from a recent, non-family member instructor who has taught your child. 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 your reference replies to CEC. To expedite the application process, please notify your reference that CEC will contact them (primarily via e-mail) with the CEC reference form.

Reference Name: _____

Reference Title/Relationship to Applicant: _____

Reference E-Mail Address: _____

Reference Phone Number: _____

I waive the right of access to this recommendation given on behalf of my child's candidacy for admissions. (Consent must be given to process.) Yes

For grades 7-11 coming from a traditional/hybrid school or coop, 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 ever been asked to leave a school?	Yes	No
Has your child, to your knowledge, been involved in illegal drug use?	Yes	No
Do you owe any other educational institution money?	Yes	No

***Falsification of any of the above responses may result in expulsion.**

If you answered yes to any of the above, please describe the incident: _____

Please include with your application:

- A copy of an official transcript from each school attended
- A brief, written explanation of class curriculum used for homeschooled students; include copies of progress reports provided by cottage schools or co-ops attended (if any were provided to you)

Math Placement testing:

- The date and results (please indicate below) of the CEC math placement test (required for students wishing to take certain math classes* at CEC)

Date: ____/____/____ Results: _____

*Math 6/5; Math 7/6; Math8/7; Algebra ½; Algebra 1; Algebra 2; College Algebra; Precalculus; Calculus

Student's Name: _____

*Students may take 1-7 classes; include requested study hall periods on the schedule as well (max of 2 per day).

*Please indicate by circling one option: **Flexible** **Not Flexible**

*Please indicate by circling one option: **Tuesday Only** **Wednesday only** **both days**

Please note: Students are accepted in classes according to date/time of enrollment. If a class is full, a student will be wait listed unless marked 'flexible' & they will be placed in another section of the same course.

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 with this form:

- A Consortium Fee of \$500 per student **payable to Christian Educational Consortium** as a check, money order or credit card payment - The 3% fee for credit card applies (see attached) for the Consortium Fee for 2026-2027 School Year (non-refundable)
- A registration payment of **\$50/class payable to the instructor**, as check or money order to enroll in these classes (non-refundable)
- A registration payment of **\$50/study hall payable to Christian Educational Consortium** as a check, money order or credit card payment(see attached) to enroll (non-refundable). The remaining \$50/ study hall fee is due the first day of classes in August. (non-refundable)
- Signed Claims Release Form and Honor Code
- In August, during Orientation, there is a Class Fee of \$35 per class due, as well as any additional Supply Fees required for certain classes. Please see the CEC website for specific fees, & textbooks needed for the class.

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 S. Birchwood Ave
Louisville, KY 40206

Application deadline is August 1st

Date Consortium Fee Received: _____ Check #: _____ OR Credit card payment _____

Student's Name: _____



CEC Honor Code

2026 - 2027

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 IWU facilities, and the CEC faculty, staff, and fellow students, striving to have only positive interactions with others. If I violate this code, I will be held accountable for my actions.

Student Signature

Date

Student's Name: _____



2026-2027

Christian Educational Consortium

Release of Claim for Damages

On behalf of my student, I absolve and release the supervising teacher, the Christian Educational Consortium, and Indiana Wesleyan University 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

Photo Release: Please check one.

_____ Keep my student on the Photo release list (allow pictures on CEC web sites)

_____ Remove my student on the Photo release list (no photographs – not in group pictures)