



# CORNERSTONE CHRISTIAN SCHOOL

**A Ministry of Gracepoint Gospel Fellowship**

384 NEW HEMPSTEAD ROAD, NEW CITY, NY 10956

845-637-3439 (PH) / 845-634-1885 (FAX) / [CCSOFFICE@CCSNY.ORG](mailto:CCSOFFICE@CCSNY.ORG)

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## **ADMISSIONS PROCESS**

The Admissions Committee welcomes applications from parents who fully understand and support the school's philosophy, statement of faith, objectives and standards. Parents should believe that the Bible is the inerrant Word of God, and uphold biblical standards and not oppose the biblical teaching and biblical standards of the school.

Our Mission is to partner with parents to develop well-educated, spiritually mature persons, dedicated to Christ, equipped to contribute to His church, society, and their own well-being.

To apply for admission to Cornerstone Christian School, parents of prospective students should do the following:

1. **Student Application** including the *Statement of Faith* and *Affirmation Statement* must be completed and signed by both parents
2. **Application Fee** Enclose \$125 non-refundable fee for each student seeking admission with the Student Application (Check or money order payable to Cornerstone Christian School)
3. **Curriculum Fee** Enclose \$75 fee for each student seeking admission with the Student Application
4. **Teacher Recommendation Form** Give to your child's current teacher and request completion of it as soon as possible
5. **Release of Records and Information** Must be signed by at least one parent and submitted to your child's current school (1<sup>st</sup> – 8)

Return the **Student Application with fee** to: **Cornerstone Christian School**

Attn: Office of Admissions  
384 New Hempstead Road  
New City, NY 10956

**Applications that are received and fully completed will be reviewed. After they are reviewed, a student screening will be scheduled to continue the Admissions Process. Additional Registration documents will be required following acceptance to the school.**

6. **Birth Certificate** - A copy of your child's birth certificate. (All incoming Kindergarteners must be five years old by December 1<sup>st</sup>)
7. **Emergency Contact / Medical Information** – Phone numbers, email addresses and medical history will be required
8. **Parent-Student Handbook & Policies Signature Sheet** – School policies concerning daily schedule, discipline, dress code, computer usage, and other information **must be read and signed by parents for completion of the admissions process.**

## **NON-DISCRIMINATORY POLICY**

Cornerstone Christian School admits pupils of any sex, race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to pupils at the school. It does not discriminate on the basis of sex, race, color, nationality or ethnic origin in the administration of its admissions and educational policies, financial aid, scholarship programs, athletic and other school-administered programs.



# Cornerstone Christian School

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384 New Hempstead Road • New City, NY 10956 • www.ccsny.org

PHONE: (845)637-3439 • FAX: (845)634-1885

## Student Application

A Non-Refundable Application Fee of \$125 Must Be Submitted with the Application in Order for the Application Process to continue.

### Applicant Information *(Please print all information)*

APPLYING FOR GRADE \_\_\_\_\_ STARTING DATE \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address (Number, Street, Apt.#) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ School District of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State) \_\_\_\_\_

<p><b>For office use only:</b>          ____/____/____ Date Application rec'd.          ____/____/____ Date Application fee paid  <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____</p>
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Present School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

<p><b>PLEASE CHECK ALL THAT APPLY (These questions are optional):</b>  <input type="checkbox"/> African American    <input type="checkbox"/> American Indian    <input type="checkbox"/> Asian/Pacific Islands    <input type="checkbox"/> Caucasian    <input type="checkbox"/> Female    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Male    <input type="checkbox"/> Other          Language(s) spoken most often at home: _____</p>
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List all schools previously attended (most recent first):

Name of School	Address	Grade(s) Attended	Year(s) Attended	Principal

Has student repeated a grade? \_\_\_\_\_ If yes, which grade and why? \_\_\_\_\_



# Family Information

## Father/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
# \_\_\_\_\_ Street \_\_\_\_\_ (APT #) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Business phone # (\_\_\_\_\_) \_\_\_\_\_

Education:  High school \_\_\_\_\_ # years completed  
 College \_\_\_\_\_ # years completed

Marital status:  Married  Separated  Divorced  
 Widowed  Remarried  Single

Church affiliation \_\_\_\_\_

Address \_\_\_\_\_  
# Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Senior Pastor \_\_\_\_\_

Have you accepted Jesus Christ as your personal Savior? \_\_\_\_\_

*If yes, please share how and when that decision was made:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mother/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
# \_\_\_\_\_ Street \_\_\_\_\_ (APT #) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Business phone # (\_\_\_\_\_) \_\_\_\_\_

Education:  High school \_\_\_\_\_ # years completed  
 College \_\_\_\_\_ # years completed

Marital status:  Married  Separated  Divorced  
 Widowed  Remarried  Single

Church affiliation \_\_\_\_\_

Address \_\_\_\_\_  
# Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Senior Pastor \_\_\_\_\_

Have you accepted Jesus Christ as your personal Savior? \_\_\_\_\_

*If yes, please share how and when that decision was made:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of all your children:

Name	Date of Birth	Current School	Current grade or highest grade completed in school

**APPLICANT LIVES WITH:**

Both parents    Mother    Father    Other \_\_\_\_\_

For all school contacts, indicate primary e-mail \_\_\_\_\_

What would you like the Cornerstone Christian School to know about your child? Please include his/her strengths, weaknesses, greatest gifts, passions, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want your child to attend Cornerstone Christian School?

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Cornerstone Christian School?**

Friend/Relative: \_\_\_\_\_ Name \_\_\_\_\_ Current CCS Family?    Yes    No

Open House    Website    Social Media    Newspaper/Advertising    Other \_\_\_\_\_

**\*\*\*AFFIRMATION STATEMENT of PARENT or GUARDIAN\*\*\***

We understand that admission to Cornerstone Christian School is a privilege and not a right. We agree that our child's admission, continuance in Cornerstone, and graduation are subject to the right of the authorities of Cornerstone Christian School to require our child's withdrawal for scholastic, disciplinary, or other reasons deemed sufficient by them.

In the event that I/we fail to timely pay tuition and expenses payable hereunder, I/we agree to pay any legal fees, costs, and disbursements incurred by Cornerstone Christian School, to recover payment. Students will not be permitted to attend school if the tuition becomes 60 days past due.

\_\_\_\_\_  
Please print your name above

\_\_\_\_\_  
Please print your name above

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Father/Guardian                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Mother/Guardian                      Date

# CORNERSTONE CHRISTIAN SCHOOL

## Teacher Recommendation Form

TO THE PARENTS: Please read and fill in the top portion of this form, then give it to a teacher who knows your child well at your child's present school.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present School: \_\_\_\_\_

To the Teacher: Your assessment of the student will be kept confidential and will play an important part in our admissions process. We appreciate the time and effort you put into writing this evaluation.

This form can be mailed to: Cornerstone Christian School  
Attention: Office of Admissions  
384 New Hempstead Road  
New City, NY 10956

Or FAX: 845-634-1885

Or EMAIL: [ccsoffice@ccsny.org](mailto:ccsoffice@ccsny.org)

Teacher's Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know the student? In what role or capacity have you worked with him or her?

\_\_\_\_\_

(Circle One)

Please assess the degree to which the student...	Highest.....	Lowest				
Demonstrates excitement for learning	5	4	3	2	1	NA
Respects the rights and feelings of others	5	4	3	2	1	NA
Is self-motivated	5	4	3	2	1	NA
Has good work habits	5	4	3	2	1	NA
Organizes thoughts	5	4	3	2	1	NA
Articulates thoughts	5	4	3	2	1	NA
Writes clearly and expressively	5	4	3	2	1	NA
Understands abstract concepts	5	4	3	2	1	NA
Takes pride in his/her work	5	4	3	2	1	NA
Responds positively to discipline	5	4	3	2	1	NA
Is involved in classroom activities	5	4	3	2	1	NA
Exercises age-appropriate judgment	5	4	3	2	1	NA
Exhibits intellectual curiosity	5	4	3	2	1	NA
Demonstrates leadership	5	4	3	2	1	NA
Has listening skills	5	4	3	2	1	NA
Can follow directions	5	4	3	2	1	NA
Completes assignments	5	4	3	2	1	NA

➤ Please comment on what you would consider the student's chief academic strength. Please give examples.

➤ Please comment on what you would consider the student's chief academic weakness. Please give examples.

How often have you observed the student exhibiting the following traits?

Often = O    Sometimes = S    Rarely = R    Never = N

- \_\_\_\_\_ Argumentative behavior
- \_\_\_\_\_ Defies adult authority
- \_\_\_\_\_ Displays unprovoked aggression or violence towards others
- \_\_\_\_\_ Exhibits impulsive behavior
- \_\_\_\_\_ Exhibits disruptive behavior
- \_\_\_\_\_ Complains about things in general
- \_\_\_\_\_ Is easily disappointed
- \_\_\_\_\_ Tends to be non-compliant
- \_\_\_\_\_ Tends to react strongly
- \_\_\_\_\_ Is avoided by other children

Thank you for your time and consideration in this matter.

***Cornerstone Christian School***  
***384 New Hempstead Road***  
***New City, NY 10956***  
***Phone: 845-637-3439***  
***FAX: 845-634-1885***



# CORNERSTONE CHRISTIAN SCHOOL

Jeannette Rosa-Sanchez, MS, LMSW  
Principal

384 New Hempstead Road  
New City, N.Y. 10956  
(845) 637-3439 / Fax (845) 634-1885  
[www.ccsny.org](http://www.ccsny.org)

## Release of Records and Information

Date: \_\_\_\_\_

Administration Office,

Student \_\_\_\_\_ Current Grade \_\_\_\_\_

*The student named above is currently applying to Cornerstone Christian School. Please release a copy of the student's academic records, test results, attendance records, health records, psychological, speech and any pertinent information that may help us in the academic placement of this student.*

### Information may be submitted any of the following ways:

**FAX 845-634-1885**

**EMAIL [CCSOFFICE@CCSNY.ORG](mailto:CCSOFFICE@CCSNY.ORG)**

**MAIL to the following address:**

**Cornerstone Christian School  
Office of Admissions  
384 New Hempstead Road  
New City, N.Y. 10956**

*Thank you for your prompt attention to this matter.*

*Sincerely,*

*Jeannette Rosa-Sanchez  
Principal*

## Parent Signature Release of Records & Information Statement

*I hereby grant permission for all school records: academic, medical, psychological, speech or other related school services to be released to Cornerstone Christian School.*

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date