

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

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. <u>Application Fee</u> Enclose \$350 non-refundable (Registration, Curriculum, Technology) fee for each student seeking admission with the Student Application (Check or money order payable to Cornerstone Christian School)
- 3. Teacher Recommendation Form Give to your child's current teacher and request completion of it as soon as possible
- 4. Release of Records and Information Must be signed by at least one parent and submitted to your child's current school $(1^{st} 8)$
- 5. <u>Parent-Student Handbook & Policies Signature Sheet</u> 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.
- 6. Emergency Contact / Medical Information Phone numbers, email addresses and medical history will be required
- 7. Birth Certificate A copy of your child's birth certificate. (All incoming Kindergarteners must be five years old by December 1st)

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.

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.



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Student Application

A Non-Refundable Application Fee of \$350 Must Be Submitted with the Application in Order for the Application Process to continue.

	RADE STARTING DATE		Date of Application			
Last Name	First Name	Middle	Middle Name			
Address (Number, Street, Apt.#)						
City	State	Zip Cod	Zip Code			
Home Phone #	School District of Residence		For office use only: /Date Application rec'd. /Date Application fee paid Cash or Check #			
Date of Birth	Birthplace (City and State)		sn or Chec	CK #		
Present School Name			Curre	nt Grade		
Street Address	City, State and Zip Code	Phone	#			
	nerican Indian		Male Iispanic □ C	Other		
Language(s) spoken most ofter	at home:					
Language(s) spoken most ofter						
Language(s) spoken most ofter		Grade(s) Attended	Year(s) Attended	Principal		
List all schools previously attended ((most recent first):			Principal		
List all schools previously attended ((most recent first):			Principal		
List all schools previously attended ((most recent first):			Principal		
List all schools previously attended ((most recent first):			Principal		

1	Has applicant	ever been placed on "	Out-of-School	or In-School" suspension?	Yes* □ No □
2	Has applicant	had detention two tim	nes or more dur	ring the past school year?	Yes* □ No □
3	Has applicant professional a		sual physical o	r emotional condition which has require	ed Yes* □ No □
4	Has applicant	ever been evaluated o	or classified by	a child study team?	Yes* □ No □
5	Does applican	t have any communic	able disease(s)	for which special precautions need to b	etaken? Yes* □ No □
*If you	u answered <u>YE</u>	S to any of the abou	ve, please exp	lain using this space:	
>	Question#	Explanation			
>	Question#	Explanation			
		CODNEDSTON	E CHDISTIA	N SCHOOL - STATEMENT OF F	AITH
There is	one God who is			ersons: Father, Son and Holy Spirit. The	
				nead, nor opposed as to cooperation.	-, w.v we ee p vieen,
a substitu	utionary sacrifice	e, and all who repent of	of their sins and	rit and born of a virgin, is true God and I believe in Him are justified through H of the Father as our High Priest.	true man. He died upon the cross, as is shed blood. He arose from the
and judgi	ment. The Script	tures, both the Old and	d New Testame	h and empower the believer and convinent inerrant as originally given, were vey constitute the divine and final authorit	rbally inspired by God and are a
condition	n, man can be sa	ved only by the grace	of God through	bbedience; consequently, the human rach the atoning work of Christ and the ago conscious torment, while that of the belie	ency of the Holy Spirit. The portion
receive th	he gift of eternal d wholly, separa	life, and become the	children of Go	Those who repent and believe in Him and It is the will of God that each believe dedicated to the will of God, thereby re	r be filled with the Holy Spirit,
	he local church i			ss Christ, are redeemed through His block together for worship, the study of God'	
		urrection of the just ur which is an incentive		the unjust unto judgment. The Second and faithful service.	Coming of the Lord is imminent.
I am in	agreement with	Cornerstone's States	ment of Faith (and will support the school's doctrinal	position.
Please p	print your name	above		Please print your name above	
Sionatu	re of Father/Gu	ardian	// Date	Signature of Mother/Guardian	// Date
Signain	0, 1 amen / Om		Duic	~~ Juana of monion dual alan	Duit

Family Information

Father/Guardian

Mother/Guardian

Last Name	First	MI	Last Name	First	MI			
Address			Address					
#	Street	(APT #)	#	Street	(APT #)			
Town	State	Zip Code	Town	State	Zip Code			
Phone # ()			Phone # ()					
Cell Phone # ()			Cell Phone # ()				
E-mail address			E-mail address					
Social Security #			Social Security #					
Employer			Employer					
Business phone # ()		Business phone # ()				
Education: High school	ool# years	completed	Education: High	school# years	completed			
□ College	# years	completed	□ Colle	ge# years	completed			
Marital status: □ Married	□ Separated □ I	Divorced	Marital status: ☐ Married ☐ Separated ☐ Divorced					
□ Widowe	ed Remarried	Single	□Wido	owed Remarried	Single			
Church affiliation			Church affiliation					
Address			Address					
# Street			# Street					
Town	State	Zip Code	Town	State	Zip Code			
Senior Pastor			Senior Pastor					
Have you accepted Jesus Ch	rist as vour nersona	1 Savior?	Have you accepted Jesus	s Christ as your persona	1 Savior?			
If yes , please share how an			If yes, please share how	• •				

List the names of all your children:

Name	Date of	Birth	Current Scho	ool	Current grade or highest grade completed in school
APPLICANT LIVES WITH:					
☐ Both parents ☐ Mother ☐ Father	r □Other				
For all school contacts, indicate primary	e-mail				
What would you like the Cornerstone Character gifts, passions, etc.		·			
Why do you want your child to attend Co					
How did you hear about Cornerstone					
☐ Friend/Relative:	Name			urrent CCS Fan	nily? □Yes □No
□Open House □Website □Socia	al Media □New	spaper/Adve	ertising \square Other		
***AFFIRMAT	ION STATE	EMENT (of PARENT or GI	U ARDIAN ;	·**
We understand that admission to Cornadmission, continuance in Cornerstone School to require our child's withdraw	e, and graduation	are subject	t to the right of the author	orities of Corne	rstone Christian
In the event that I/we fail to timely paydisbursements incurred by Cornerston if the tuition becomes 60 days past due	e Christian Scho				
Please print your name above		Please p	orint your name above		
	//			//	
Signature of Father/Guardian	Date	Signatur	e of Mother/Guardian	Date	

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)			(M	Iiddle	:)			
Present School:									
To the Teacher: Your assessment appreciate the time and effort your			ınd v	vill pl	lay ar	ı imp	portant part in our	admissions process.	We
This form can be mailed to:	Cornerstone Christian Schoo Attention: Office of Admis 384 New Hempstead Road New City, NY 10956								
Or FAX: 845-634-1885	New City, NT 10950								
Or EMAIL: ccsoffice@ccsny.or	rg								
Teacher's Name:									
School Address:								_	
Position:									
How do you know the student?	In what role or capacity have	you worked	with	n him	or he	er?			
		(Circ	le Or	ne)				_	
Please assess the degree to which	ch the student	Highes	t			Lo	west		
Demonstrates excitement for lea	arning	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 disciplin	e	5	4	3	2	1	NA		
Is involved in classroom activit	ies	5	4	3	2	1	NA		
Exercises age-appropriate judgr	ment	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		

Teacher Recommendation Form

▶ 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

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

Parent/Guardian (Please Print)

384 New Hempstead Road New City, N.Y. 10956 (845) 637-3439 / Fax (845) 634-1885 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 academic records, test results, attendance records, health records, psychological, speech and an 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	
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 a services to be released to Cornerstone Christian School.	other related school
	,

Parent/Guardian Signature

Date