

### CORNERSTONE CHRISTIAN SCHOOL

## SEVP (Student and Exchange Visitor Program) Application

### 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 (1st 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.



"...with Jesus Christ himself as the chief cornerstone." -Ephesians 2:20

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### SEVP (Student and Exchange Visitor Program) Application

A Non-Refundable Application Fee of \$350 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	Date of Application				
Last Name	First Name	Middle Name					
Address (Number, Street, Apt.#)							
City	State	Zip Coo	Zip Code				
Home Phone #	School District of Residence	For o	For office use only:				
Date of Birth	Birthplace (City and State)	□ Ca	□ Cash or □ Check #				
Present School Name		Current Grade					
Street Address	City, State and Zip Code	City, State and Zip Code Phone #					
☐ African American ☐ A	APPLY (These questions are optional): □ merican Indian □ Asian/Pacific Islands □ en at home: □		Male Hispanic □ C	other			
List all schools previously attended	l (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?						

1 2 3	Has applicant h	-	School or In-School" suspension?	Yes* □ No □	
3		11.			
	Has applicant a	Has applicant had detention two times or more during the past school year? Yes* $\square$ No $\square$		Yes* □ No □	
4	professional atte		vsical or emotional condition which has required	d Yes* □ No □	
	Has applicant ever been evaluated or classified by a child study team? Yes* $\square$ No $\square$				
5	Does applicant	have any communicable dis	ease(s) for which special precautions need to be	e taken? Yes*   No	
*If you	answered <u>YES</u>	to any of the above, plea	se explain using this space:		
>	Question#	_Explanation			
>	Question#	_Explanation			
nor confus lesus Chri a substitut dead acco The Holy and judgm	ist, the Son, havi- tionary sacrifice, ording to the scrip Spirit is a divine ment. The Scripturevelation of His	ng been conceived by the He and all who repent of their sources and is now at the right person sent to indwell, guideres, both the Old and New Te will for the salvation of matthe image of God, fell through	three persons: Father, Son and Holy Spirit. They be Godhead, nor opposed as to cooperation.  oly Spirit and born of a virgin, is true God and the sins and believe in Him are justified through History than dof the Father as our High Priest.  le, teach and empower the believer and convince Testament inerrant as originally given, were verlen. They constitute the divine and final authority ghadisobedience; consequently, the human race	rue man. He died upon the cross, as shed blood. He arose from the e the world of sin, righteousness bally inspired by God and are a	
condition, of the imposalvation receive the sanctified	has been provide e gift of eternal I wholly, separate	ed through Jesus Christ for a ife, and become the children	through the atoning work of Christ and the ager er in conscious torment, while that of the believ all men. Those who repent and believe in Him and of God. It is the will of God that each believer and fully dedicated to the will of God, thereby reconstructions.	ncy of the Holy Spirit. The portion er is everlasting joy and bliss.  The born again of the Holy Spirit, be filled with the Holy Spirit,	
condition, of the imposalvation receive the sanctified effective s	has been provide e gift of eternal l wholly, separate service. ch consists of all e local church is	ed through Jesus Christ for a ife, and become the children and from sin and the world, are those who believe in the Lo	through the atoning work of Christ and the ager er in conscious torment, while that of the believ all men. Those who repent and believe in Him and of God. It is the will of God that each believer	ncy of the Holy Spirit. The portion er is everlasting joy and bliss.  The born again of the Holy Spirit, be filled with the Holy Spirit, ceiving power for holy living and the Holy Spirit, and are regenerated by the Holy	
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condition, of the imposed the imposed the certified effective so the Church Epirit. The Christian so There shall this hope	has been provide e gift of eternal li wholly, separate service.  ch consists of all e local church is service.  ll be bodily resure is a vital truth, v	ed through Jesus Christ for a ife, and become the children and from sin and the world, are those who believe in the Lo a body of believers who are rection of the just unto eterration is an incentive to holy	through the atoning work of Christ and the ager er in conscious torment, while that of the believed all men. Those who repent and believe in Him and of God. It is the will of God that each believer and fully dedicated to the will of God, thereby report Jesus Christ, are redeemed through His blood joined together for worship, the study of God's and life, the unjust unto judgment. The Second Constitution of the study of God's and life, the unjust unto judgment.	ner is everlasting joy and bliss.  The born again of the Holy Spirit, be filled with the Holy Spirit, ceiving power for holy living and the Holy Spirit, ceiving power for holy living and the Holy Spirit, where the Holy Spirit, ceiving power for holy living and	

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

## 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:	ool# years o	completed	Education:   High	school# years	completed
$\Box$ College	# years o	completed	□ Colle	ege# years	completed
Marital status: ☐ Married	□ Separated □ □	Divorced	Marital status: ☐ Mari	ried □ Separated □	Divorced
□ Widow	ed  Remarried	Single	$\square$ Wide	owed   Remarried	Single
Church affiliation			Church affiliation		
Address# Street			Address# Street		
Town	State	Zip Code	Town	State	Zip Code
Senior Pastor			Senior Pastor		
Have you accepted Jesus Cl	hrist as your persona	1 Savior?	Have you accepted Jesu	as Christ as your persona	al Savior?
If yes, please share how an	nd when that decision	n was made:	If <b>yes</b> , please share ho	w and when that decisio	n 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			
For all school contacts, indicate primary e	-mail		
What would you like the Cornerstone Chrgreatest gifts, passions, etc.	ristian School to know	about your child? Please include his,	/her strengths, weaknesses,
Why do you want your child to attend Co	rnerstone Christian Sc	hool?	
How did you hear about Cornerstone C			
Friend/Relative:		Curr	rent CCS Family? $\Box$ Yes $\Box$ No
	Name		
□ Open House □ Website □ Socia	l Media □ Newspap	er/Advertising  Other	
ΨΨΨΑ TERLIDA <i>H</i> Α TER		ENTE OF DADIENT OF CITY	A DDI A NIYYY
AFFIRMATI	ON STATEMI	ENT of PARENT or GUA	ARDIAN
We understand that admission to Corne	erstone Christian Sch	nool is a privilege and not a right	We agree that our child's
dmission, continuance in Cornerstone chool to require our child's withdrawa	, and graduation are	subject to the right of the authorit	ties of Cornerstone Christian
n the event that I/we fail to timely pay isbursements incurred by Cornerstone the tuition becomes 60 days past due	Christian School, to		
Please print your name above	I	Please print your name above	
	/		/
Signature of Father/Guardian	Date S	ignature 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)			(M	Iiddle	:)				
Present School:									
To the Teacher: Your assessme appreciate the time and effort y			and v	vill p	lay an	ı imp	oortant part in our	admissions process.	We
This form can be mailed to:	Cornerstone Christian Sci Attention: Office of Adn 384 New Hempstead Roa	nissions							
Or FAX: 845-634-1885	New City, NY 10956								
Or EMAIL: ccsoffice@ccsny.o	rg								
Teacher's Name:									
School Address:									
Position:		Phone	:					<del></del>	
How do you know the student?	In what role or capacity hav	e you worke	d witl	n him	or he	er?			
		(Circ	cle O	ne)					
Please assess the degree to whi	ch the student	Highe				Lo	west		
Demonstrates excitement for le		5		3			NA		
Respects the rights and feelings	_	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	ne	5	4	3	2	1	NA		
Is involved in classroom activit	ies	5	4	3	2	1	NA		
Exercises age-appropriate judg	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 384 New Hempstead Road

384 New Hempstead I 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, 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 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 Signature

Date