



**NEW STUDENT  
Registration Material  
2009-2010**

# **ADMISSIONS CHECK LIST**

**For parent/guardian/custodial use**

\_\_\_ **Student Information Sheet**

\_\_\_ **Application Form**

\_\_\_ **Financial Agreement**

\_\_\_ **Emergency Information Form**

\_\_\_ **Health Statement**

\_\_\_ **Statement of Cooperation/Permission Slip**

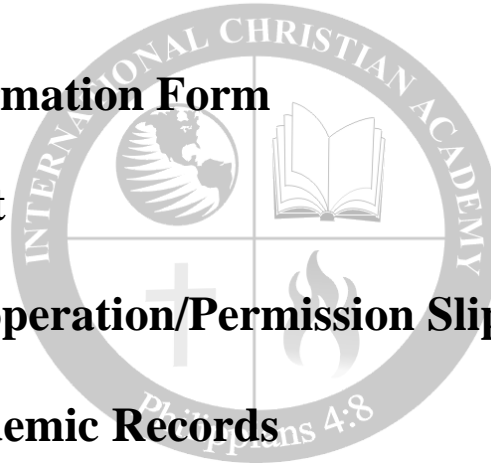
\_\_\_ **Request for Academic Records**

\_\_\_ **Copy of Birth Certificate**

\_\_\_ **Copy of Shot Records**

\_\_\_ **Copy of Current Report Card**

\_\_\_ **Copy of SAT or Standardized Test Results (if taken)**



**Please make sure you have completed and provided I.C.A. with all of the above information.**

**INTERNATIONAL CHRISTIAN ACADEMY**  
**TUITION SHEET 2009-2010**  
**K-8th Grade**

**All material, registration, and testing fees are non-refundable**

**Registration and Book Fees:**

Registration (annual) : \$ 200.00—due at time of acceptance, or (re)-enrollment  
Materials (annual): \$ 300.00—due at time of acceptance, or (re)-enrollment  
Testing (new enrollment only) : \$ 75.00—due at time of testing, must be paid with a  
money order or cashiers check.

**Tuition:**

**Elementary (K-5th grades) \$5,577.00**

**Middle School (6th, 7th & 8th grades) \$5,784.00**

**Automatic Withdrawal only**

**Monthly Tuition (11 month)**

K-5<sup>th</sup> Grade.....\$507.00  
6<sup>th</sup>,7<sup>th</sup>,8<sup>th</sup> Grade.....\$525.82

**Monthly Tuition**

**(10 month)**

K-5<sup>th</sup> Grade.....\$557.70  
6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade...\$578.40

- First tuition payment is due July 1st(11 month plan) or August 1st(10 month plan)  
The last tuition payment is May 1st.
- A late fee of \$25.00 will be applied after the 10th of each month.
- We offer some discounts. Tuition can be paid in full with a cashiers check and a discount will apply.
- A prorated scale for tuition will be used after 9/30/09

***I.C.A. accepts tuition payment by check, money order, cashiers check or credit card (Visa, Mastercard, American Express or Discover)***

***I.C.A. does not, under any circumstances, accept cash for tuition or extended care payments***

***I.C.A. uses Stanford or other standardized test results for consideration of placement. An internal placement test will be administered to all new students.***

**DISCOUNTS**

5% -Certified I.C.L.V. member  
10% - Referral discount  
(up-to 50%)  
10% - Tuition paid in full with cashiers check  
10% - Second child discount  
20% - Multiple child discount  
20% - Pastor of another Church (Reference required)

**DISCOUNTS APPLIED**

1st child (oldest) will pay full price  
2nd child will receive 10% discount  
3rd child will receive 20% discount

\* *Discounts may be combined up to 50%*

***Payments are made to I.C.A. and placed in the payment box in the school office***



# STUDENT QUESTIONNAIRE

## 2009-2010

Has the student ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been tested or received special help for a reading or math learning difficulty?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever had an Individualized Education Program Assessment (IEP)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been diagnosed for or enrolled in any special education program or special school (e.g. resource)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been diagnosed with any learning disabilities? \_\_\_\_\_

What do you feel is your student's greatest strength? \_\_\_\_\_

What do you feel is your student's area of challenge? \_\_\_\_\_

Student's extracurricular interests, abilities and achievements: \_\_\_\_\_

Does your child have any specific habits that the classroom teacher would need to know?  
\_\_\_\_\_

How does your child feel about school, on a scale of 1-10? (10 being positive) (Circle One)  
1 2 3 4 5 6 7 8 9 10

### KINDERGATEN

How would you describe your child's feelings toward coming to school?  
\_\_\_\_\_ Anxious \_\_\_\_\_ Reluctant \_\_\_\_\_ Comfortable \_\_\_\_\_ Eager

How long can your child remain attentive in a classroom setting? \_\_\_\_\_ minutes

Does your child use the toilet independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child take a nap? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your child's bedtime? \_\_\_\_\_

How did you hear about I.C.A.?(local church; chamber of commerce; newspaper advertisement, neighbor; friend) \_\_\_\_\_

# EMERGENCY FAMILY INFORMATION

(Please Print)

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

In the event of an emergency, I.C.A. will contact the following people **based upon the order in which they are listed. Please list parent and/or guardians first**, then list additional individuals who are authorized to pick up your children.

Name:	Relationship	Home Phone	Work Phone	Cell Phone
_____	Parent/Guardian/Custodial Parent	_____	_____	_____
_____	Parent/Guardian/Custodial Parent	_____	_____	_____

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Medical Information

Does your child have a history of any of the following: 1. Asthma \_\_\_\_\_ 2. Blood Disorder \_\_\_\_\_ 3. Diabetes \_\_\_\_\_  
4. Allergies (please list) \_\_\_\_\_  
5. Epilepsy \_\_\_\_\_ 6. Heart Problems \_\_\_\_\_ 7. Sickle Cell Anemia \_\_\_\_\_ 8. Seizures \_\_\_\_\_  
9. Please list any other health problems: \_\_\_\_\_

Does your child require medication? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Has your child experienced surgery, hospitalization, a serious illness or an accident? \_\_\_\_\_

Does your child's physical activity need to be restricted in any way? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has your child ever been recommended for testing, been tested and/or diagnosed for any of the following conditions? Check all that apply. If any are checked, please explain the situation below, giving specific information.

\_\_\_\_ Academically gifted    \_\_\_\_ Being Mentally Challenged    \_\_\_\_ Attention Deficit Disorder  
\_\_\_\_ Neurological impairment    \_\_\_\_ Dyslexic    \_\_\_\_ Orthopedic impairment    \_\_\_\_ Emotional Disability  
\_\_\_\_ Hyperactivity    \_\_\_\_ Speech/language impairment    \_\_\_\_ Hearing Impairment    \_\_\_\_ Tourette's Syndrome  
\_\_\_\_ Visual impairment    \_\_\_\_ Learning disability    \_\_\_\_ Other: \_\_\_\_\_

In the event of an accident or illness before, during or after school including field trips and sporting events to the above mentioned child, I (parent or guardian) do hereby authorize International Christian Academy to secure any necessary medical treatment. In the further event that I cannot be contacted immediately for notification or shall fail or refuse to remove the child after notification of illness and request for removal of the child, I hereby authorize the child care facility to take appropriate action for the removal of the child from the premises. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, removal, or treatment of the child.

Student's physician \_\_\_\_\_ Phone# \_\_\_\_\_ Hospital \_\_\_\_\_

Father/Guardian/Custodial's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian/Custodial's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNATIONAL CHRISTIAN ACADEMY  
HEALTH STATEMENT  
2009-2010**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

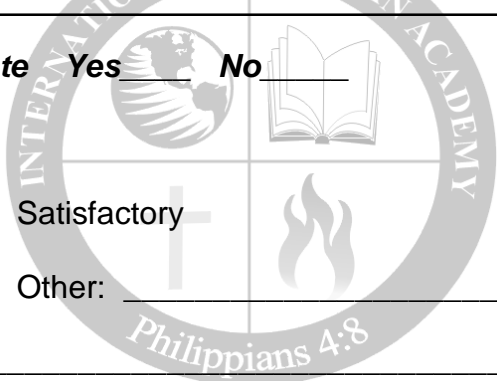
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

**MUST BE COMPLETED BY A PHYSICIAN OR RN AND RETURNED  
TO OFFICE BEFORE ADMITTANCE**

*Immunizations up to date* Yes \_\_\_\_\_ No \_\_\_\_\_

Status of Child's Health:

\_\_\_\_\_ Satisfactory \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_



List any known conditions under treatment: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Physician or RN*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician's Address*

\_\_\_\_\_  
*Phone #*

International Christian Academy  
8100 Westcliff Drive  
Las Vegas, Nevada 89145  
Phone(702) 869-1109, Fax (702) 242-3206

# INTERNATIONAL CHRISTIAN ACADEMY FINANCIAL AGREEMENT 2009-2010

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_

Total number of children enrolled: \_\_\_\_\_ Total Annual Tuition: \_\_\_\_\_

### PAYMENT OPTIONS

- 1 payment — Full payment \_\_\_\_\_  
(less the 10% discount if paid by Cashiers Check)
- 11 equal monthly payments Automatic Withdrawal \_\_\_\_\_  
(July—May)
- 10 equal monthly payments ( August—May) \_\_\_\_\_

***Post August Enrollments***

Prorated Tuition Schedule No. of Months \_\_\_\_\_ Monthly Payments \_\_\_\_\_

Annual tuition fees do not include days when school is not in session. These days include but are not limited to : ACSI Convention, Thanksgiving Break, Christmas Break, Easter Break, National and State Holidays and other possible dates to be announced.

I understand and do hereby agree that the fees for all services are due in advance or on the day that the service commences, and that the following policies are in effect:

1. A non-refundable annual material fee, registration fee and one time testing fee due at the time of registration.
2. All accounts not paid in full by the tenth (10th) day of each month will be charged a late fee of Twenty Five Dollars (\$25.00).
3. There is a fee of Twenty Five Dollars (\$25.00) for all returned checks. Once two (2) checks have been returned for Non-Sufficient Funds, personal checks will not be accepted for payment and **all** future payments.

**I.C.A. does not, under any circumstances, accept cash for tuition or extended care payments**

4. Monthly tuition payments must be made current by the end of each month. Delinquent accounts will receive notification of the balance due. All accounts that are not made current by the last day of the month will be notified not to return to I.C.A. until the account delinquency is corrected.

**Withdrawals**

If a child is voluntarily, or requested by I.C.A. to be withdrawn, it is understood that ***no refund*** of registration and material fees will be dispersed. Tuition refunds will be based on the prorated schedule. If there is a balance due ***after*** tuition has been prorated, final payment must be made by money order or cashier's check. I hereby waive any right to institute any legal proceedings against International Christian Academy to seek to recover such registration/material fees or tuition. ***ICA will hold student records for non-payment of tuition.***

**I.C.A. is operated as an exempt school under the provision of Nevada Revised Statutes 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.**

I understand and do hereby agree that this agreement does not contain an all-inclusive list of the academy policies and I further understand and agree that I am responsible for reading and adhering to all of the academy's policies outlined in the International Christian Academy Parent Student Handbook.

Signature of Parent/Guardian or Custodial \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian or Custodial \_\_\_\_\_ Date \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## STATEMENT OF COOPERATION 2009-2010

It is understood and agreed to that my child's attendance at the International Christian Academy ("I.C.A.") is a privilege and not a right. If at any time his or her conduct, academic progress or cooperation with I.C.A.'s authority is not in compliance with I.C.A.'s requirements or directives, I.C.A. reserves the right to terminate my child's enrollment at I.C.A.'s own discretion.

To achieve the maximum benefit for every student, I.C.A. pledges to always work with all parents, to resolve any concerns and parents are encouraged to have the same spirit of cooperation. In the event that I.C.A. cannot maintain a harmonious relationship with a parent or if a parent chooses to sow discord among the other parents, that parent will be asked to withdraw his or her child(ren) from I.C.A. **(See Proverbs 6:16-19)**

It is I.C.A.'s desire to protect the school, its students, and their parents from any gossip that tears down the work that God has given to I.C.A., since "a house divided against itself will not stand." **(See Mark 3:25)**

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent / Custodial or Legal Guardian*

## PERMISSION SLIP

I give permission for my child to participate in all school sanctioned activities, including sports programs and school-sanctioned field trips away from I.C.A.'s premises. I hereby absolve I.C.A. from any and all liability in the event my child is injured at I.C.A., or during any school sanctioned activity.

I understand and agree with I.C.A.'s efforts to train my child in the Bible and will encourage my child in this and all other facets of instruction.

I pledge not to interfere with I.C.A. in its efforts to administer discipline to my child in accordance with the standards that I.C.A. has established and has outlined in the International Christian Academy Handbook. **(See Luke 2:52) "Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6**

\_\_\_\_\_  
*Signature of Parent/Custodial or Legal Guardian*

\_\_\_\_\_  
Date

# PUBLICITY PERMIT

## 2009-2010

Name of Student \_\_\_\_\_

Dear Parents:

Throughout the school term, we are asked to take part in local publicity releases by way of pictures and newspaper articles. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate your desire below. This is excluding yearbook pictures.

\_\_\_\_\_ **I give permission for** my child having his or her picture and/or name used in connection with the public relations program of International Christian Academy/International Church of Las Vegas.

\_\_\_\_\_ **I do not want** my child having his or her picture and/or names used in connection with the public relations program of International Christian Academy/International Church of Las Vegas.

Signature of parent/guardian/custodial \_\_\_\_\_

Date \_\_\_\_\_

***International Christian  
Academy Elementary/Preschool  
Referral Program 2009-20010***

**Referring family receives a 10% discount toward one child's annual tuition.**

Referring Family \_\_\_\_\_

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Family Referred \_\_\_\_\_

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

***To qualify for the discount, the signed referral form must be submitted within 30 days of the enrollment date.***

***Discount is valid August thru June of the year referred only.***

Referral total can be:

- Up to 50% of annual tuition
- If referral discounts total more than \$600.00 dollars in one school year this amount will have to be reported on IRS Form 1099.

**The child referred must pass the entrance exam and enroll in I.C.A. in order for the referring family to receive the discount. If the student leaves the school the discount ends.**

***This referral discount will not be applied for students currently attending I.C.A. Preschool.***

# **ICA—STATEMENT OF FAITH**

The International Christian Academy is a ministry of the International Church of Las Vegas. Both institutions stand firmly on the changeless Word of God as expressed in the following statement of faith.

1.. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (2 Timothy 3:15, 2 Peter 1:21).

2. We believe there is only one God, eternally existent in three persons—Father, Son, and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30).

3. We believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrews 4:15, 7:26); His Miracles (John 2:11); His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9); His resurrection (John 11:25, 1 Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11, Revelation 19:11).

4. We believe in the absolute necessity of regeneration of the Holy Spirit for salvation because of the exceeding sinfulness of human nature: and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved. (John 3:16-19, 5:24, Romans 3:23, 5:8-9, Ephesians 2:8-10, Titus 3:5).

5. We believe in the resurrection of both the saved and the lost; they are saved unto the resurrection of life, and they are lost unto the resurrection of damnation (John 5:28-29).

6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 12:12-13, Galatians 3:26-28).

7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14, 1 Corinthians 3:16, 6:19-20, Ephesians 4:30, 5:18).



**INTERNATIONAL CHRISTIAN ACADEMY**  
8100 Westcliff Drive Las Vegas Nevada 89145 (702) 869-1109

## **Request For Student Records**

**To:** \_\_\_\_\_  
**Name of School**

**Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**For:** \_\_\_\_\_  
**Name of Student/Grade/School Year**

\_\_\_\_\_  
**Parent Signature/Legal Guardian**

**Date of Request:** \_\_\_\_\_  
**1st                      2nd                      3rd**

**The student listed above has applied for admission to International Christian School. Acceptance to ICA depends in part upon school records. Therefore we would appreciate it if you would send us a photo copy of the candidate's academic and behavioral records, including all standardized test scores, record of immunization, and report cards. We would like to see complete records from the current and past year.**

**Please send this information to I.C.A. at the address above or fax to 702-242-3206.**

**Thank You**

**International Christian Academy**



**INTERNATIONAL CHRISTIAN ACADEMY**  
8100 Westcliff Drive Las Vegas, Nevada 89145 (702) 869-1109

I.C.A. actively encourages the spiritual development of every student. To strengthen the moral foundation of our students a Christian perspective is taught in all areas of our curriculum, sports program, special classes, after care program, musical performances, and graduations. Specifically, our foundation focuses on these key areas:

- A Christian curriculum is used in each subject area
- Bible study is a part of the daily schedule
- Each morning class begins with prayer
- Each teacher prays with their class and individual students as needed
- All students have weekly chapel, grade appropriate
- Each teacher will lead their students to a knowledge of our Lord Jesus Christ, when they are ready, during the school year
- The Bible approved by the school for classroom use is the NIV

I.C.A. is always open to discuss any of our policies, however each area listed is an essential ingredient of our school and, therefore no changes of any type will be made.

Please acknowledge by your signature that you have read the above statement and are in agreement with each area listed.

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Signature of Parent/Guardian/Custodial Parent

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Date