

APPLICATION



CHRISTIAN SCHOOLS OF THE DESERT

SECONDARY

APPLICATION FOR ADMISSIONS TO CHRISTIAN SCHOOLS OF THE DESERT

Academic capabilities, as well as student attitude and character are considered in assessing the applicant's potential for success at Christian Schools of the Desert. The application process is designed as a tool for making these assessments. Each application is considered on an individual basis, so please submit any additional information you believe may be helpful to the Admissions Committee. Meeting minimum requirements does not guarantee admission.

APPLICATION REQUIREMENTS

In order to be considered for admission to Christian Schools of the Desert, the following items must be completed and submitted to Christian Schools of the Desert's Admissions office at 40700 Yucca Lane, Bermuda Dunes CA 92203.

1. **Application:** A thoroughly completed admissions application must be submitted to the Admissions Director.
2. **Application & Registration Fees:** A non-refundable \$50 application fee and a \$300 registration fee (will be refunded only if admission is denied) must accompany the application. Make the check or money order payable to Christian Schools of the Desert.
3. **References:** Each applicant must supply three references from people familiar with the applicant's character and academic background. One of the academic references must be written by the applicant's current or most recent English teacher, and the other academic reference should be written by a principal or another teacher of a core academic course. The character reference should be written by a pastor, priest, youth director, or counselor (if applicant has no church affiliation, form should go to a coach or employer).
4. **Transcripts and Report Cards:** Students applying for grades 6-9 must submit copies of report cards for the previous two years. Applicants for grades 10-12 are responsible for requesting that official transcripts be sent from the high school from which he/she is transferring from.
5. **Behavior/Citizenship:** Applicants must have a good behavior/citizenship record as evidenced by report cards and references.
6. **Entrance Exam:** Applicants must score at or above the 45th percentile in both math and reading, with the sum of both percentile scores being at least 100 on our entrance exam. A standardized test will be administered for the grade level that the applicant is applying for.
7. **Interview:** An interview with the applicant and his/her parents or guardians will be conducted by an admissions committee comprised of no less than 3 Christian Schools of the Desert teachers and/or administrators.

Financial Aid Application Procedures: If you wish to apply for financial aid, request an application from the Admissions Director or the Tuition Director. Financial Aid will only be considered after the applicant has been accepted for admission.

Students Who Previously Attended CSOD/DCHS: Students who transferred from Christian Schools of the Desert to another school and are desiring to return, must complete the admission process as if they were applying for the first time.

Every student must submit a completed and signed application and the Application Fee must be paid. Photocopies of birth certificates, immunization records, testing, current report card and two (2) previous years of school records must be received in the Admissions Office prior to consideration. Christian Schools of the Desert does not discriminate on the basis of race, gender, or ethnic background in the administration of its educational or admission policies, scholarship, athletic or other school-administered programs. Applications are processed on a first come, first served basis. The submission of an application does not constitute acceptance. **NO STUDENT IS ACCEPTED UNTIL THE ADMISSIONS COMMITTEE RULES ON THAT ACCEPTANCE.**

I am enclosing the NON-REFUNDABLE Application Fee of \$50.00 as well as the \$300.00 Registration Fee.

Parent/Guardian Signature: _____ Date: _____

Please
Attach
Recent
Photo

(optional)



FOR OFFICE USE ONLY
Date _____
App. Paid _____
Check No. _____
Account # _____
Entered _____
Contract _____

CHRISTIAN SCHOOLS OF THE DESERT

APPLICATION FOR ADMISSION

Student's Full Name _____
Last First Middle

Preferred or Nickname _____ Age _____ Birthdate ____ / ____ / ____ Male Female

Home Address _____
Street City

State _____ Zip _____ Email Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Social Security # _____ - _____ - _____ Applying for Fall Spring Grade Level _____

Ethnicity (optional): Caucasian African American Asian American
 Hispanic Native American East Indian Other _____

The applicant is not required to respond to any questions on this form regarding ethnic background or any protected class or minority status. Christian Schools of the Desert has a strong policy against unlawful discrimination and will not make enrollment decisions based on race, ethnicity, gender, or disability status. At the same time, CSOD is committed to providing both a diverse and supportive community for its students and employees. If you do choose voluntarily to answer the above optional questions on this form, the information will be used by the school for the purpose of better meeting the needs and expectations of its incoming student body and for research data, including information required for school accreditation.



FATHER OR MALE GUARDIAN

Name(Dr./Mr./Rev.) _____

Home Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Preferred Contact Method _____

College Attended _____

Occupation/ Job Title _____

Employer _____

Church attended if any _____

MOTHER OR FEMALE GUARDIAN

Name(Dr./Mr./Rev.) _____

Home Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Preferred Contact Method _____

College Attended _____

Occupation/ Job Title _____

Employer _____

Church attended if any _____



Student reside with: Both Parents Father Mother Other _____

Do you have any siblings? Yes No If yes, please complete the following.

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Do you have relatives or friends currently attending Christian Schools of the Desert? Yes No

If yes, please complete the following.

Name _____ Grade _____

Name _____ Grade _____

How did you hear about Christian Schools of the Desert? _____

EDUCATIONAL BACKGROUND

Grade	Years Attended	School Name	District

Please list all schools attended. If more space is required, please attach list.

Has the student ever been subject to disciplinary action, suspension, or dismissal from school? Yes No

If yes, please explain: _____

What are the student's best subjects in school? _____

What are the student's least favorite subjects in school? _____

Please list all of the student's activities, ministries, hobbies, and/or special awards: _____

If applying for and accepted to CSOD middle school, does the applicant plan on attending CSOD through high school?

Yes No

If not which high school does the applicant plan to attend?

Shadow Hills HS Palm Desert HS La Quinta HS Indio HS

Other: _____

PARENT / STUDENT COMMITMENT FORM

Spiritual, Academic, and Social Expectations

Reading and signing this statement are conditions of admission to Christian Schools of the Desert.

Please read carefully before signing.

Christian Schools of the Desert is committed to a biblical system of values. The school faculty, staff and administration seek to provide each student with a meaningful education based on the concept that each person is a spiritual, emotional, social, and intellectual being. Opportunities are given to students through classes, chapel services, retreats, and informal, small-group meetings for spiritual discussion, reflection, and decision. Spiritual knowledge and growth will be an important part of every student's experience at CSOD.

While CSOD is a distinctively Christian school, this does not mean that only those from Christian backgrounds are admitted as students. It does mean, however, that every student, whether Christian or non-Christian, must conform to policies and regulations relating to the spiritual and social character of the campus environment. These include, but are not limited to, the following:

1. Attendance at chapel services is mandatory for all students. Chapel services are held every Wednesday for corporate worship and teaching.
2. Class attendance and participation is mandatory. Students are expected to attend classes and complete course work. A commitment must be made by every student to give his/her best effort towards academic achievement.
3. Promotion/Graduation Requirements. In order to obtain an eighth grade diploma from the middle school level, each eighth grade student must have a passing grade (both semesters) in at least 5 of their core classes. Additionally, any middle school student on academic probation must maintain above a 1.7 GPA in order to continue the following semester. All middle school students will be introduced to Christian or community service hours and are expected to participate in group service projects. In order to graduate with a diploma from the high school level, one must complete 250 units of course work (see Graduation section of Parent/Student Handbook). A student must also complete 120 hours of nonclassroom Christian or community service in the surrounding area. (This requirement is prorated for transfer students).
4. Students are expected to honor and abide by all school rules (see Parent/Student Handbook), including following the school's prescribed dress code. Each student must conduct him/her self in a manner that is a reflection of the school's biblical standards, whether on or off campus. The school reserves the right to confront behavior that is detrimental to the student, the community, the school, and/or others, regardless of the location or age of the student.
5. Each grade will have field trips (usually at an additional cost) that are an integral part of the curriculum. All students are expected to attend these field trips. Additionally, there are two school events that all students are expected to participate in: Pilgrim/Grandparent Day and the Walk-A-Thon.

I have read the above and understand that failure to comply with any of the requirements stated will result in disciplinary action and/or dismissal from the school.

Student's Signature

Date

In signing this form, I indicate that my student is accountable to the expectations stated above. Furthermore, I consent to the school exercising whatever authority it deems necessary to achieve its aims and deal with my student's non-responsiveness. I realize that at the school's discretion, my child may be detained, suspended or expelled if necessary.

Father's Signature

Mother's Signature

Guardian's Signature (if applicable)

MEDICAL AUTHORIZATION

Student's Name _____ Birth date _____

Address _____ Phone (____)____-____

Father/Guardian's Name _____ Cell Phone (____)____-____

Mother/Guardian's Name _____ Cell Phone (____)____-____

Father/Guardian's Employer _____ Work Phone(____)____-____ Ext _____

Mother/Guardian's Employer _____ Work Phone(____)____-____ Ext _____

In an emergency, if one of the above cannot be reached, I authorize you to call:

Name _____ Relationship _____ Phone (____)____-____

Name _____ Relationship _____ Phone (____)____-____

Chronic illnesses or physical handicaps _____

Is student under treatment of any kind? (Please explain) _____

Consent for Medical Treatment

I (we) the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of a physician and surgeon as a member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain effective for the duration of attendance at Christian Schools of the Desert unless sooner revoked in writing to the school.

List any restrictions _____

Father/Guardian _____ Mother/Guardian _____ Date _____

Allergies to drugs or foods _____

Special medications or pertinent information _____

Last Tetanus Booster _____ Financial responsibility will be assumed by _____

Insurance company _____ Policy # _____

Physician _____ Phone (____)____-____

Address _____

ACADEMIC REFERENCE

A. THIS PORTION TO BE COMPLETED BY THE APPLICANT.

Complete section A and give this form to your current or most recent classroom teacher. Please do not use a relative as a reference. Please have references sent to:

"CSOD Admissions" 40700 Yucca Lane, Bermuda Dunes CA, 92203 or faxed to (760) 345-8173

Applicant's name _____ Grade applying for _____
 Address _____

B. THIS PORTION TO BE COMPLETED BY THE PERSON PROVIDING THE RECOMMENDATION.

The above named applicant is applying for admission to Christian Schools of the Desert. The Director of Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	Not Applicable
Critical Thinking					
Motivation/Initiative					
Oral Expression					
Reading Comprehension					
Writing Ability					
Class Participation					
Behavior/Citizenship					
Overall Evaluation					

2. Where does the student rank in your class? Top 10% Top 25% Top Half Bottom Half

3. Please include additional comments to expand or qualify your appraisal of the applicant. _____

4. Please indicate any area(s) in which the applicant might need special attention from CSOD staff/faculty. _____

5. How long have you known the applicant and in what capacity?

6. I recommend do not recommend recommend with reservation this individual for enrollment at CSOD.

Name _____ Position/occupation _____

Phone (____) _____ - _____ Email _____ Signature _____

Address _____

CHARACTER REFERENCE

A. THIS PORTION TO BE COMPLETED BY THE APPLICANT.

Complete section A and give this form to someone who has observed you in a religious setting for a reasonable period of time. This should be someone who is a spiritual advisor/mentor such as a pastor, Sunday school teacher, or counselor. If you have no church affiliation, then give this form to a coach or other non-academic leader. Please do not use a relative as a reference. Please have references sent to:

"CSOD Admissions" 40700 Yucca Lane, Bermuda Dunes CA, 92203 or faxed to (760) 345-8173

Applicant's name _____ Grade applying for _____
 Address _____

B. THIS PORTION TO BE COMPLETED BY THE PERSON PROVIDING THE RECOMMENDATION.

The above named applicant is applying for admission to Christian Schools of the Desert. The Director of Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	Not Applicable
Ability to work with others					
Dependability					
Emotional Stability					
Leadership					
Personal Integrity					
Spiritual Maturity					
Overall Evaluation					

2. Please include additional comments to expand or qualify your appraisal of the applicant. _____

3. Please indicate any area(s) in which the applicant might need special attention from CSOD staff/faculty. _____

4. How long have you known the applicant and in what capacity?

5. I recommend do not recommend recommend with reservation this individual for enrollment at CSOD.

Name _____ Position/occupation _____

Phone (____) _____ - _____ Email _____ Signature _____

Address _____