

Escondido Christian Academy

927 Idaho Avenue

Escondido, CA 92025

Phone: (760) 745-2071 Fax: (760) 745-1905

www.ecslions.org

School Mission, Purpose and Statement of Faith

Mission Statement

"Home, School, Church ... Partners in Christian Education."

Escondido Christian School and Preschool, working together with home and church, providing a Christ-centered spiritual, academic, and physical foundation in a Biblically-based environment, guiding children into a daily walk with Jesus Christ to produce Kingdom-driven citizens.

- Kingdom Driven
- Christ – Centered
- Biblically Based

Purpose

For over fifty years the primary purpose of Escondido Christian School has been to prepare each student to discover and then pursue the high potential that God has planned for his or her life. In order to reach this goal, we begin with the conviction that every child is uniquely imprinted with the image of God. In order to reach the potential God has for each child, we believe that children should have a well-rounded program that encourages them to develop socially, emotionally, cognitively, physically, and spiritually. As a Christian school, our obligation before God is to help each child learn about and develop a love for Christ and the Bible through daily experiences and application to everyday life.

The first step in this process is the acceptance of Jesus Christ as one's personal Savior. Everything in our curriculum is designed to lead students to a fuller understanding of Christ and a more complete relationship with Him. We see our responsibility as not only preparing children for a successful adult life but also leading them to an assurance of eternal salvation. We hold to the truth in Proverbs 22:6, which says, "Train up a child in the way he should go and when he is old, he will not depart from it."

Statement of Faith

1. We believe that the Bible is the Word of God. As such, it is fully trustworthy in all it teaches and affirms.
2. We believe that God is our loving heavenly Father who has revealed Himself as God the Father, God the Son and God the Holy Spirit. God is therefore a Trinity, or triunity, three distinct Persons, yet of one and the same essence.
3. We believe that all men are sinners by nature and cannot be saved except through faith in the death and resurrection of Christ. Therefore, we speak of the "new birth" as a radical spiritual transformation when the old life is put away and the new life in Christ is received.
4. We believe in the personal and imminent return of Jesus Christ to this earth. Every believer is admonished to be prepared for and anticipate His coming.
5. We believe that the Church is the Body of Christ on earth, and Jesus Christ is its Head. The Church is comprised of all who have accepted Jesus Christ as Lord and are living a life consistent with that confession.

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Independent Study Program Application Process

Enrollment Process

1. Pray that the Lord reveals His plan for your child. Jeremiah 29:11
2. Complete this packet.
 - a. Application for Admission
 - b. Emergency Medical Record
 - c. Student and Parent Commitment
 - d. Financial contract
 - e. Parent Participation Form
 - f. Copy of Student's Birth Certificate
 - g. Copy and Original Immunization Card
 - h. Copy of Report Cards from the last 2 years (if applicable)
 - i. Copy of most recent Standardized Test Scores (except for Pre-K students)
 - j. Copy of IEP (if applicable)
 - k. Registration fee which is non-refundable. (It will be returned if we are not able to replace you student)
3. For all students, we will schedule an interview with the student, parent, and administration.
4. We will make every attempt to contact you with your child's acceptance or denial within the approximately one week of your interview.

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Check Off List

The items below must be received prior to scheduling an enrollment interview

Student Name:		Grade:	
	Student Application		
	Emergency Medical Record		
	Student and Parent Commitment		
	Financial Contract		
	Pastoral or Ministry Leader Recommendation		
	Academic Recommendation (grade 1-12 only) if applicable		
	Copy of IEP (if applicable)		
	Parent Participation Form		
	Copy of Student's Birth Certificate		
	Copy of Immunization Card (We must see original. Required for K and 7 th grade –must show updated doses.)		
	Registration Fee \$100		
Office Use Only			
Application Received			
Registration Fee	Check #:	Amount:	Date:
Grade Level Appropriate			
Interview Date			
Post-Interview Letter Sent			
Will The Student be taking classes or sports with CCA? If so, which ones?			
Comments:			

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Homes School Questionnaire

How many years have you been home schooling? _____

Why are you choosing to home school your child(ren)? _____

Have you ever been with an ISP? _____?

If so, which one(s)? _____ Dates: _____

Where are your CUM files? School name: _____

Address: _____

What curriculum are you currently using or planning on using? _____

What is it that you would most like to get out of CCA-ISP? _____

Do you have any questions or concerns about your child(ren) being in ECA-ISP?

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Independent Study Program

Student Application

Student Information		
Students Last Name	First	Middle
Home Address	City/ State	Zip
Home Phone: ()	Who is the legal guardian?	
Gender: Male Female	Date of Birth	
Place of Birth	US Citizen? Yes No	
SS# (optional)	Applying for which grade level?	
Academic Information		
Name of Current School	Current Grade	
Street Address	City/State	ZIP
Name of Teacher	Name of Principal or Counselor	Phone ()
Public Private	Other Schools Attended and Dates:	
Has your child ever been tested for a learning disability? If yes, explain. Yes No		
Has your child ever repeated a grade? If yes, explain. Yes No		
Has your child ever been suspended or expelled? If yes, explain Yes No		
Please list any medical, psychological, learning or other difficulties that your are aware of.		
Kindergarten Students Only: Did student attend preschool? Yes No Name of school:		

Independent Study Program

FAMILY INFORMATION					
Birth Mother's Last Name	First Name		Living with the student? Yes No		
			If not, receive mailings? Yes No		
Address		City/State		Zip	
What amount of custody does mother have? Full/Joint Partial---percent _____ No custody					
Home Phone ()		Work Phone ()		Cell Phone ()	
Occupation/ Name of Company				Position	
Company Address		City		Zip	
Educational Background					
Birth Father's Last Name	First Name		Living with the student? Yes No		
	If not, receive mailings? Yes No				
Address		City/State		Zip	
What amount of custody does father have? Full/Joint Partial---percent _____ No custody					
Home Phone ()		Work Phone ()		Cell Phone ()	
Occupation/ Name of Company				Position	
Company Address		City		Zip	
Educational Background					
STEPPARENT / GUARDIAN INFORMATION					
Stepmother/Guardian's Last Name	First Name		Living with the student? Yes No		
			If not, receive mailings? Yes No		
Address		City/State		Zip	
What amount of custody does parent have? Full/Joint Partial---percent _____ No custody					
Home Phone ()		Work Phone ()		Cell Phone ()	
Occupation/ Name of Company				Position	
Company Address		City		Zip	
Educational Background					
Stepfather/ Guardian's Last Name	First Name		Living with the student? Yes No		
			If not, receive mailings? Yes No		
Address		City/State		Zip	
What amount of custody does parent have? Full/Joint Partial---percent _____ No custody					
Home Phone ()		Work Phone ()		Cell Phone ()	
Occupation/ Name of Company				Position	
Company Address		City		Zip	
Educational Background					

INDEPENDENT STUDY PROGRAM

Please mark all appropriate boxes:							
Parent Married		Parents Unmarried		Parents Divorced		Parents Separated	
Mother Remarried		Father Remarried		Father Deceased		Mother Deceased	
Please Complete the following regarding the student's siblings:							
Name	Age	School:			Grade		
Name	Age	School:			Grade		
Name	Age	School:			Grade		
Name	Age	School:			Grade		
TECHNOLOGY INFORMATION							
Escondido Christian Academy sends all parent communication, notices of discipline and events via email. Please PRINT email address (at least one required) and owner's name							
Email Address				Owner			
Email Address				Owner			
Email Address				Owner			
Email Address				Owner			
ADDITIONAL QUESTION							
How did you learn about Escondido Christian Academy?							
Why do you want to enroll your student in Escondido Christian Academy?							

Escondido Christian Academy does not discriminate on basis or race, color, gender, nationality or ethnic origin in the administration of its admission policies, educational policies, financial aid program or any other school administered programs .

If you do not receive notification of receipts of this Application within one week, please call the school office to verify that it has been received.

INDEPENDENT STUDY PROGRAM

Escondido Christian Academy 923 Idaho Avenue Escondido, CA 92025 Phone: (760) 745-2071 Fax: (760) 745-1905 www.ecslions.org		2008-2009 Emergency Medical Record	
STUDENT INFORMATION			
Student's Last Name	First Name	Home Phone Number ()	
EMERGENCY CONTACTS			
Please list three people we may contact in case of emergency and to whom the student may be released if unable to contact the parents.			
Name of Contact	Home Phone Number ()	Work Phone Number ()	Relationship
Name of Contact	Home Phone Number ()	Work Phone Number ()	Relationship
Name of Contact	Home Phone Number ()	Work Phone Number ()	Relationship
DOCTOR INFORMATION			
Name of Doctor	Name of Medical Facility	Phone Number	
Address (Street Number and Name)	City	State	Zip Code
HEALTH INFORMATION			
Please check all boxes that apply. Give details as described.			
<input type="checkbox"/> Allergies: Mild to Moderate Type:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney/Urinary Tract	
<input type="checkbox"/> Allergies: SEVERE Type:	<input type="checkbox"/> Dental Problems Explain:	<input type="checkbox"/> Measles Year:	
<input type="checkbox"/> Asthma: Mild to Moderate	<input type="checkbox"/> Ear aches – frequent	<input type="checkbox"/> Migraine Headaches	
<input type="checkbox"/> Asthma: Severe	<input type="checkbox"/> Emotional/Psychological Disorder	<input type="checkbox"/> Muscular Dystrophy	
<input type="checkbox"/> Attention Deficit Disorder Medicine:	<input type="checkbox"/> Genetic Disorder Explain:	<input type="checkbox"/> Mumps Year	
<input type="checkbox"/> Attention Deficit with Hyperactivity Medicine:	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Neurological Disorder Type:	
<input type="checkbox"/> Blood Disorder Type:	<input type="checkbox"/> Hearing Problems: Aides: Deaf: Tubes in Ears:	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> Cancer Year:		<input type="checkbox"/> Rubella Year	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Heart Problem – No restrictions	<input type="checkbox"/> Skin condition Explain	
<input type="checkbox"/> Chicken Pox Year:	<input type="checkbox"/> Heart Problem – RESTRICTIONS	<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Hypoglycemia		
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Other Explain		

INDEPENDENT STUDY PROGRAM

<p>MEDICATION NOTE: Please note that all medication, including over the counter and prescribed, given during the school day must have a Request for Administration of Medication form (or the equivalent) completed and signed by the physician and the parents. Students are not allowed to carry medication including Tylenol, Aspirin, Motrin, etc. during the school day. Exception are contingent upon written physician and parent approval. Please see to it that your child understands this policy.</p>		
<p>What medication(s) is your child currently taking?</p>		
<p>Does your child wear glasses or contacts?</p>		
<p>Does your child have any illness or disorder that requires special attention? Explain.</p>		
<p>Are there any special procedures we should follow in case of emergency with you child?</p>		
<p>PARENTAL AUTHORIZATION TO CONSENT TREATMENT OF MINOR ACTIVITIES ON OR OFF THE SCHOOL GROUNDS</p>		
<p>I/We the undersigned consent to have my/our child, _____, participate in field trips supervised by the teaching staff, away from school grounds.</p>		
<p>I/We authorize Escondido Christian Academy as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, as is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.</p>		
<p>It is understood that the Authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This Authorization is given pursuant to the provisions of Section 25.8 of the Safety Code of California.</p>		
<p>I/We hereby authorize any of hospital that has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my/our) above named agent(s) upon the completion of treatment. This Authorization is given pursuant to the provisions of Section 1283 of Health and Safety Code of California.</p>		
<p>These Authorizations shall remain in effect for the duration of enrollment at this school, unless r sooner revoked in writing delivered to said agent(s).</p>		
<p>Father Signature:</p>	<p>Mother's Signature:</p>	<p>Date:</p>

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Independent Study Program

2008-2009

Media Release Form

AUTHORIZATION FOR PICTURE AND NAME USE ON INTERNET:

Student Name:	Grade
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Authorization for Picture and Name use on Internet:

- I authorize Escondido Christian Academy to use my child's picture and first name on the school's website. *By checking here you also give us authorization to publish work that may be produced by your child. This may include wiring and artwork that is scanned into the computer. Children's last name will not be used on the website.*

- I **do not** authorize Escondido Christian Academy to use my child's picture and first name on the school's website.

Authorization for Pictures and Name Use in newspaper publications/television/other media:

- I authorize Escondido Christian Academy to allow my child's picture and name in newspaper publications/television/other media. *By checking here you give us authorization to publish work that many be produced by your child. This may include writing and artwork.*

- I **do not** authorize Escondido Christian Academy to allow my child's picture and first name in newspaper publications/television/other media.

Email notification of publications:

- I would like to receive email notification of the posting of school publications on the website.

Father/Guardian Printed Name	Signature	
Email Address	Date	
Mother/Guardian Printed Name	Signature	
Email Address	Date	

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