

727 South 6th Ave

PO Box 308

Broken Bow NE, NE 68822

308-767-2096

info@custerchristianschool.com

Custer Chrisitan School- New Student Packet 

Dear Families,

Thank you for your interest in the 2025-2026 school year at Custer Christian School! We are beyond excited about how God is doing and how he is moving to make Custer Chrisian School a reality! In the following packet, you will find the Student Application, Statement of Faith, Enrollment Policies, Admissions Procedures, and Health History Form. Please take time as you read through and fill these out. We also ask that you complete additional applications for each student enrolling at CCS. If there are any questions as you go along, we welcome communication and discussion. During the 2025-2026 school year, we plan on focusing on grades PreK – 2nd. Below is a summary checklist of what is required to submit along with the application no later than April 1, 2025.

**2025-2026 Tuition Rates**

**PreKindergarten 1st year PreK students** (3 days/week) T-W-Th - $110/month ($990/year)

**PreKindergarten 2nd year PreK students** (4 days/week) T-W-Th-F - $120/month ($1,080/year)

**Kindergarten-2nd Grade** $1,250/year if paid in one payment - $1,500/year if payments are made on a monthly basis ($150 for 10 months beginning August 2025).

**Home School Program** $50/month (2 days/week – approx. 2 hours/day)

[ ]  Completed Student Application Form

[ ]  $100 non-refundable Application Fee if enrolled between January 15, 2025 - April 1, 2025

[ ]  Copy of Birth Certificate

[ ]  Student immunization record and health history form

[ ]  K – 2nd grade copy of student transcript



GO CUSTER CHRISTIAN CHARGERS! *I saw heaven standing open and there before me was a white horse, whose rider is called Faithful and True… Rev. 19:11*

727 South 6th Ave

STUDENT APPLICATION

PO Box 308

Broken Bow, NE 68822

308-767-2096

info@custerchristianschool.com

STUDENT APPLICATION NAME: DATE RECEIVED:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | Application Date: |  |  / / |
| Student’s Legal Name |  |  |  |  |  |
|  | Last | First | Middle |  | Nickname |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address |  | Home Phone |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City | State | ZIP Code |
| Date of Birth  |  / / | Male [ ]  |  Female [ ]  |  Are you currently attending church: ( Y / N ) If yes where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |  |  |
| --- | --- | --- | --- |
| Currently in Grade(please circle) | PK 1 PK2 K 1 2  | Applying for Grade(please circle)  | PK 1 PK2 K 1 2 |
| Previous School Attended (if applicable): |
| School Name |  | Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address |  |
| Has student ever: | YES | NO |  If yes on any of the following questions, please explain: |  |
| Repeated any grade? | [ ]  | [ ]  |  |
| Been dismissed or suspended? | [ ]  | [ ]  |  |
| Does your student have a current IEP or 504 plan?  | [ ]  | [ ]  |  |
| Have you ever declined services for this student?  | [ ]  | [ ]  |  |

|  |
| --- |
| Are there areas (academic, social, citizenship, spiritual) where you feel that your student may need special assistance in adjusting to his/her new school situation? Please explain. |
|  |
|  |
|  |
| We desire to enroll our child(ren) in Custer Christian School because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
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## Applicant’s Siblings (if applicable):

|  |  |  |
| --- | --- | --- |
| Name | Age | Current School |
|  |
|  |
|  |

## Parent/Guardian Information

STUDENT APPLICATION NAME:

Guardian 1: Guardian 2:

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to Student |  | Relationship to Student |  |
| Full Name |  | Full Name |  |
| Address (If different from student) |  | Address (If different from student) |  |
| Occupation |  | Occupation |  |
| Employer |  | Employer |  |
| Employer Address |  | Employer Address |  |
| Work phone |  | Work phone |  |
| Cell phone |  | Cell phone |  |
| Main E-mail |  | Main E-mail |  |

## Parents/Guardians are:

 (Please check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Married |   [ ]  Single [ ]  Separated [ ]  Divorced |  |
|  [ ]  Father Remarried |  [ ]  Mother Remarried [ ]  Mother Deceased  | [ ]  Father Deceased  |  |
|  |  |  |  |
| If parents are divorced or separated, to whom should admission correspondence be sent and their address? |  |
|  |
|  |
|  |
| I (We) understand that should our address, marital status and/or custody arrangements change, it is my (our) responsibility to notify the school and to have any necessary documents updated with the Custer Christian offices in a timely manner. |
| \_\_\_\_\_\_\_\_\_\_\_ Guardian 1 Initials \_\_\_\_\_\_\_\_\_\_\_\_ Guardian 2 Initials |
|  |
| If your student is not living with both parents, please answer the following questions.  |
| 1. Please explain the custodial arrangements and **attach a copy** of the most recent appropriate legal documents which clarify these arrangements.­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| --- |
| 1. According to the most recent court order, who is allowed to make contact with the student at school or to pick the student up at school? \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. Please list who is authorized to receive mailings (newsletters, report cards, etc.)
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|  |

## Statement of Faith

STUDENT APPLICATION NAME:

|  |
| --- |
| • We believe “All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work.” (2 Timothy 3:16-17)• We believe that there is one God, eternally existent in three persons: Father, Son & Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)• We believe in the divinity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (John 10:33), (Isaiah 7:14, Matthew 1:23, Luke 1:35), (Hebrews 4:15, Hebrews 7:26), ( John 2:11), (I Corinthians 15:3-4, Ephesians 1:7, Hebrews 2:9), (John 11:25, I Corinthians 15:4), (Mark 16:19), (Acts 1:11, Revelation 19:11)• We believe that “he saved us, not because of works done by us in righteousness, but according to his own mercy by the washing of regeneration and renewal of the Holy Spirit.” (Titus 3:5). “For by grace you have been saved through faith. And this is not your own doing; it is the gift of God.” (Eph 2:8)• We believe that God wonderfully and immutably creates each person as male or female, and that these two distinct, complementary genders together reflect the image and nature of God. (Genesis 1:26-27, Mark 10:6)• We believe in God’s design for marriage as being between one man and one woman. (Genesis 1:26-27, Genesis 2:18-25, Romans 1:21-27, 1 Corinthians 6:9-10;18, 1 Corinthians 7:2-5, Hebrews 13:4, Matthew 15:18-20)• We believe in the sanctity of human life. (Psalms 139:14-16) |

**Guardian 1**: I have read Custer Christian School’s Statement of Faith and I am willing to have my child taught in accordance with it. In addition, I pledge my cooperation with CCS in encouraging my child to follow these teachings.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Guardian 2**: I have read Custer Christian School’s Statement of Faith and I am willing to have my child taught in accordance with it. In addition, I pledge my cooperation with CCS in encouraging my child to follow these teachings.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Enrollment Policies

STUDENT APPLICATION NAME:

|  |
| --- |
| Custer Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Parents/guardians are required to sign all areas of the student application, including all consent and release forms. |
| * Parents have the ultimate responsibility for the decision regarding where their children should attend school.
* Each student should have a genuine desire (cooperative spirit) to attend.
* Each transferring student must be in good standing academically and behaviorally at their present school.
* Each family is expected to be in harmony with and supportive of the school’s position and spiritual goals.
* Each family is to understand their child will be taught according to the school’s **Statement of Faith**.
* Kindergarten students must be at least 5 years old on or before July 31st.
* First grade students must be at least 6 years old on or before July 31st.
* A waiting list is established for qualified students after all openings are filled; you will be notified if placed on the waiting list.
* All new students (transferring mid-year) are put on a one quarter probationary period.
* Custer Christian may be unable to adequately serve students with:
	+ An extremely low academic performance as indicated by achievement testing.
	+ A failed most recent grade level prior to application.
	+ Significant emotional or disciplinary problems at current school.
	+ A police, court or criminal record.
	+ A physical disability which would impair the learning process under normal educational conditions.
	+ A learning disability for which our school is not staffed.
 |

## Admissions Procedures

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| --- |
| For each student applying, the following will be required: |
| [ ]  Completed Student Application Form[ ]  $100 non-refundable Application Fee if enrolled between January 15th - April 1st [ ]  Copy of Birth Certificate[ ]  Student immunization record and health history form (State law requires a physical examination for children entering Kindergarten, and all students transferring from out of state. All students must be immunized as specifically required by Nebraska law or have a notarized exemption on file. No student will be allowed in school if all state health requirements are not satisfied).[ ]  Parent/guardian in person review with school representatives (Prior to formal enrollment, an admission interview will be required for first-time applicants. Parents/guardians will meet with school representatives for this interview.)[ ]  Students may be tested prior to placement[ ]  K – 2nd grade school visit/shadow day (for semester enrollment)[ ]  K – 2nd grade copy of student transcriptCompleted applications may be mailed to Custer Christian School, or email info@custerchristianschool.com |

 727 South 6th Ave

Health History Form

PO Box 308

Broken Bow, NE 68822

308-767-2096

 info@custerchristianschool.com

STUDENT HEALTH HISTORY NAME:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  |  | Student DOB: |  |  / / |
|  | Last | First | Student Ethnicity: |  |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physician Name & Clinic |  | Date of Last Exam: |  |  / / |

|  |
| --- |
| Allergy statement: |
| Student has life-threatening bee sting allergies or food allergies. | YES [ ]  |  NO [ ]  |  If yes, a written note from student’s physician stating specific instructions for Custer Christian is required. |

|  |
| --- |
| Other Allergies: *(please specify here)* |
| Conditions/Concerns: |

|  |  |
| --- | --- |
| Does this student have: *(please mark all that apply)*[ ]  Cerebral Palsy [ ] Physical Concerns [ ] Diabetes[ ]  Heart Conditions [ ] Asthma [ ]  Kidney Problems[ ]  Ear Infections [ ]  Hepatitis [ ]  Epilepsy[ ]  Emotional Concerns [ ]  Orthopedic Concerns[ ]  ADD/ADHD [ ]  Autism [ ]  Other | Please provide information about the conditions/concerns and how it is managed: |
| Does student have any hearing or vision concerns? Yes [ ]  No [ ]  (if yes, please explain)Has student had recent injury or illness that might limit him/her in school? Yes [ ]  No [ ]  (if yes, please explain)Has student had any surgeries in the past year? Yes [ ]  No [ ]  (if yes, please explain) |
| Please provide a list of any medication(s) your child will be taking at school:Any medication taken at school must be in an original, correctly labeled container from the pharmacist with the child's name on the label, pharmacy name, physician's name, name of medication, dosage and time it is to be administered. Your doctor must also send a signed form to the school.  | Please list any medication(s) your child will be taking at home: |

## Parent/Guardian Information – Emergency Contact Information

|  |  |
| --- | --- |
| Parent/Guardian to Contact 1st | Parent/Guardian to Contact 2nd |
| Full Name |  | Full Name |  |
| Work phone |  | Work phone |  |
| Cell phone |  | Cell phone |  |
| Main E-mail |  | Main E-mail |  |

**If parent/guardian is unable to be contacted, please list at least two local emergency contact persons.**

|  |  |  |
| --- | --- | --- |
| Name | Phone | Relationship to student |
|  |
|  |
|  |

|  |  |
| --- | --- |
| In Case of an Emergency Yes [ ]  No [ ]   | I(We), as parent(s) or guardian(s) of the student named at above, give my (our) permission to take my (our) child to the hospital emergency room or doctor's office in the case of an emergency in the event I(we) am(are) not available. I(We) understand that all efforts will be made to contact a parent, guardian, or emergency contact before a school representative takes the student to the emergency room or to a physician's office unless it is an emergency situation. |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature(s): |  | Date: |  |

 727 South 6th Ave

**REQUEST FOR RELEASE OF SCHOOL RECORDS**

PO Box 308

Broken Bow, NE 68822

308-767-2096

 info@custerchristianschool.com

Please forward **all cumulative student record information,** along with **withdrawal grades,** acompleted **transcript** of all work completed at your school, and all **health records and immunizations** to one of the following below: mailing address, email OR fax number regarding the following student(s).Include any **Special Education** and/or **Psychological** confidential files, if applicable.

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade  \_\_\_\_\_\_\_\_\_\_\_\_**

**School Last Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax/Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **MAIL RECORDS TO:** Custer Christian School PO Box 308 Broken Bow, NE  68822 | **DROP RECORDS OFF TO:**Custer Christian School 727 South 6th AvenueBroken Bow, NE 68822 |

**SCAN/EMAIL RECORDS TO:**

Email: info@custerchristianschool.com

**School Official’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Title  Date

**Parent/Guardian Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Date



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