



604 South H Street
PO Box 308
Broken Bow NE, NE 68822
info@custerchristianschool.com

Custer Christian School- New Student Packet

Dear Families,

Thank you for your interest in the first inaugural school year of Custer Christian School! We are beyond excited about how God is doing and how he is moving to make Custer Christian School's 2024-2025 school year 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. Below is a summary checklist of what is required to submit along with the application no later than **June 15th, 2024**:

- Completed Student Application Form
- \$50 non-refundable Application Fee if enrolled between Jan. 16th-April 1st
- \$100 non-refundable Application Fee if enrolled between April 2nd-June 15th
- Copy of birth certificate
- Student immunization record and health history form
- 1st-6th 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*



**CUSTER CHRISTIAN
SCHOOL**

STUDENT APPLICATION

604 South H Street
PO Box 308
Broken Bow, NE 68822
info@custerchristianschool.com

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 K 1 2 3 4 5 Applying for Grade (please circle) PK K 1 2 3 4 5 6

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?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Been dismissed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your student have a current IEP or 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever declined services for this student?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 Legacy Christian School because _____

Applicant's Siblings (if applicable):

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

STUDENT APPLICATION

NAME:

DATE RECEIVED:

Parent/Guardian Information

Guardian 1: Relationship to Student _____	Guardian 2: 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 Legacy 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.

A. Please explain the custodial arrangements and **attach a copy** of the most recent appropriate legal documents which clarify these arrangements. _____

B. 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? _____

C. Please list who is authorized to receive mailings (newsletters, report cards, etc.) _____

Statement of Faith

- 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

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

For each student applying, the following will be required:

- Completed Student Application Form
- \$50 non-refundable Application Fee if enrolled between Jan. 16th-April 1st
- \$100 non-refundable Application Fee if enrolled between April 1st-June 15th
- 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
- 1st-6th grade school visit/shadow day (for semester enrollment)
- 1st-6th grade copy of student transcript

Completed applications may be mailed to Custer Christian School, or email info@custerchristianschool.com



Health History Form

604 South H Street
 PO Box 308
 Broken Bow, NE 68822
 info@custerchristianschool.com

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 Legacy Christian is required.**

Other Allergies: (please specify here)

Conditions/Concerns:

<p>Does this student have: <i>(please mark all that apply)</i></p> <p><input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Physical Concerns <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart Conditions <input type="checkbox"/> Asthma <input type="checkbox"/> Kidney Problems</p> <p><input type="checkbox"/> Ear Infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Emotional Concerns <input type="checkbox"/> Orthopedic Concerns</p> <p><input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Other</p>	<p>Please provide information about the conditions/concerns and how it is managed:</p>
<p>Does student have any hearing or vision concerns? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes, please explain)</i></p>	
<p>Has student had recent injury or illness that might limit him/her in school? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes, please explain)</i></p>	
<p>Has student had any surgeries in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes, please explain)</i></p>	
<p>Please provide a list of any medication(s) your child will be taking at school: <small>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.</small></p>	<p>Please list any medication(s) your child will be taking at home:</p>

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

<p>In Case of an Emergency</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>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.</p>
---	--

Parent/Guardian Signature(s): _____ Date: _____

STUDENT HEALTH HISTORY NAME:



**CUSTER CHRISTIAN
SCHOOL**

REQUEST FOR RELEASE OF SCHOOL RECORDS

604 South H Street
PO Box 308
Broken Bow, NE 68822
info@custerchristianschool.com

Please forward **all cumulative student record information**, along with **withdrawal grades**, a completed **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

SCAN/EMAIL RECORDS TO:

Email: info@custerchristianschool.com

School Official's Signature

Signature, Title

Date

Parent/Guardian Signature

Date