

Catalina Foothills Church Schools (CFCS)

Cornerstone Christian Academy
6450 N. Camino Miraval
Tucson, AZ 85718
520-529-7080

Pusch Ridge Christian Academy
9500 N. Oracle Road
Tucson, AZ 85704
520-797-0107

Application/Enrollment Checklist for Pusch Ridge Christian Academy

Thank you for your interest in Pusch Ridge Christian Academy. We commend parents who are taking charge of their children's education by actively seeking the right school for them. We look forward to getting to know your family through the application and enrollment process, and pray that if it is the Lord's will that your child will soon be a part of the school family.

1. Complete the following steps:

- All forms must be submitted to the Admissions Office before testing and the interview take place.
- The \$75 non-refundable Application Fee must accompany the application.
- All applications must have two Reference Forms (church and previous teacher) completed and returned by the person who completes the form. Please provide your church and teacher a return stamped envelope addressed to Pusch Ridge Christian Academy.
- Please submit a copy of your child's report cards and standardized test scores from the two most recent years. If you do not have copies in your personal files, please request a copy from your child's current or previous school.

2. Admissions Testing and Interview

- Students entering grades 6-9 will take an Entrance Reading Exam conducted at PRCA on Saturday mornings. Please contact the Admissions Office at PRCA for a schedule of exam dates and to reserve a testing date.
- The Admissions Office will review your **completed** file including all application forms and previous school records. You will then be contacted by the Admissions Office within two weeks of PRCA's receipt of your completed file to schedule an interview including the student and parents.

Following the completion of all paperwork, testing, and interview you will be notified in writing of the decision regarding acceptance or denial. Admission is not determined solely upon a first-come, first-served basis. Extenuating factors include but are not limited to: Christian testimony, other non-academic standards, report card grades, standardized test scores, Entrance Reading Exam score, and availability of space.

3. Enrollment

- Once accepted, paying the Registration Fee will secure your child's position in class.
- All accepted students will take a math placement exam other than those who have completed a math class higher than Algebra 1. Please contact the Admissions Office at PRCA for a schedule of math placement exam dates and to reserve a testing date.

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Application for Enrollment 2011-2012

Grade level of student as of August 2011 _____

STUDENT INFORMATION

Student Name _____ / _____
Last First Middle Nickname
Address _____ City _____ St _____ Zip _____
Home Phone _____ Student Cell _____
Date of Birth _____ Age _____ M _____ F _____ Student E-Mail _____

PARENT INFORMATION

Custodial: Father Stepfather Guardian

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Occupation _____
Business Name _____
E-Mail _____

Address mail to: Mr. /Mrs. Mr. Mrs. Dr. /Mrs. Mr. /Dr. Rev. /Mrs. Pastor/Mrs. Other _____

Non-Custodial: Father Stepfather

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Occupation _____
Business Name _____
Email _____

Custodial: Mother Stepmother Guardian

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Occupation _____
Business Name _____
E-Mail _____

Non-Custodial: Mother Stepmother

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Occupation _____
Business Name _____
Email _____

I give my permission for the non-custodial parent, _____, to pick up student during or after school. (Custodial/Legal Guardian Signature) _____

FAMILY INFORMATION (for school year 2011-2012)

Sibling Name _____ Age _____ School _____ Grade _____
Sibling Name _____ Age _____ School _____ Grade _____
Sibling Name _____ Age _____ School _____ Grade _____

CHURCH INFORMATION

Are you members of a church? Yes No

Does your family attend church regularly? Yes No

Church Attending _____ Pastor _____

Church Address _____ Phone _____

Please Read The Following Before Signing:

By signing this application, you are indicating both your family’s desire to be part of Catalina Foothills Church Schools and your commitment to support its ideals and standards.

- a. I/we understand that Cornerstone and Pusch Ridge Christian Academies are covenant schools and that at least one parent or the student professes a belief in Jesus Christ as his/her Lord and Savior.
- b. I/we grant permission for our student to attend all school-sponsored trips and activities throughout the school year unless I request, in writing, nonparticipation in an event.
- c. I/we understand that our child’s likeness may be photographed or videotaped by the school in the course of school activities. We hereby give consent for the school to use our child’s likeness in promotional and/or advertising materials.
- d. I/we have read, signed and included the Family and Financial Commitment Form.
- e. I/we understand that the school reserves the right to dismiss any student who does not: (1) respect and observe spiritual and/or behavioral standards, (2) cooperate in our educational goals and (3) follow the PRCA rules.
- f. I/we understand that the Application and Registration Fees are non-refundable.

We have read and agree to all the terms contained in this application. Additionally, we understand any false or unreported information are grounds for immediate dismissal from school.

Father or Guardian Signature _____ Date _____

Mother or Guardian Signature _____ Date _____

Student Signature _____ Date _____

(6th – 12th Grade Signature Only)

Catalina Foothills Church Schools does not discriminate on the basis of sex, nationality, or race of its students or in the administration of its educational policies, the awarding of financial aid, or any of its other school administered programs.

GRANDPARENT INFORMATION (to be included on our mailing list to receive invitations and other school mailings):

Name _____

Address/City/St/Zip _____

Name _____

Address/City/St/Zip _____

For PRCA Applicants Only:

Current or Last School Attended _____

Address/City/ State/Zip _____

1. Has your child ever used:

- A. Alcohol Yes No
- B. Tobacco (in any form) Yes No
- C. Illegal Drugs Yes No

If yes, please explain student’s current attitude toward and/or use of these substances on separate sheet of paper.

2. Check any of the following, if any that apply to your child: If you check any of the areas, please explain.

- Suspended/expelled within last 12 months Involved with juvenile authorities
- Disciplinary problems at school

3. Check any of the following that apply to your child: If you check any of the areas, please explain on the Special Needs Information Form.

- Physical disabilities Learning disabilities
- Medical or psychiatric problems ADD or ADHD

Pusch Ridge Christian Academy is not equipped to make accommodations for those with learning disabilities or other special educational requirements.

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PRCA Student Life Form 2011-2012

In your own handwriting, please help us get to know you!

Student Name _____ Grade in August 2011 _____

Please tell us why you are interested in attending PRCA. _____

Check activities in which you have participated (school or other):

- | | | |
|---|--|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Tackle Football | <input type="checkbox"/> Swimming * |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Cheerleading * | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Student Praise Team | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Music – Instrumental | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country * |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Student Chaplains |
| <input type="checkbox"/> Music - Vocal | <input type="checkbox"/> Baseball | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Yearbook* | <input type="checkbox"/> Softball | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Golf* | <input type="checkbox"/> Other _____ | |

Please go back and circle the activities you would like to be involved in, even if you have never been involved in them before. (*offered at PRCA in high school only)

Have you won any awards in any of the above activities or lettered in any sports?

Please indicate ways you have been involved in the following areas:

Church _____

Community _____

Share special family vacations, projects, missions, traditions, etc.

Tell what you believe about Jesus Christ, the Bible, and the Christian faith. (at least 25 words)

How do you live out your faith on a daily basis and how does it relate to your desire to be a student at Pusch Ridge Christian Academy? (at least 25 words)

What are your unique qualities that make you, you?

Is there anything you would like us to know about you that you haven't shared with us?

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Student Health History Form 2011-2012

(This form is required for all students and is to be completed by the parent or guardian with assistance from the student.)

Student Name _____	Grade in August 2011 _____
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	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Have you had a medical illness or injury since your last check-up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you have any current skin problems? (for example, itching, rashes, acne, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently being treated for an injury or condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a seizure or convulsion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight, or improve your physical performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies to medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies to pollen, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for P.E. or your sport? (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (i.e. mononucleosis or myocarditis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever denied or restricted your participation in P.E. or sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box below: <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper arm <input type="checkbox"/> Foot			
Has anyone in your immediate family had the following conditions: Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Sudden death prior to age 50 <input type="checkbox"/> High blood pressure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explanation to "Yes" answers: (If more space is needed, please use the back of this form.)

I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct. I understand and acknowledge that truthful and accurate information is essential in properly determining whether the student should be cleared for P.E. and/or athletic participation.

 Parent or Guardian Signature

 6-12 Grade Student Signature Only

 Date

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Special Needs Information Form 2011-2012

Please complete and submit this form **only if your child has any of the following special needs:** physical or learning disabilities, medical or psychiatric problems, ADD or ADHD.

Student Name _____ Grade in August 2011 _____

Please describe the special needs of your child.

List daily medications, if any, being taken related to these needs.

What special accommodations, if any, have been made for your child in the classroom?

Please provide any other information that would be helpful for us in learning about your child.

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(These two pages are for your records...not to be submitted.)

CFCS Tuition and Fee Schedule for 2011-2012

Tuition

			Subsequent Children in Family	
	Annual	Monthly	Annual	Monthly
Kindergarten	\$3410	\$310	\$3210	\$292
Inspirational Afternoons (2 days)	\$1280	\$128	N/A	N/A
Inspirational Afternoons (4 days)	\$2560	\$256	N/A	N/A
1st - 5th CCA	\$6809	\$619	\$6609	\$601
6th - 8th CCA/PRCA	\$6875	\$625	\$6675	\$607
9th - 12th PRCA	\$7513	\$683	\$7313	\$665

Fees

Application Fee: (Non-refundable)	Fee for each new student Fee must accompany the admissions application.	\$75
Registration Fee: (Non-refundable)	K-5 Cornerstone All 6 th Grade CCA/PRCA 7-8 Pusch Ridge 9-12 Pusch Ridge	\$200 \$220 \$250 \$300
PRCA High School Class Fees:	Art, Graphic Design, Photography, iTech, Web Design Band, Orchestra Choir, Music Theory Beginning and Advanced Drama	\$30 (per sem) \$30 \$30 \$30
Athletic Fees:	Cost per sport for participating students in middle and high school Cost per student participating in high school football	\$100 \$150

The Registration Fee will be utilized to cover numerous student fees and costs.

Only tuition payments may be covered by tax credit scholarship funds.

Catalina Foothills Church members receive a \$200 per child per year discount on tuition.

Payment Information

Payment type:	Cash, check, electronic debit (ACH)	
Late Payment Fee:	Amount assessed on payments made after the 10 th of the month.	\$25
NSF Check Fee:	Amount assessed for each check returned from the bank for “Nonsufficient Funds”	\$25
Withdrawal:	Please contact the Business Office or refer to the Family and Financial Commitment Form for withdrawal policy.	
Delinquent	Accounts that are 30 days (or 1 payment) delinquent may result in the withdrawal of the student from CCA or PRCA until the account is current, or acceptable arrangements have been made with the Business Office. All accounts must be current in order for a PRCA student to take his/her semester final exams.	

Textbooks (PRCA only)

Students in grades 6-12 at Pusch Ridge Christian Academy will purchase their textbooks, workbooks, and other class supplies. By owning their texts students will be able to underline and annotate as they study. This is a vital part of developing effective study skills. The cost of the textbooks for each student varies. An *estimated* range for textbooks is \$250 to \$450. Certain classes may require an additional nominal fee for supplies. Textbooks are purchased through an online bookstore through the www.cfcsmain.com website after July 1, 2011. Parents are welcome to look elsewhere for competitive pricing, but must ensure students have the correct edition of all books. Class supplies are not purchased through the online bookstore. Class supply lists will be available on the school website by July 15, 2011.

Financial Aid

Several financial aid options are available. Families are responsible for submitting their own paperwork and records within the designated deadlines. CFCS does not award merit scholarships, only need-based scholarships.

1. Families are encouraged to ask friends and family to assist them with covering tuition costs through the Arizona Private School Tuition Tax Credit program. Arizona Christian School Tuition Organization (ACSTO) allows an Arizona tax payer to recommend a particular student for their tax credit donation. ACSTO Donation Brochures are available through the school offices.
2. Thanks to Arizona Tax Credit Program donors who do not recommend a particular student, and to other donors who give to the scholarship fund throughout the year, our schools have a general scholarship fund. Please contact Carol Mifflin in the Business Office for an explanation on how to apply for these funds by completing the online financial aid assessment form called Financial Aid for School Tuition (FAST).

Our schools desire to provide a Christian education to as many families as possible that qualify. Financial aid is funded by the Arizona Private School Tuition Tax Credit program and through private donations. Financial aid is a privilege, which comes with responsibilities. We offer assistance to students with financial need who value a Christian education and demonstrate this through academic achievement, good citizenship, and a desire to develop their walk with the Lord. In order to maintain their scholarship, PRCA students must maintain a 2.0 grade point average, conduct themselves appropriately and have no suspensions. Accounts must be current in order to receive and continue receiving Financial Aid. Financial aid is reviewed every year and not automatically renewed.

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Family and Financial Commitment Form 2011-2012

Our Mission: Catalina Foothills Church Schools, a covenantal school system, exists to glorify God and to partner with the Christian home in discipling young men and women in their relationship with Christ and the Scriptures, unfolding to them a unified and Biblical world and life view, equipping them with the tools necessary to pursue a lifestyle and love of learning, exposing them to the classical ideas from our Western cultural heritage, and challenging them to pursue academic excellence. We desire to see our young men and women "increase in wisdom and stature and in favor with God and men" in order to live out their faith as servant leaders in every area of society. (Luke 2:52)

In order to fulfill the Catalina Foothills Church Schools mission in the lives of our children I/we, _____, the parent(s)/guardian(s) of _____, do hereby pledge our support of the following commitments:

Family Commitment:

1. I/we will support the school policies, procedures and authority of the school board and administration.
2. I/we pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school.
3. I/we invest authority in the school to discipline our child when necessary.
4. I/we understand we will be assessed for damages to CCA/PRCA property that may be caused by our child.
5. I/we recognize that private education is in need of parental support. We agree to support the school by volunteering our time, attending events and activities, and participating in fundraising efforts.
6. I/we agree that if a conflict arises between our child/family and others in the CCA/PRCA family – students, parents, faculty, staff, and administration – we will, in the love of Christ and with prayer, register necessary complaints with the teachers or administration.
7. I/we commit to pray for the school, students, faculty, administration, volunteers and school board.

Financial Commitment:

1. I/we understand that the Application and Registration Fees are non-refundable.
2. I/we agree to pay the tuition based on an 11-month plan with the first payment due on July 1, 2011.
3. I/we understand that a charge of \$25 will be assessed to accounts not paid by the 10th of the month.
4. I understand that if we withdraw our student(s), we are responsible for paying the full tuition amount due for the remainder of the semester in which we withdraw.
5. I/we understand that if our account is 30 days (or 1 payment) delinquent that the result may be the withdrawal of our student(s) from school until the account is current, or acceptable arrangements have been made with the Business Office.
6. In the event that our account should remain delinquent after the said time in point 5, and upon the discretion of Catalina Foothills Church Schools, our account may be turned over to small claims court for collection or judgment.
7. I/we understand that accounts must be current in order to receive and continue receiving Financial Aid.
8. I/we understand that there will be a \$25 charge for any check returned to the school by the bank.
9. I/we understand that finals cannot be taken at the end of the first and/or second semester if our student's account is delinquent and that he/she will receive a zero for the semester final.
10. I/we recognize that tuition and fees do not cover the total cost of educating our children. Therefore, we will prayerfully consider what our family can do to contribute in addition to our payments (Tax Credit, Annual Fund Appeal, etc.).

This document is understood to be a legally binding contract, and I/we have read and agree to comply with the above commitments.

Father or Guardian Signature _____ Date _____

Mother or Guardian Signature _____ Date _____

Student Signature _____ Date _____

(6th – 12th Grade Student Signatures Only)

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Medical/Emergency and Parental Consent Form 2011-2012

(Staff and coaches will take this form on all field trips and athletic events.)

Student and Parent Information

Student Name _____ Grade in August 2011 _____

Address _____ City _____ State _____ Zip _____

Mother or Guardian Name _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Father or Guardian Name _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Student Medical Information

Known medical conditions _____

Medications _____

Allergies _____

Precautions to be taken _____

Other medical information _____

Please check any of the following non-prescription medications your child may be given at school as per directions on container:

Ibuprofen Acetaminophen Non-medicated Throat Lozenges Antacid Benadryl Allergy

Emergency Contact Information (other than parent or guardians)

First Contact Name _____ Relationship _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Second Contact Name _____ Relationship _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Health Insurance Information

Company Name _____ Policy # _____

Primary Physician _____ Hospital Preference _____

Birth Date of Father _____ Birth Date of Mother _____

(This information is needed to give to a clinic or hospital should your child not have his/her insurance card and the provider asks for disclosure of parent birth dates to verify insurance coverage.)

Parent or Legal Guardian Consent

I/we give our permission for _____ to participate in all school activities, P.E. and/or organized athletics, realizing that such activity involves the potential for injury. I/we acknowledge that even with the best teaching and coaching, use of the most advanced protective equipment, and strict observance of rules, that injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

I/we authorize the school to administer first-aid treatment and the non-prescription medication(s) I have indicated above.

If emergency service involving medical action and/or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor/medical professional selected by the school and/or athletic staff. This may also include ambulance service.

Father or Guardian Signature _____ Date _____

Mother or Guardian Signature _____ Date _____

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520-797-0598 Fax

Student Record and Personal Information Request Form

Parents: Please submit this completed form with all other application forms. Pusch Ridge Christian Academy will send this form to the student's current or previous school only after student is accepted in order to request official student records. Parents are to submit copies of the student's report cards and standardized test scores for the past two years (if applicable) as part of the application process to be considered for acceptance.

Student Name _____ Grade as of August 2011 _____

Date of Birth _____ Social Security # _____

Current or Last School Attended _____

School Address _____
Address

City

State

Zip

School Phone _____ School Fax _____

Requested Information from School: *Thank you for your attention to this matter.*

Please mail the following Cumulative File and Health Information to Pusch Ridge Christian Academy at the address listed above:

Report Cards or official High School Transcript (including credits earned)
Key to your grading system for High School only
Achievement Test Scores/AIMS Scores
SAT/ACT/AP Scores for High School only
Attendance Records
Health and Immunization Records

Parent Permission for Release of Information:

The above stated school has my permission to release the grades, test scores, and other student information on the above named student to Pusch Ridge Christian Academy at the address listed above.

I also give my permission to the above mentioned school to release any test results and other related information regarding psychological reports, speech, hearing or visual scores to Pusch Ridge Christian Academy. Moreover, I give former teacher and administrators permission to give information verbally about my child's past performance to the Pusch Ridge Christian Academy Director of Admissions or Principal.

This release is in accordance with the provision of the Family Education Rights and Privacy Act of 1974.

Parent or Guardian Signature _____ Date _____

Relationship to Student _____

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Church Reference Form 2011-2012

(Pastor, Youth Leader, Sunday School Teacher, etc.)

Dear Church Leader,

_____, the child of _____,
is applying to enter grade _____ at Pusch Ridge Christian Academy. We would appreciate you answering the following questions from your knowledge of this student and his/her family. Please mail the completed form to: PRCA, Admissions Office, to the above address. **This reference is confidential.**

Thank you,
PRCA Admissions Office

How long have you known this family? _____

Under what circumstances have you known this family?

Please evaluate the parent(s) in the following areas:

Their church relationship, attendance and loyalty: _____

Their personal relationship with Jesus Christ: _____

Their interest in having their child(ren) know and walk with the Lord: _____

What positive contribution would this applicant likely make to PRCA? _____

In what areas do you feel we could possibly be most helpful to him/her? _____

Other comments: _____

Name _____ Position _____

Signature _____ Church _____

Church Address _____

City _____ State _____ Zip _____ Phone _____

Catalina Foothills Church Schools (CFCS)

Cornerstone Christian Academy (CCA)

6450 N. Camino Miraval
Tucson, AZ 85718
520-529-7080

Pusch Ridge Christian Academy (PRCA)

9500 N. Oracle Road
Tucson, AZ 85704
520-797-0107

Teacher Reference Form 2011-2012

(teacher from current or last school)

Dear Teacher,

_____ is applying to enter _____ grade at Pusch Ridge Christian Academy. We would appreciate you answering the following questions from your knowledge of this person and his/her family. Please mail the completed form to PRCA, Admissions Office, to the above address. **This reference is confidential.**

Thank you,
PRCA Admissions Office

How long have you known this student? _____

In what capacity did you know this student?

Please evaluate the student in the following areas:

Academic Skills _____

Social Skills _____

Behavior and Respect _____

Other _____

What do you feel are this student's greatest strengths and weaknesses? _____

Describe your working relationship with this student and his/her parent(s). _____

Would you like to have this student in your class again? _____

Teacher Name _____ Position _____

Teacher Signature _____ School _____

School Address _____

City _____ State _____ Zip _____ Phone _____

Catalina Foothills Church Schools (CFCS)

Cornerstone Christian Academy

Pusch Ridge Christian Academy

Annual Physical Examination Form 2011-2012

(This form is to be completed by the physician at time of examination and then submitted to the school office. All physicals must be scheduled after March 1 and before August 1. Consequently, this form is not necessarily required to be submitted as part of the original packet.)

Student Name _____	Date _____
Height _____	Weight _____
Pulse _____	BP _____
Glasses/Contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pupils: Equal <input type="checkbox"/> Unequal <input type="checkbox"/>	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Eyes/Ears/Nose	<input type="checkbox"/>		
Throat/ Oropharynx	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitalia/ Hernia	<input type="checkbox"/>		
Musculoskeletal			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>		
Foot	<input type="checkbox"/>		

CLEARANCE

Immunizations current <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Name of vaccine given today: _____ Next scheduled Immunizations (Date): _____
(All students are required annually to submit updated immunization records if vaccines have been received.)	
<input type="checkbox"/> Cleared for participation in P.E. and/or to participate in athletics.	
<input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____	
<input type="checkbox"/> Not cleared for: _____ Reason: _____	
Recommendations: _____	
Name of Physician (print) _____ Date _____	
Address _____ Phone _____	
Signature of Physician _____	