



WESTERN CHRISTIAN SCHOOLS

A Legacy of Excellence Since 1920

February 1, 2010

Dear Prospective Western Christian High School Student:

Thank you for your interest in our program at Western Christian High School (WCHS). Western Christian School is a private school established in 1920, preparing high school students to enter college or university. At WCHS our mission is to "provide a Christ-centered community that integrates faith and quality education."

We offer a special program with four levels of ESL to build our International students as they develop English language proficiency. We accept International students for freshmen through senior years of study (ages 14-18) to our high school. 100% of our International Students graduate and enter the finest universities and/or colleges upon graduation. Western Christian School ranks high among all schools in the Southern California area.

During the Summer months, Western offers a variety of academic enrichment courses. Courses in English, Math, Science and Social Science are paced to fit in to two, 3-week sessions. Each session provides the equivalent of one semester credit. Each class will maintain the same small student-teacher ratio that we have during our school year and are available on a first come, first served basis.

Again, thank you for your interest in Western Christian High School. Please familiarize yourself with our WCHS International Program website at www.westernchristian.org/highschool/esl/. If you have any questions, please call our offices at (909) 920-5858.

Sincerely,

Mrs. Laura Nelson, PDSO, M.Ed.
Vice Principal / International Program Director
LNelson@westernchristian.org

Mrs. Jenna DePartee, DSO
International Program Coordinator
JDePartee@westernchristian.org



WESTERN CHRISTIAN HIGH SCHOOL – International Program Admissions Procedure/Student Checklist

Thank you for your interest in Western Christian High School. Please provide all information requested below. Applications will not be processed until all items listed below are completed. Specific instructions for these forms and for other aspects of the admission process are outlined below, each form is included in this packet.

- APPLICATION** The Application Fee of \$550 and the \$60 testing fee are due when you submit the application. Applicants are encouraged to apply by May 1. Student applications will be reviewed once all documents along with the \$610 application and testing fees are received. **ALL FEES ARE NON-REFUNDABLE.** Once the student is accepted, the \$550 fee will be used towards registration and tuition (\$200 will be credited toward the outstanding amount owed for tuition).
- GRADES/TRANSCRIPT** Parents and/or guardians must provide applicant's school transcript:
 - Current original transcripts translated into English (minimum gpa of 3.0)
 - All high school transcripts including the current year
 - Final transcript from current school
- REFERENCE LETTERS:** To be completed by a current principal or vice principal, teacher and friend.
- GUARDIAN INFORMATION SHEET:** Students are required to have a U.S. guardian. No student will be accepted without a completed guardian information sheet. Student's parents are responsible for finding and maintaining a guardian throughout the student's time in our school.
- IMMUNIZATION:** a copy of your student's immunization must be on file and applicants must show proof of TB testing (TB Mantoux).
- COPY OF CURRENT PASSPORT**
- COPY OF CURRENT I20 (IF A TRANSFER STUDENT)**
- DOCUMENTATION SHOWING PROOF OF FINANCIAL MEANS OF SUPPORT. Bank verification of funds, required by INS translated into U.S. currency.**
- EMERGENCY MEDICAL FORM signed by parent or guardian.**

UPON ACCEPTANCE YOU WILL RECEIVE:

- **CURRENT I-20 - or- Letter of Intent to Transfer.**
- **COVER LETTER / ACCEPTANCE LETTER** as proof of your acceptance.
- **TESTING:** Applicants for admission for ninth through twelfth grades are required to take a Math and English assessment exam. All assessment exams will be given at Western Christian High School by scheduled appointment when the student arrives in the U.S.
- **PERSONAL INTERVIEW** A personal interview will be requested with the applicant and applicant's parent or guardian. Appointments will be arranged by the International Program Coordinator once the student arrives in the U.S. Guardians must contact the school with the student's expected travel dates.
- **TUITION & FEES** Please refer to the Unified Tuition Schedule for a list of current costs. Tuition is paid in advance and is due when the student arrives in the U.S. According to the Registration form and Enrollment agreement, all fees are non-refundable and parents are obligated for payment of the annual tuition. **Note: The International tuition is non-refundable.**
- **HOST FAMILY INFORMATION** * Western Christian High School uses FHF1 for host family placement and a fee for placement and for ongoing student care is required in advance. Information will be provided upon request or can be downloaded on our website.
- **Purchase and proof of HEALTH INSURANCE will be required upon arrival to the US**

It should be understood that continued enrollment is contingent upon maintenance of a satisfactory academic and behavior record.



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Date of Application: _____ / _____ / _____

Applying School Year: _____

Month Entering: June (Summer) September

Grade Entering: _____

Applicant Information: Please complete **all** questions.

Legal Name
on Passport
of Student:

English
Name:

Last

First

Middle Initial

Male Female Date of Birth: _____ / _____ / _____ Country of Birth: _____ Country of Citizenship: _____

Foreign Address: _____

Street

City

State/Province

Country

Postal (Zip) Code

Phone: (_____) _____ Student Email: _____

Student Cell Phone: (_____) _____ Passport Number: _____

Passport Country of Issuance: _____

Family Information:

Information regarding: Father Stepfather

Title: Mr. Dr. Other

Name: _____

E-mail Address: _____

Cell Phone: (_____) _____

Home Address (foreign) :

Street

City

Province/ State

Country

Postal Code

Home Phone: (_____) _____

Please Check:

Married Separated Divorced Widower

Information regarding: Mother Stepmother

Title: Mrs. Ms. Dr. Other

Name: _____

E-mail Address: _____

Cell Phone: (_____) _____

Home Address (foreign) :

Street

City

Province/ State

Country

Postal Code

Home Phone: (_____) _____

Please Check:

Married Separated Divorced Widow

U.S. Guardian Information (Student will not be accepted without U.S. Guardian):

Name: _____ Address: _____
Street City Zip

Phone: _____ Email Address: _____

Cell Phone: _____ Relationship to Student: _____

General Information:

How did you become interested in Western Christian High School? _____

Please state briefly why you want your student to attend Western Christian High School: _____

Are you or any family members a graduate of WCHS? Yes / Year _____ No

List any other children at home:

Names:	Age:	Grade:	School and location if attending:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Previous School Information:

Last school attended or attending: _____

Mailing Address: _____
Street *City* *State* *Zip*

Phone: (_____) _____ Grade completed: _____

Has applicant:

had any scholastic difficulty?	<input type="radio"/> yes	<input type="radio"/> no	had problems with truancy?	<input type="radio"/> yes	<input type="radio"/> no
been retained?	<input type="radio"/> yes	<input type="radio"/> no	had absences due to illness?	<input type="radio"/> yes	<input type="radio"/> no
had disciplinary problems?	<input type="radio"/> yes	<input type="radio"/> no	had difficulty with civil authorities?	<input type="radio"/> yes	<input type="radio"/> no

Explain any "yes" answer: _____

Student Information: *Please have **student** complete this section*

List your special interests, talent, art, athletics, drama, music, etc: _____

Have you had difficulty with students or teachers in a previous school? _____

If yes, please explain: _____

Do you attend church or youth group? yes no How frequently: _____

Name of church you attend: _____

What are a few of your favorite:

TV Shows? _____

Movies? _____

Music Groups? _____

Do you have a "My Space" account? yes no URL: _____

Do you have a "Facebook" account? yes no URL: _____

Have you ever or do you now use:

alcoholic beverages: yes no explain: _____

cigarettes: yes no explain: _____

drugs: yes no explain: _____

Student Essay

Please write a 5 paragraph essay on why you want to attend Western Christian High School.

ATTACH ESSAY TO THIS APPLICATION.

Conduct Standard:

A student enrolled in Western Christian Schools is expected to incorporate in his/her life a set of standards that reflect Christian moral and spiritual values.

A Partial List of Acceptable Behavior:

<i>Honesty</i>	<i>Courtesy</i>	<i>Integrity</i>	<i>Morality</i>
<i>Modesty</i>	<i>Dependability</i>	<i>Desire to Learn</i>	<i>Cooperative Spirit</i>
<i>Self-Discipline</i>	<i>Responsibility</i>	<i>Consideration for Others</i>	<i>Respect for Authority</i>

A Partial List of Unacceptable Behavior:

<i>Dishonesty</i>	<i>Profanity</i>	<i>Uncooperative Spirit</i>	<i>Disrespect/Insubordination</i>
<i>Cheating</i>	<i>Stealing</i>	<i>No Desire to Learn</i>	<i>Lack of Self-Discipline</i>
<i>Vulgarity</i>	<i>Harassment</i>	<i>Fighting</i>	<i>Use of Drugs, Alcohol, Tobacco</i>
<i>Misuse of Internet</i>	<i>Moral Impurity</i>	<i>Truancy</i>	

Unacceptable behavior listed above may result in suspension or dismissal from school. Your signature(s) certifies that you have read and understand the Conduct Standard, as outlined above.

We agree to support the Western Christian School staff in its goals, procedures and discipline policies, we understand that Western Christian School is a private institution and reserves the right to cancel the enrollment of any student who does not abide by Western Christian School standards and requirements.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Submit this application, all documents on the check list, and a check for application and registration fees. All documents and fees must be present in order to process application. All fees are non-refundable.



The mission of Western Christian Schools is to provide a Christ-centered community that integrates faith and quality education.

CLAREMONT CAMPUS – Grades Pre-K – 8
3105 Padua Avenue
Claremont, CA 91711
(909) 624-8291

UPLAND CAMPUS – Grades 9-12
100 West Ninth Street
Upland, CA 91786
(909) 920-5858

Western Christian Schools International Program Enrollment Agreement

We hereby acknowledge acceptance of our student, named on the front page, for the privilege of enrolling as a student in Western Christian Schools for the upcoming school year.

- We agree to accept responsibility of obeying the rules and regulations by which the school is operated and do support the Christian principles for which it stands. We agree to conduct ourselves and communicate in alignment with Biblical standards and the mission of the school.
- We accept the responsibility for our student, cooperating fully with dress and grooming standards, the Christian standards of the school and to see that they refrain from the use of tobacco, alcoholic beverages and narcotics, (unless prescribed by a physician), at all times including non-school hours. Violations of these standards shall constitute grounds for dismissal from Western Christian Schools.
- By enrolling in Western Christian Schools, we agree to be responsible for any loss or damage to school property that our student may cause.
- We understand that, as parents/guardians, we may withdraw our student from Western at any time without due cause. **Tuition is non-refundable.** School officials may withdraw a student according to the due process procedures outlined in the Student Handbook.
- We understand that the school deals directly with the parents/guardians in all matters, including legal and financial, and that the student must be under the jurisdiction of his/her parents or legal guardians as a condition of enrollment and graduation, regardless of age.
- We understand that the cost involved in operating Western significantly exceeds the amount we are charged in tuition and fees. We, therefore, commit ourselves to promptly pay our financial obligations.
- We understand that the tuition does not cover the full educational costs and as we are financially able, we will prayerfully consider supporting the Legacy Annual Fund.
- We understand that any school account becoming delinquent more than 15-days is a serious matter and will incur penalties. Any account that is 30-days delinquent may mean immediate removal of our student(s) from classes until the account is brought current.
- We understand that our student may **not** participate in student activities including, but not limited to, dances, sports events, trips, finals and graduation, if all our accounts are not current. We understand that transcripts and report cards may **not** be released if our account is not current. We also understand that no credit for our student's work can be earned unless all financial obligations are paid.

Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.



WESTERN CHRISTIAN HIGH SCHOOL

“Providing a Christ-Centered Community that Integrates Faith and Quality Education”
 100 W. Ninth Street, Upland, CA 91786 • PHONE (909) 920-5858 FAX (909) 985-3449

URGENT - ENROLLMENT PENDING

To be completed by a School Principal or Vice Principal

Please return by Fax or Mail. (All forms must be turned in before an interview will be scheduled.)

Note: PSP students should have an adult friend or mentor complete this form.

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. **Please return this form as soon as possible.**

How long have you been associated with this student? _____

Approximately where does the applicant rank academically in your school?

- Top 10% Top Third Middle Third Lower Third

Has the student had any disciplinary problems? Yes No

If yes, please explain: _____

Cooperation from parents with school policies and personnel:

- Active and constructive
 Cooperative when called upon
 Argumentative, critical, but cooperative
 Non-cooperative
 Not known

Financial obligations:

- Parents meet financial obligations regularly
 Parents need special consideration with financial
 Not applicable

Does the student have any abnormal health problems? Yes No

Special talents, gifts or abilities that will make this student an asset: _____

STUDENT RATING

(Please Circle One:)

Attendance:	Excellent	Good	Average	Below Average
Cooperation:	Excellent	Good	Average	Below Average
General Conduct:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Leadership:	Excellent	Good	Average	Below Average
Punctuality:	Excellent	Good	Average	Below Average
Sense of Responsibility:	Excellent	Good	Average	Below Average
Work and Study Habits:	Excellent	Good	Average	Below Average

RELATIONSHIP OF STUDENT TO PARENTS

(Obedient, Respectful, Loving, etc.)

- Excellent Very few problems Some problems Many problems Serious problems Not known

HABITS

(Check all that apply)

- Use of tobacco Use of narcotics/drugs Drinking Language Disruptive behavior Fighting

Do you recommend this applicant for admission to Western Christian Schools? : (Please check)

- Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name

Title

School

Date

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.



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URGENT - ENROLLMENT PENDING

To be completed by a School Teacher

Please return by Fax or Mail. (All forms must be turned in before an interview will be scheduled.)

Note: ISP students should have an adult friend or mentor complete this form.

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. **Please return this form as soon as possible.**

How long have you been associated with this student? _____

Has the student had any disciplinary problems in your class? Yes No

If yes, please explain: _____

Cooperation from parents with school policies and personnel:

- Active and constructive
- Cooperative when called upon
- Argumentative, critical, but cooperative
- Non-cooperative
- Not known

Does the student have any abnormal health problems? Yes No

Special talents, gifts or abilities that will make this student an asset: _____

STUDENT RATING

(Please Circle One:)

Attendance:	Excellent	Good	Average	Below Average
Cooperation:	Excellent	Good	Average	Below Average
General Conduct:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Leadership:	Excellent	Good	Average	Below Average
Punctuality:	Excellent	Good	Average	Below Average
Sense of Responsibility:	Excellent	Good	Average	Below Average
Work and Study Habits:	Excellent	Good	Average	Below Average

RELATIONSHIP OF STUDENT TO PARENTS

(Obedient, Respectful, Loving, etc.)

Excellent Very few problems Some problems Many problems Serious problems Not known

HABITS

(Check all that apply)

Use of tobacco Use of narcotics/drugs Drinking Language Disruptive behavior Fighting

Do you recommend this applicant for admission to Western Christian Schools? *(Please check)*

Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name

Title

School

Date

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.



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(THIS FORM is OPTIONAL)

To be completed by a Pastor, Youth Pastor, or Volunteer Program Director/Supervisor.
Please Fax or Mail

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. Please return this form as soon as possible.

How long have you been associated with this student? _____

Church participation: (please check appropriate statement)

Very Faithful Faithful Occasional

Relationship of student to parent: (respect, obedience, etc., please check appropriate statement)

Excellent Very few problems Some problems Many problems
 Unknown

Are you aware of student participating in activities not consistent with biblical teachings? Yes No

If yes, please explain: _____

Cooperation from parents with student's church or volunteer activities:

Active and Constructive Cooperative when called upon
 Non-cooperative Argumentative, critical, but cooperative
 Not known

List any special talents, gifts, or abilities demonstrated by this student: _____

Do you recommend this applicant for admission to Western Christian Schools?

Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name

Relationship to applicant

Date

Address

Daytime Phone

Cell Phone

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.

**Western Christian High School
Student Emergency Information**

* If additional mailing is requested, you must fill out the 2nd parent mailing on this page.

School Year: _____ - _____ Grade: _____

Student's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email Address: _____

Name of Father/Guardian (Living in home): _____ Cell Phone: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

Name of Mother/Guardian (Living in home): _____ Cell Phone: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

2nd Parent Mailing:

Name: _____ Relationship: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

Neighbor or relative who may be called if student is ill and needs to be picked up.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

If parents are divorced or separated, who has legal custody of the child? _____

AUTHORIZATION TO TREAT A MINOR

Insurance Company: _____ Policy Number: _____

Financial Responsibility: _____

Doctor's Name: _____

Doctor's Address: _____ Phone: _____

Dentist's Name: _____

Dentist's Address: _____ Phone: _____

Consent is given for any medical/emergency personnel to give medical attention, administer necessary treatment including drugs/medicines and to perform such surgical procedures deemed necessary during an emergency and to relieve pain and to preserve life and health.

Parent/Guardian Signature: _____ Date: _____

Student's Medical History: (check)

Serious Illness Operations Hospitalization Allergies (Include drugs, foods, bites, and pollen):

Medications (presently taking): Yes No If yes, what? _____

Any illnesses other than colds in past 6 months? If Yes, What? _____

Completed immunization? Yes No

Tetanus: Yes No Date of last tetanus: _____

Systems Review: (have you ever had or do you now have any of the following)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Black Outs or Fainting | <input type="checkbox"/> Collapsed lung | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Difficulty seeing | <input type="checkbox"/> Difficulty hearing | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Enlarged Liver | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Bleeding tendency |
| <input type="checkbox"/> Enlarged Spleen | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hernia | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heat Problems | <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Single testicle | <input type="checkbox"/> Menstrual disorder |
| <input type="checkbox"/> Loss of memory (temporary) | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Single Kidney | <input type="checkbox"/> Ulcer disease | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Single Eye | | | |

Injuries: (please check if yes and explain briefly)

- | | | | | |
|---------------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arm | <input type="checkbox"/> Ankle | <input type="checkbox"/> Back | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot | <input type="checkbox"/> Leg |

Explain any items marked. Continue on a separate piece of paper if necessary. Include any other problems not mentioned:

AUTHORIZATION FOR MEDICATION TO BE TAKEN AT SCHOOL

All medications taken by students while on WCHS property must be held at our health desk and issued by WCHS personnel. I authorize WCHS to hold and administer medications per instructions below.

Parent/Guardian Signature: _____ Date: _____

Medication(s) Section:

1. Medical Diagnosis: _____

Medication Name/Generic Name: _____ Expiration Date: _____

Dose: _____ Time: _____

How soon can it be repeated? _____

List significant side effects: _____

Other information: _____

2. Medical Diagnosis: _____

Medication Name/Generic Name: _____ Expiration Date: _____

Dose: _____ Time: _____

How soon can it be repeated? _____

List significant side effects: _____

Other information: _____

Any additional over the counter medications that can be administered: TYLENOL OR ADVIL, etc.

Note: All medication authorizations are good for the current school year only.

FIELD TRIP AUTHORIZATION

We give our permission for (student's name) _____ to accompany his/her class on all field trips throughout the current year. I understand that I am giving my permission, and will not hold Western Christian Schools or the bus driver, liable in case of an accident or other unexpected event. Students will always be accompanied by a teacher or staff member and will be under adequate supervision.

Parent/Guardian Signature: _____ Date: _____

WESTERN CHRISTIAN HIGH SCHOOL – International Program

Guardian Information Sheet

NAME OF GUARDIAN: _____

ADDRESS OF GUARDIAN: _____

GUARDIAN PHONE NUMBERS: Home _____ Work _____

Cell Phone _____

EMAIL ADDRESS: _____

EMPLOYER/WORK PLACE: _____

DRIVER'S LICENSE NUMBER: _____

RELATIONSHIP TO STUDENT: _____

AS GUARDIAN, I FULLY ACCEPT LEGAL AND FINANCIAL RESPONSIBILITY FOR THE STUDENT NAMED _____ BEGINNING ON THIS DATE _____

I KNOW THAT I WILL REMAIN GUARDIAN UNTIL THE STUDENT GRADUATES OR UNTIL SUCH TIME AS THE PARENTS OF THE ABOVE STUDENT CHOOSE ANOTHER RESPONSIBLE ADULT TO BE GUARDIAN.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



STUDENT NAME: _____ **GRADE:** _____

PLEASE INITIAL Each Section

Family Demographic Form:

Prior to completing this agreement it is required that families complete the "Family Demographic Form" available online using your RenWeb parent account. Instructions for signing into RenWeb can be found in this packet or online at westernchristian.org/wcs/renweb. Once signed into RenWeb you can access the Family Demographic Form by clicking the "Web Forms" link under the "School Information" menu.

____ I have completed the "Family Demographic Form" in RenWeb and verify that all information is accurate and complete. I understand that the information I have verified will be used for all correspondence and official school records.

Medication:

____ I understand that all medication taken by students on WCHS property must be registered with and held by the attendance office and issued by WCHS personnel.

Agreement to Academic Honesty:

At Western Christian High School, academic honesty is essential; it is our standard. It is expected that all materials submitted, as part of any exercise, in or out of class, are the actual work of the student. Using the words or ideas of another without acknowledgment is commonly defined as plagiarism. Academic honesty goes beyond plagiarism to include receiving improper assistance. Turning in an assignment, test or paper written by or copied from another person is academically dishonest. Turning in an assignment, take-home test or paper substantially edited or otherwise improved by another person is also dishonest. Additionally, copying from printed or electronic sources (e.g., as from reference books or the Internet), unless citations are given, is academic dishonesty. Plagiarizing, using another's work, or receiving improper assistance will result in disciplinary action (see WCHS Parent-Student Handbook).

____ We have read and discussed the definition of academic honesty (WCHS Parent-Student Handbook, "Academic Integrity Policy") and will refrain from questionable or improper academic behavior, knowing that academic dishonesty will result in disciplinary action.

Photo Permission:

I hereby give permission for my student's pictures to be used in the newspaper, on the internet, and/or in other advertising for WCHS.

Agree ____ Disagree ____

Technology Acceptable Use Policy Agreement:

The Student Technology Acceptable Use Policy can be viewed within RenWeb by selecting "Resource Documents" under the "School Information" menu.

____ I have read the Western Christian Schools Technology Acceptable Use Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules, I may face disciplinary action in accordance with current Western Christian Schools policies.

____ I hereby release Western Christian Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the Western Christian Schools' Network, including, but not limited to claims that may arise from the unauthorized use of the network to purchase products or services.

Enrollment Agreement:

It is the desire of Western Christian High School to work closely with the parent(s)/guardian(s) for the benefit of all students. Doing what is best for students is a strong common bond between the school and the home. WCHS will cooperate in any reasonable manner to assist in helping student(s) be successful. *Positive, constructive criticism is always appreciated and encouraged.*

Unity is an *essential ingredient* in the success of any Christian ministry; unity does not necessarily indicate agreement on every issue or situation. It *does* demand mutual purpose, support, direction, and respect. Therefore, the following agreement is required for admission and/or continued enrollment at Western Christian High School. In order to communicate clearly and constructively, it is required that all parents/students of Western Christian High School read the WCHS Parent/Student Handbook available online (*The Parent and Student Handbook can be viewed within RenWeb by selecting "Resource Documents" under the "School Information" menu*).

We, the parent(s) or legal guardian(s) of _____, do agree to positively support Western Christian High School's Mission Statement, Philosophy, Statement of Faith, and Purpose. We also agree to positively support Western Christian High School's rules and standards of conduct as outlined in the Student Handbook. We agree to withdraw our student from Western Christian High School if we can no longer give Western Christian High School our full cooperation and support. We understand that violation of these standards may constitute grounds for expulsion from Western Christian High School.

Parent/Guardian's Signature: _____ **Print Name:** _____

Parent/Guardian's Signature: _____ **Print Name:** _____

Student Agreement: It is my personal desire to attend **Western Christian High School** for the **2012-2013** school year, and I promise to live by the rules and standards of the school.

Student's Signature: _____ **Date:** _____ rev:8/15/11

Grades K-12



INSTRUCTIONS Use this guide as a quick reference to help you determine whether children seeking admission to your school meet California's school immunization requirements. For the actual laws, see Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. ¹
	Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. ¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.
Measles, Mumps, Rubella (MMR)	Kindergarten: 2 doses² both on or after 1st birthday. ¹
	7th grade: 2 doses² both on or after 1st birthday. ¹
	Grades 1–6 and 8–12: 1 dose on or after 1st birthday. ¹
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose for children under 13 years. ^{4, 6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th - 12th grade: 1 dose on or after 7th birthday. ⁵

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps (Kindergarten only) and rubella-containing vaccine required.
³ No longer required for 7th grade beginning July 1, 2011.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.
⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.
⁶ A 2 dose varicella requirement for ages 13-17 years applies to transfer students who were not admitted to California school before July 1, 2001.

EXEMPTIONS The law allows parents/guardians to choose an exemption from immunization requirements based on their personal beliefs or medical exemptions. For children with medical exemptions, the physician's written statement should be submitted. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

NOT MEETING REQUIREMENTS Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

CONDITIONAL ADMISSIONS Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due. Refer to Title 17, CCR Section 6035 for more information.