

Cornerstone Christian School

**** 2024 — 2025 ****

International Student Re-enrollment



Building a legacy of faith, virtue, and influence.





Admission Checklist

All documents must be in English or accompanied by a signed official English translation.
All documents must be submitted to the CCS International Coordinator / PDSO.

ONLY COMPLETED APPLICATIONS WILL BE REVIEWED.

Use the checklist below to help with the enrollment process.

The first day of school is **Tuesday, August 13, 2024.**

The student should arrive the weekend prior to this date.

Students who do not have all tuition and fees paid prior to the first day of school will not be permitted to attend classes.

Once Student Arrives In California

- Call the International Director immediately to inform that the student has arrived in California.
- Student must provide copy of medical insurance to school and host family.
- All remaining unpaid school fees must be **paid in full** before the student arrives to homestay/school. Bank drafts must be confirmed that it has been received by the bank.
Bank draft fees are to be paid **BY THE STUDENT.**
ALL FEES AND TUITION ARE NON-REFUNDABLE
- An appointment may be made for the student to meet with the School Principal.
- An appointment will be made for the student to meet with the Academic Advisor.
A class schedule will be issued and books may be picked up from the library.
- Student must be in dress-code approved attire on first day of school (no exceptions).

Agent/Guardian/Host Parent

- Agent/guardian/host parent must complete an International Medical Emergency Card and any other required documents to complete the student's enrollment process.
- If the student is interested in playing a sport with CCS, please inform the Athletic Director.
- If student does not have a debit/credit card, student should set up bank account with agent or host family upon arrival.
- Student should set up cell phone service or other means of staying in contact with host family/school while on outings, etc.
- Student must provide copy of medical insurance to school and host family.
- Student must complete twenty (20) hours of community service per year in the U.S., host families should help them with transportation and arrangements.
- Student, agent, and host family may be asked to attend an International Student Orientation Meeting.

If you have any questions, please contact the school office at:

Cornerstone Christian School

Attn: Shalone McCarthy, International Coordinator
34570 Monte Vista Drive
Wildomar, California USA 92595

Phone: 951-674-9381

Monday – Friday, Pacific Time
7:30 a.m. – 3:30 p.m.
smccarthy@ccs-w.org



International Application 2024 2025



Natural Father's Last Name: _____ **First Name:** _____

Street Address: _____

Postal Code: _____ City: _____ Province/Territory: _____

Telephone: _____ Occupation: _____
Country Code City Code Home Number

Father's email: _____ Does father speak English? _____

Father Signature _____ Date _____

Natural Mother's Last Name: _____ **First Name:** _____

Address same as father

Street Address: _____

Postal Code: _____ City: _____ Province/Territory: _____

Telephone: _____ Occupation: _____
Country Code City Code Home Number

Mother's email: _____ Does mother speak English? _____

Mother Signature _____ Date _____

AGENT

Name of American Agency _____

American Agent Name _____

Phone Number (_____) _____ E-mail: _____

HOST FAMILY (family student will be living with in California)

Host Father's Last Name _____ **First** _____

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email: _____

Host Mother's Last Name _____ **First** _____

Address same as host father

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email: _____

Name of church host attends _____

Who should be receiving student's progress reports, report cards, and other mailings? _____



International Application 2024 2025

PARENT AGREEMENT



Student Name: _____

Please read the following agreement carefully. Your signature(s) will indicate that you agree with the terms.

I have investigated and reviewed the program at Cornerstone Christian School (hereafter referred to as CCS).

I agree with the vision, goals, discipline, uniform dress code, curriculum, and program as a whole.

I am aware that CCS is a Christian School, teaching Jesus Christ as Lord and Savior.

I understand that CCS does not tolerate obscenity, profanity, defamation of God's Word, disrespect toward staff members, fellow students or continual disregard of school policies.

There are times when it is necessary for teachers or administration to provide discipline, for the student and the entire school, and as such I support the policies and regulations of CCS. I recognize these policies and regulations may change from time to time to meet the needs of the school's purpose and mission.

I agree that if for any reason my child does not respond to the school environment or policies, I will do all I can to reinforce it. If, after six weeks, the student is not responding favorably, I will remove the student from CCS. **No refunds.**

I understand that damage to school property by a student including, but not limited to, text books, school facilities, desks, chairs and equipment will be repaired or replaced at a cost to the parent. Parent initials _____

I am aware that the school does not provide student medical insurance and that it is the parent's responsibility. I understand that CCS is not responsible financially in any way for this student. Parent initials _____

International student's cell phones can only be utilized for translation purposes between 7:45 a.m. and 3:00 p.m. No use of earbuds during school hours. CELL PHONE MISUSE IS NOT ALLOWED. If a cell phone is confiscated, a parent must pick up the cell phone at the school office; a student is not allowed to pick up his/her cell phone. Parent initials _____

I will fulfill my financial commitment to pay all Annual Enrollment Fees, Standard Fees, Specialty Fees and Sports Fees for an expected student prior to the first day of school. I have read and understand the Fee Schedule. All Fees are non-refundable. Parent initials _____

I agree to pay the tuition and all fees including but not limited to sports, PSAT, drama, choir, art, etc. assessed by CCS at the rates in effect prior to the student's first day of school. All fees are non-refundable. Parent initials _____

I will execute and deliver to CCS, at its request any and all documentation necessary or convenient for CCS to obtain from any school, academy, institute, or other educational institute and any and all information, data, records, documentation, or other materials relating in any way to my child's current or previous education.

CCS may capture, photograph, record, video, take, use, reuse, publish and republish my child's appearance, likeness, depiction, voice, or form, by means of photographic equipment, portraits, videos, DVD, CD-ROM, audio recording, computers, and any other techniques, or media, and to publish, republish, use or reuse any printed matter in conjunction therewith (collectively, the "Works"). My child and I irrevocably disclaim any right whatsoever we might have or claim to have to the copyright in the Works. My child and I irrevocably assign any rights whatsoever we may have in the Works to CCS in perpetuity.

I understand that CCS has a Uniform Dress Code and the student shall abide by this dress code at all times.

Parent initials _____ Student initials _____

I understand that all International students must speak English only while on school campus and during any school activities on or off campus. Parent initials _____ Student initials _____

I understand that all International students must dine and interact with English-speaking students while on school campus.

I understand that once the academic year ends, the student's I-20 status terminates unless student has re-enrolled at CCS.

I understand that CCS does not employ a nurse or doctor.

I pledge and agree to statements above.

Failure of parents or children to comply with the above commitments will forfeit the student's privilege of attendance.

Please make sure your child reads and understands this form.

Student Signature: _____ **Date** _____

Father/Legal Guardian Signature _____ Date _____

Printed Name _____

Mother/Legal Guardian Signature _____ Date _____



DRESS CODE 2024-2025

This uniform dress code is not all-inclusive. Any situation not specifically covered herein will be resolved by the administration in accordance with the general intent and purpose of the code. Any and all attire is up to the discretion of the administration.

Dress Code: K – 12th Grades (Modesty is a Must!)

FREE DRESS MONDAYS: T-Shirts, multi colored pants, shorts, leggings are allowed. However (please follow guideline for items that are not allowed)

TUESDAY, WEDNESDAY AND THURSDAY

Shirts with sleeves and collars are required: Pullover, polo or buttoned down sleeved, collared shirt

Camisoles / tank tops under a top must be a solid color

Pants: cargo shorts, walking shorts, capris, or athletic tapered pants are acceptable; all bottoms are to be solid in color and shorts must be mid-thigh or longer

Jeans are ALLOWED without holes, tears, patches, frayed holes, or frayed edges

K – 5th Grade GIRLS:

Uniform-style jumpers with a sleeved, collared shirt underneath. Solid leggings worn below the knee are **required when wearing a jumper, dress, or skort**

6th – 12th Grade GIRLS:

NO dresses allowed **Skirts may be worn provided they are solid in color with solid leggings below the knee**
Leggings / yoga pants can be worn so long as they are worn with a sleeved collared top or skirt that extends down to mid-thigh (front and back)

Skirts may be worn provided you are also wearing solid leggings below the knee

Leggings / yoga pants can be worn so long as they are worn with a sleeved collared top or skirt that extends down to mid-thigh (front and back)

SPIRIT DAY FRIDAYS: CCS SPIRIT WEAR OR SPIRIT WEAR COLORS WITH SOLID BOTTOMS

SHOES:

All elementary students are required to wear closed toe shoes each day

No bedroom slippers for any student K-12

HS/MS Students **MUST HAVE CLOSED TOE SHOES FOR PE**

HAIR/MAKEUP

Hair should be clean and not be in your face, must be to the side or cut above your eyes. Avoid extreme or questionable hairstyles

Hair must be of natural colors and may not be dyed: greens, blues, pinks, purples, etc.

No excessive or distracting makeup

JEWELRY & PIERCINGS:

No lip rings, nose rings, or tongue piercing allowed

Boys: Earrings or any type of jewelry worn in a piercing is not allowed

Girls: Jewelry in moderation can be worn, no inappropriate wording on bracelets or other jewelry

ATHLETES & PERFORMING ARTS STUDENTS:

Athletes may wear prescribed bottoms with sports jersey or team shirt on day of game

Performing Arts students may wear prescribed bottoms with production shirts one week prior to production and the day of production

MODESTY IS A MUST!

NOT ALLOWED / ALL STUDENTS / ALL TIMES:

NO HATS ALLOWED IN THE BUILDING(S)

All hooded attire must be off your head while in the building(s)

No tank or sleeveless tops

Boys may not wear nail polish

No pajamas or bedroom slippers at any time unless prescribed on a specific themed day

No chains, choke chains, studs or spikes may be worn

No sweatpants

No part of undergarments should be visible

No slits or tears in clothing either real or fabricated

No skulls, cross-bones or offensive wording/pictures

DRESS CODE VIOLATIONS:

When the Dress Code is violated, the school office will try to contact a parent or guardian to bring their student a change of clothing. If a parent or guardian cannot be reached, the school office will have the student change into their CCS gym clothes. If a student does not have CCS gym clothes, the student will be supplied with a new set of gym clothes and the student's account will be charged the cost of the new gym clothes

Disciplinary steps as outlined in the minor misconduct section of this handbook apply

MODESTY IS A MUST!

I have read, understand, and will follow all rules, regulations and policies of Cornerstone Christian School's Dress Code.

Student Signature _____ **Print Name** _____ **Date** _____

I have read, understand, and will help my child be accountable for the rules, regulations, and policies of Cornerstone Christian School's Dress Code.

Parent Signature _____ **Date** _____



INTERNET USE CONTRACT 2024-2025

Student Name _____ Date _____

Cornerstone Christian School offers internet access for student use. This document contains the Use Policy for student use of the school's system. The school internet system has been established for a limited educational purpose. The term "educational purpose" includes classroom activities, career development, and limited high-quality self-discovery activities. CCS has the right to place reasonable restrictions on the material that student's access or post through the system. Students are expected to follow the rules set forth in the Student Handbook. All students will have access to the internet while on campus.

Parents and Students: Please read and initial each category.
Complete the reverse side and sign.
Thank you.

Personal Safety: You will not post personal contact information about yourself or other people. Personal contact information includes your address, telephone, school address, work address, etc. You will not agree to meet with someone you have met online. You will promptly disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable. **Parent initials** _____ **Student initials** _____

Illegal Activities: You will not attempt to gain unauthorized access to the system or to any other computer system through the system or go beyond your authorized access. This includes attempting to log in through another person's account or access another person's file. These actions are illegal, even if only for the purpose of "browsing." You will not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses or by any other means. These actions are illegal. You will not use the system to engage in any other illegal act, such as arranging for a drug sale or the purchase of alcohol, engaging in criminal gang activity, threatening the safety of others, etc. You will not use the system for commercial purposes. This means you may not offer, provide, or purchase, products or services through the system. You will not use the system for political lobbying. You may use the system to communicate with elected representatives and to express your opinion on political issues.
Parent initials _____ **Student initials** _____

System Security: You will immediately notify a teacher or the system administrator if you have identified a possible security problem. Do not search for security problems because it may be construed as an illegal attempt to gain access. You will avoid the inadvertent spread of computer viruses by following the school virus protection procedures when downloading software.
Parent initials _____ **Student initials** _____

Inappropriate Language: Restrictions against inappropriate language apply to public messages, private messages and material posted on web pages. You will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language. You will not post information that could cause damage or a danger of disruption. You will not engage in personal attacks, including prejudicial or discriminatory attacks. You will not knowingly or recklessly post false or defamatory information about a person or organization. You will not harass another person. Harassment is persistently acting in a manner that distresses or annoys another person. If you are told by a person to stop sending them messages, you must stop.
Parent initials _____ **Student initials** _____



INTERNET USE CONTRACT 2024-2025

Student Name _____ Date _____

Respecting Resource Limits: You will use the system only for educational and career development activities. If you must download a file, you will download the file at a time when the system is not being heavily used and immediately remove the file from the system computer to your personal computer. Teacher approval is required to download all files. You will not post chain letters or engage in "Spamming." Spamming is sending an annoying or unnecessary message to a large number of people. You will subscribe only to high quality discussion group mail lists that are relevant to your education or career development. **Parent initials** _____ **Student initials** _____

Plagiarism and Copyright Infringement: You will not plagiarize work that you find on the internet. Plagiarism is taking the ideas or writing of others and presenting them as if they were yours. You will respect the rights of copyright owners. Copyright infringement occurs when you inappropriately reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements. If you are unsure whether or not you can use a work, you should request written permission from the copyright owner. Copyright law can be very confusing. If you have questions, ask a teacher.
Parent initials _____ **Student initials** _____

Inappropriate Access to Material: You will not use the school's system to access material that is profane or obscene, that advocates illegal acts, or that advocates violence or discrimination towards other people (hate literature). If you mistakenly access inappropriate information, you should immediately tell your teacher or another school employee. This will protect you against a claim that you have intentionally violated this policy. Your parents should instruct you if there is additional material that they think would be appropriate for you to access. The school fully expects that you will follow your parents instruction in this matter. **Parent initials** _____ **Student initials** _____

Your Rights Using the School System: Your right to free speech as set forth in the school disciplinary code applies also to your communication on the internet. The school's system is considered a limited forum, similar to the school newspaper, and therefore the school may restrict your speech for valid educational reasons. You should expect only limited privacy in the content of your personal work on the school system. Routine maintenance and monitoring of the system may lead to discovery that you have violated this policy, the school's policies, or the law. The investigation will be reasonable and related to the suspected violation. Your parents have the right at any time to request to see the contents of your work. **Parent initials** _____ **Student initials** _____

Due Process: The school will cooperate fully with local, state or federal officials in any investigations related to any illegal activities conducted through the school's system. In the event there is a claim that you have violated this policy, school policies, or the law in your use of the system, you will be provided with a written notice of the suspected violation and an opportunity to present an explanation before a site administrator. In addition to restrictions or elimination of your use on the school's system, other disciplinary consequences may also be applied.
Parent initials _____ **Student initials** _____

Limitation of Liability: The school makes no guarantee that the functions or the services provided by or through the school system will be error-free or without defect. The school will not be responsible for any damage you may suffer, including but not limited to, loss of data or interruptions of service. The school is not responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for the financial obligations arising through the unauthorized use of the system. **Parent initials** _____ **Student initials** _____



2024-2025

EMERGENCY CARD

Print Clearly

Female

Male

Student LAST NAME: _____ Legal FIRST NAME: _____ NICKNAME: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Entering Grade: _____ Date of Birth: _____
 Student Cell: _____ Student e-mail address: _____

Father's Legal Name: _____ Father's e-mail address: _____
 Work Phone: _____ Cell Phone: _____ Home Phone: _____

Mother's Legal Name: _____ Mother's e-mail address: _____
 Work Phone: _____ Cell Phone: _____ Home Phone: _____

Student lives with: Both Parents 100% OR Mother%: _____ Father%: _____ Guardian %: _____

Person to call First: _____

EMERGENCY INFORMATION (Please notify CCS Office if this information Changes.)

Please provide name, relationship, and phone of local person(s) other than parents to have your child picked up if he/she becomes ill at school and parents cannot be reached.

Students will only be released to those persons listed below.

Name: _____	Relationship: _____	Best Phone #: _____
Name: _____	Relationship: _____	Best Phone #: _____
Name: _____	Relationship: _____	Best Phone #: _____
Name: _____	Relationship: _____	Best Phone #: _____
Name: _____	Relationship: _____	Best Phone #: _____

****Please complete reverse side****

-
Medical Information: Place mark any and all boxes that apply to your student. If yes: Please provide any details below.

NO KNOWN HEALTH PROBLEMS

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergy-Bee sting | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Allergy-Food (List) | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Allergy-Medication (List) | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Medication taken (List) |
| <input type="checkbox"/> Allergy-Pollen/Dust/Hay fever | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Medication Needed at School (List) |
| <input type="checkbox"/> Asthma- NO medication needed at School) | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Asthma-medication needed at School | <input type="checkbox"/> Hearing Aid Used | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Hearing Loss (which ear _____) | <input type="checkbox"/> Others (List below) |

Please explanation **any** and **all** boxes check above. Such as allergies to any medication, food, cardiac condition, diabetes, etc.

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IMPORTANT!

ALL MEDICATIONS DISPENSED AT SCHOOL MUST BE IN ITS ORIGINAL CONTAINER.

CCS staff does not dispense any type of medication (prescription & non-prescription) to students unless brought in by the parent, in its original container, and a consent form is signed.

PERSCRPTION & NON-PERSCRPTION MEDICATIONS ARE TO BE DISPENSED BY CCS STAFF ONLY.

Name of Physician: _____ City: _____ Phone: _____

Name of Dentist: _____ City: _____ Phone: _____

Hospital Preferred: _____

Medical Insurance Carrier: _____ Policy: _____

Dear Parents/Guardians: Your signature below authorizes CCS to contact the physician listed above to render necessary emergency treatment for serious injury or accident (at your expense) if neither parents/guardians can be reached. This further authorizes CCS to take your child to a local physician of the school's choice if your physician is not available. In the event of an emergency, your child will be taken to the nearest hospital. In the event if emergency treatment is necessary, CCS will be held harmless in all decisions.

Signature of parent/Guardian

Date



Wire Transfer Instructions

Bank Name: Wells Fargo
Swift #: PNBPUS3NNYC
Beneficiary Bank: Evangelical Christian Credit Union
955 West Imperial Hwy
Brea, CA 92822
Beneficiary
Routing ABA #: 322273379
Beneficiary
Account #: **1480400**

International Student Information for Wiring Funds

Student Name: _____

Father's Name: _____ Father's e-mail: _____

Birth Mother's Name: _____ Birth Mother's e-mail: _____

Name of Bank Transferring from: _____

*Please email or fax the Student Information above within 24 hours
after a wire transfer has been sent to assure prompt posting to the student's account.*

Email: smccarthy@ccs-w.org



Cornerstone Christian School

International Student Tuition and Fees

Fees are non-refundable — Tuition is an Annual Fee

RETURNING INTERNATIONAL STUDENT FEES 2024 - 2025

Re-Enrollment Fee	Due upon acceptance	\$875	All fees must be paid before I-20 can be re-issued.
International Fee—Annual	Due upon acceptance	\$1000	
International Student Services The fee includes all support services.	Due upon acceptance	\$3,100	
Tuition	Due upon acceptance	\$12,670	
Matriculation	Due upon acceptance	\$525	This is a curriculum/book fee.
Technology Fee	Due upon acceptance	\$100	
3-Day Emergency Kit	Due upon acceptance	\$20	This fee will be collected every 4 years.
TOTAL for Academic Year:		\$18,290.00	

OPTIONAL COSTS (Costs are approximate)	HIGH SCHOOL EXAM FEES (Costs are approximate)
\$11,000.00 CCS Home Stay Fee, per school year \$500.00 CCS Home Stay Registration \$17 per hour Daycare, grades K—8th	These tests are optional: \$89 per test: SAT Exam (students usually take this test up to three times)

Tuition includes the following Student Services:

<p>Academic Activity Fees: PSAT Test AP Test—1 test Lab Fees Class Fees Classroom Field Trips</p> <p>Student Activities: Homecoming Dance MORP Dance Prom Dance 1 Spirit T-Shirt Yearbook Graduation Fee</p>	<p>Athletic Fees: PE Uniform Athletic Participation Fees* one sport only Volunteer (Host) Parent Fee Booster Fee (if applicable for fundraising)</p> <p style="text-align: center;">First Day of School Tuesday, August 13, 2024</p>
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