

Cornerstone Christian School

2024 – 2025

Application for Admission



**Building a Legacy of
Faith, Virtue, and Influence.**



34570 Monte Vista Drive, Wildomar, CA 92595 951.674.9381

APPLICATION FOR ADMISSION 2024-2025

Submission of application does not constitute approval for enrollment. (A \$450.00 non-refundable Registration Fee is due with completed application)

Admission entrance for: Fall 2024 Spring 2025 Today's Date: _____

Student's Full Legal Name: _____ Student Social Security #: _____

Date of Birth: _____ Age as of August 2024: _____ Gender: M or F

Entering grade: Kindergarten (age 5) Elementary 1 2 3 4 5 Middle School 6 7 8 High School 9 10 11 12

1. Student lives with: Both Parents Mother Father Mother/Step-Father Father/Step-Mother Legal Guardian Host Family
 Other _____
2. Parents are: Married Married, Separated Legally Divorced Father Deceased Mother Deceased Other _____
3. If parents are divorced or separated, please explain custody arrangements. _____

4. Is either parent forbidden by court order from having equal access to the child or school records? Yes* No
***If yes, attach a copy of the signed court order.**
5. How did you learn about Cornerstone Christian School? _____
6. Why have you selected Cornerstone Christian School for your child's education? (Check all that apply)
 Christian Education Safe Campus Environment Academics Small Class Sizes Other _____
7. Is it your intent to have your child graduate from Cornerstone Christian School? Yes No Not Sure
8. Has your child ever been diagnosed with any type of learning disability? Yes No
9. Does your child have an IEP or Section 504? Yes No If yes, attached copy.
10. Has your child ever received any special tutoring? Yes No If yes, what subject(s)? _____
11. Does your child have any physical, mental or emotional problems? If yes, please explain: _____

12. How many days of school did your child miss last year? _____ Please explain: _____
13. Has your child ever repeated/skipped a grade? Yes No If yes, state grade repeated: _____
14. Has your child ever been suspended, expelled or asked to withdraw? Yes No
If yes, please explain: _____
15. Has your child used any illegal drugs, alcohol, or tobacco? Yes No If yes, please explain: _____
15. Has your child been in trouble with school authorities? Yes No If yes, please explain _____

16. Has your child been in trouble with the law/police? Yes No If yes, please explain _____

17. Why is your child transferring from his/her present school? _____



DEMOGRAPHIC INFORMATION *(For accreditation purposes)*

Ethnicity of Student: ___Caucasian ___Hispanic ___African American ___American Indian ___Asian ___Pacific Islander ___Other

Birth Information: City of Birth _____ State of Birth _____ Country _____

Ethnicity of Parents: Father _____ Mother _____

Citizenship: Student _____ Father _____ Mother _____

List all schools that student has previously attended (including Cornerstone if previously enrolled):

Current school _____ City _____ Grades attended _____

Previous school _____ City _____ Grades attended _____

FAMILY INFORMATION

Father/Legal Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Employer _____ Position _____

Employer Address _____

Social Security # Father: _____ **Social Security # Mother:** _____

Mother/Legal Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Employer _____ Position _____

Employer Address _____

Father's EMAIL: _____

Mother's EMAIL: _____

Step-Father Name: _____

Home Phone : _____ Cellular: _____

Step-Mother Name: _____

Home Phone: _____ Cellular: _____

Sibling of Student: _____ School _____ Grade _____

Sibling of Student: _____ School _____ Grade _____



The Mission of Cornerstone Community Church is to Reach people, Make disciples, & Build relationships. As a ministry of Cornerstone Community Church, we are interested in your church involvement.

1. What church does your family attend? _____

2. What is your faith? _____

3. Pastor's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

4. What is the frequency of your church attendance? Weekly Frequent Infrequent Never

5. What is the frequency of your child's Church/Sunday School/Youth Group attendance? Weekly Frequent Infrequent Never

6. How would you describe your child's spiritual life? _____

7. Parents: Who do you believe Jesus Christ to be?

8. Parents: What significance does Jesus Christ hold in your life?



Legal Parent/Guardian Signature _____ Date _____
Legal Parent/Guardian Signature _____ Date _____

Non-Discrimination Policy:

Cornerstone Christian School admits male and female students of any race, color, national origin, and ethnicity to all rights, privileges, programs, and activities generally accorded or made available to students at the school. CCS does not discriminate on the basis race, color, national origin, and ethnicity in administration of its academic, athletic, social or other programs. Any complaints or questions may be referred to the School Principal. The School Principal will review the matter and depending on the nature of the report may also convene the Board of Directors for formal review. CCS prohibits retaliatory behavior against any complainant or any participant in the complaint process. Each discrimination complaint shall be investigated promptly and in a way that respects the privacy of all parties.

ACADEMIC REFERENCE

Cornerstone Christian School

PO Box 1558, Wildomar, CA 92595

Phone: 951-674-9381

Name of Student _____

Current Grade _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR, COUNSELOR, OR TEACHER

The student named above is a candidate for enrollment in C.C.S. We would appreciate your evaluation of the student. Your comments will be held in confidence. Your input and rapid response are appreciated, as further enrollment consideration cannot proceed until this information is available.

How long have you known the applicant and in what capacity? _____

Please comment on the applicant's noteworthy interests, talents, and/or abilities _____

In your opinion, what three (3) words describe this applicant best? _____

Please rate this applicant in the following areas. Mark with an X.

	Excellent	Good	Fair	Poor	Insufficient Evidence	Comment
Reading						
Writing						
Math						
Science						
Study Habits						
Achievement						
Originality						
Integrity						
Self-Discipline						
Concern for Others						
Reaction to Criticism						
Respect for Faculty						
Ability to Work Independently						
Ability to Organize						
Classroom Participation						
Ability to Communicate						
Leadership and Common Sense						
Peer Compatibility						
Sense of Humor						
Self-Esteem						

Please describe anything unusual or exceptional about this student that you feel deserves special consideration:

Please provide your overall recommendation regarding the student's qualifications for admission to Cornerstone Christian School by checking one of the following:

RECOMMENDATION **Highly Recommend** **Recommend** **Hesitate to Recommend** **Do not Recommend**

Please explain recommendation _____

Your Name (*Print*) _____ Title _____

Signature _____ Date _____

PASTOR REFERENCE

ONE PER FAMILY

Cornerstone Christian School

PO Box 1558, Wildomar, CA 92595

Phone: 951-674-9381

Student Name _____

Parent Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

TO BE COMPLETED BY YOUR PASTOR, SUNDAY SCHOOL TEACHER OR BIBLE STUDY/GROUP LEADER

*The above named student has applied for enrollment to Cornerstone Christian School. It is our intent to be selective in our admission process as we seek to provide a safe and loving Christ-centered environment where all students have the opportunity to grow and succeed. Please assist us in our selection process by completing the following information and returning it directly to the school at the address above. Your input and rapid response are appreciated, as further enrollment consideration cannot proceed until this information is available. **All responses are kept confidential.***

1. How long have you known the student and/or family? _____

2. How well do you know the student applicant? _____

3. Parent's relationship to church: Member Non-member Active Non-active

4. Family's church attendance: Regular Occasional Seldom

5. Which family members evidence a personal relationship with Jesus Christ? _____

6. Does the applicant participate in any church activities? Yes No If yes, please describe: _____

7. Do you believe that in order to become a Christian and inherit eternal life, one must realize that he/she is a sinner (Romans 3:10, 23), believe that Jesus died for his/her sins (John 3:16; Romans 10:9-10) and ask Jesus Christ to come into his/her life and take away his/her sins (John 1:12)? Yes No

8. Do you believe the applicant has accepted Christ as their personal Savior? Yes No

If yes, please explain _____

9. If you were a school administrator, would you have any concerns about this applicant if he/she were applying at your school? Yes No

If yes, please explain _____

10. What is your overall recommendation regarding the student: High Sufficient Hesitate No

Your Name (Print) _____

Signature _____ Position _____ Date _____

Name of Church _____ Phone _____

Address _____ City _____ State _____ Zip _____



PARENT AGREEMENT – ACKNOWLEDGEMENT OF ELIGIBILITY

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

1. 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.
2. I agree to become actively involved with my child(ren)'s education at home, realizing it is the parent's ultimate responsibility for education (Eph. 6:1-4). I will support my child(ren)'s education by monitoring homework, projects, grades, and recognizing when it is time to seek feedback from the school teaching staff.
3. I am aware that CCS is a Christian School, teaching Jesus Christ as Lord and Savior.
4. I as a parent or guardian agree to continue the spiritual training of my child(ren) at home.
5. I will faithfully support CCS through my prayers and positive attitude. If an issue arises that I need to address I will utilize the guidelines found in Matthew 18:15. I agree **not** to include anyone in a discussion of such an issue, unless that person is involved. The school administration will address any unresolved issues if necessary.
6. 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.
7. There are times when it its necessary for teachers or administration to provide discipline, for the child(ren) 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.
8. I agree that if for any reason my child(ren) does not respond to the school environment or policies, I will do all I can to reinforce it at home. If, after six weeks, the student is not responding favorably, I will remove the student from CCS.
9. **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. (The costs should be passed on to the student for reparation).** Parent Initials
10. I agree to support CCS in fundraising, parent-teacher conferences, open house, performing arts programs, sports programs, and volunteer opportunities as I am requested.
11. **I give my permission for my child(ren) to participate in all school activities, including sports and school sponsored trips. I am aware that the school does not provide student medical insurance and that it is the parent's responsibility.** Parent Initials
12. **I will fulfill my financial commitment to pay all fees listed on the Annual Contract for the student(s). I have read and understand the Fee Schedule, Tuition and Fee Policies, and Withdrawal Policy.** Parent Initials
13. **Tuition is an ANNUAL fee. The financial obligation to pay the fees for the full year is unconditional. No portion of fees paid is refundable. If you have chosen a payment plan, you are obligated to make full payment for the academic year under the terms of this contract regardless of absences, withdrawal, or dismissal from the school. I am aware that while signing this contract, the total contract figure is not all inclusive. I also understand that if any of my fees are more then ten days delinquent, my child may be pulled from class and the parent/ guardian must pick up the child and remain home until my account is current.** Parent Initials
14. **I do hereby agree and understand that Cornerstone Christian School and Cornerstone Community Church are not responsible and therefore not liable in any manner for lost, missing, stolen, or damaged personal electronic items that students bring to campus, including but not limited to items such as tablets, iPads, laptop computers, cell phones, CD players, handheld video games, translators, and the like. Any student bringing such an item to school or carrying such on school premises or on campus at any time does so at his/her own personal risk. No monies shall be paid to any student or parent making a claim for the loss or damage of such items.** Parent Initials
15. **Student's cell phone must be placed out of sight, must be turned off, and are NOT to be utilized between 7:45 a.m. and 3:00 p.m. The student must use his/her cell phone (HIGH SCHOOL OUTSIDE ONLY). No uses of earbuds at any given time during school hours. CELL PHONE USAGE IS NOT ALLOWED in the building without prior permission from a teacher or CCS staff member. 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
16. CCS may report any unpaid accounts to the Internal Revenue Service as taxable income and may report any unpaid accounts to any credit bureau.
17. I will execute and deliver to CCS, at it's request, any and all documentation necessary or convenient for CCS to obtain from any school, academy, institute, or other educational institute for any and all information, data, records, documentation, or other materials relating in any way to my child's current or previous education.
18. CCS may capture, photograph, record, video, 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, use or reuse any printed matter in conjunction therewith (collectively, the "works"). My child(ren) and I irrevocably disclaim any rights 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.
19. I understand that CCS does not employ a nurse or doctor.
20. I have read and understand the Non-Discrimination Policy of CCS in the student handbook.

I pledge and agree to statements one (1) through twenty (20) above.
Failure of parents or children to comply with the above commitments will forfeit the student's privilege of attendance.

Student Name _____ Grade _____

Father/Legal Guardian Signature _____ Date _____

Mother/Legal Guardian Signature _____ Date _____



STUDENT PROFILE

Help us get to know you!

To be completed by the student applicant in their own handwriting.

(K-2nd parents may complete for student).

Full Name _____ Preferred Name _____

How old are you? _____ When is your birthday? _____ What grade are you entering? _____

Do you want to attend Cornerstone Christian School? Yes No Explain why or why not _____

Are you a Christian and have you accepted Jesus Christ in your heart as your personal Lord and Savior? Yes No

If yes, explain how you accepted the Lord _____

Write a brief statement telling what you believe about the Bible and what it means to be a Christian.

How often do you read the Bible? Daily Once a week Occasionally Only at Church Never

Are your friends aware that you are a Christian? Yes No Are most of your friends Christians? Yes No

What church do you attend? _____

How would you describe your relationship with your parents: Excellent Good Fair Poor

What is your favorite movie? _____ What is your favorite book? _____

What is your favorite website? _____

Who are your heroes? _____ Why? _____

During free time, what is your favorite thing to do? _____

Who do you admire? _____ Why? _____

Tell us about your best friends, what are they like? _____

List your pets and their names _____

Do you play a musical instrument? Yes No If yes, what instrument(s)? _____

What is your favorite sport? _____

Are you interested in playing on an athletic team at Cornerstone? Yes No If yes, what sport(s)? _____

List some of your talents and/or "gifts" the Lord has given you _____

What is your favorite subject in school? _____ Why? _____

What subject is your least favorite? _____ Why? _____

Describe what you like most about your favorite teacher _____

Have you ever been in trouble with school authorities? Yes No Have you ever been in trouble with the law/police? Yes No

If yes to either question, explain: _____

Have you ever had difficulty with teachers or fellow students in a previous school? Yes No

If yes, explain: _____

Have you ever been expelled or suspended from school? Yes No

If yes, explain: _____

Do you plan to attend college? Yes No Not Sure If yes, what college? _____

Major _____ If no, what are your plans after you graduate? _____

Should you be accepted into Cornerstone Christian School, will you promise to abide by the rules and expectations of the school and to use your influence to protect the reputation of Jesus Christ and this school? Yes No

Student 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, skirts are allowed. However (Please follow guideline for items that are not allowed)

TUESDAY, WEDNESDAY AND THURSDAY

Tops: shirts with sleeves and collars are required: pullover, polo or buttoned down sleeved, collared shirt
Camisoles or tank tops under a top must be a solid color

Bottoms: 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

Leggings or 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)

⇒ **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 skirt**

⇒ **6th – 12th Grade GIRLS:**

NO dresses allowed

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

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)

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

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:** _____

HEALTH POLICY 2024-2025



CCS staff members expect parents and guardians to keep students home when certain conditions exist. This policy exists in order to protect the well-being of our students and staff, maintain a safe environment where their needs can be met, and attempt to minimize the spread of illness. You will be called to pick up students when observed by the teacher or the office staff to exhibit any of the symptoms listed below.

PLEASE NOTE: All students MUST have an Emergency Card on file

Students must have their immunizations up to date and on file at the school office.

Exemptions: Starting January 1, 2021, medical exemptions can only be issued through the California Immunization Registry-Medical Exemption website (CAIR-ME) by physicians licensed in California. Schools may only accept from parents new exemptions that are issued using CAIR-ME. (Per shotsforschool.org, the CDPH website containing information on immunizations required for school entry in California)

PLEASE READ THE FOLLOWING CAREFULLY.

- Normal temperatures are generally 98.6 degrees orally and 97.6 axillary (under the arm). If a student registers a temperature higher than 100.0 orally or 99.7 axillary, we will consider this to be a fever which is likely to be contagious and we will expect you to keep him/her home.
- When there is vomiting, we will expect you to keep the student home.
- If a student has an unexplained rash, we will expect you to keep him/her home. For re-admittance to school, a doctor's note will be required stating that the student is not contagious. We will admit the student providing the rash is not making him/her sick and excessively uncomfortable.
- If a student has significant symptoms of respiratory illness (thick colored mucus from eyes or nose, serious cough, wheezing chest, red runny eyes or crusty eyes, sore throat or earache) we will expect you to keep him/her home.
- For infections requiring a doctor's prescription, please keep students home 24 hours after beginning on an antibiotic.
- For all other illnesses, students may return to school if free from symptoms for 12 hours providing that behavior indicates that he or she is feeling well.
- If a student contracts a communicable disease, please notify the school office so that we may let all parents know that others may have been exposed. A doctor's release is required before the student may return to school.

Our staff have been trained in First Aid and CPR. When a student has been injured, we evaluate the situation on a case-by-case basis. When appropriate, we apply ice packs to bumps; topicals and adhesive bandages to cuts and scrapes, etc. If more serious, we will notify the parent and complete an Accident Report.

ON CAMPUS AND EMERGENCY HEALTH PROCEDURES

- If a student is injured on campus, he/she should report this injury to a teacher, administrator, support staff, or before/after school supervisor immediately.
- If a student becomes ill, he/she should request a hall pass from his/her teacher or support staff, and proceed directly to the school office.
- If a student is taking medication of any kind, the parent must bring the medication to the school office. The parent will then complete a brief Student Medication Form, which will be kept on file in the office. The parent should also write a note to the student's teacher letting them know when the student should be sent to the office for his/her medicine. No student is allowed to take medication of any kind without adult/staff supervision. No student may share any medication with any other students.
- If a student is advised to leave campus, the parent will be contacted. When the parent, or other authorized adult, comes to pick up the student, they will be asked to sign out on the Sign-Out Sheet.

Student Name: _____ Parent Signature: _____ Date: _____



MEDIA WAIVER AND RELEASE 2024-2025

I consent to my child being photographed, interviewed and/or videotaped by representatives of Cornerstone Christian School (CCS) and media outlets (magazine, newspaper, television, radio stations, etc.). CCS uses photographs of students in various publications to share information about CCS with the community. Any information or images obtained from those activities may be reproduced by Cornerstone Christian School and/or the public media for the use in advertising, publicity, or educational activities, including but not limited to the Cornerstone Christian School websites, advertisements, yearbooks, social medias, publications, videos, posters, banners, flyers, bulletin boards, print, and television news. The full name of your child will not be disclosed in any materials without further approval.

I hereby waive any claims I may have, and release CCS and its representatives from liability of claims arising out of such activities.

_____ Yes, my child may be photographed, interviewed or videotaped for media use.

_____ No, my child may not be photographed, interviewed or videotaped for media use.

Student Name: _____ Grade: _____ Age: _____

Verification:

I verify that the information provided on this Media Waiver and Release is accurate and current, and that I am the legal parent/guardian of the above student.

Signature of Parent: _____

Date: _____

Printed Name of Parent: _____

Signature of Student: _____
(18 years old and older)

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 _____



REQUEST FOR STUDENT RECORDS

Parents: Please complete and return this form to Cornerstone Christian School.

Do not mail, fax, or hand carry to previous school.

School: The parents/legal guardians of the student named below request that their child's complete official transcripts, health records, cumulative folder, test data, behavioral evaluations, behavioral reports and other pertinent records be forwarded to Cornerstone Christian School.

Student's First Name _____ M.I. _____ Last Name _____

Student's Date of Birth _____

School Last Attended: _____ Grade _____

City: _____ State: _____

Important: Phone Number of last school attended: _____

Email contact of last school attended: _____

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____

Please forward complete records to:

Cornerstone Christian School

Attn: Registrar
34570 Monte Vista
Wildomar, CA 92595
951-674-9381

1st Request: _____

2nd Request: _____

3rd Request: _____



PAYMENT POLICY 2024-2025

- Tuition payments are due on the 1st of the month. A \$35 late fee will be added on the 11th if not paid in full.

Initial: _____

- All other fees, including but not limited to sports fees, class fees, daycare, etc., are due upon receipt.

Initial: _____

- If tuition is not paid in full by the 10th of the month and/or if any other fee becomes eleven (11) days delinquent, your child may be pulled from class and a parent/guardian must pick them up from the office. Your child will not be allowed to return to class or extra-curricular activities until the account is brought current.

Initial: _____

- Annual Tuition payment options:

Onetime payment:

Two Payments:

Ten Payments:

Initial: _____

I have read and understand the foregoing paragraphs and therefore recognize my financial obligations to Cornerstone Christian School for the 2024-2025 school year.

Parent Signature: _____

Date: _____



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.

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.

PERScription & NON-PERScription 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



2024 - 2025 Day Care Contract and Policy

The following 3 plans are available for the 2024 - 2025 school years:

First Semester Plan: August 13, 2024 – December 13, 2024

\$475 registration fee per child (no multiple child or family discount)
Amount to be paid by September 1, 2024

Second Semester Plan: January 9, 2025 - June 04, 2025

\$475 registration fee per child (no multiple child or family discount)
Amount to be paid by February 1, 2025

Drop In Plan

\$17 per hour, per child (billing in 1 hour increments)
Billing Cycle is monthly; payment is due by the 10th of the following month

-Students must be signed in and out of day care by an authorized person.

- All students, Kindergarten through 8th grade, on campus before or after school MUST be supervised by our day care staff.
- Students are not allowed to wander the campus unsupervised.
- Please notify the day care staff if you have changes to your emergency card.
- Snacks and water must be provided by the parent.

KINDERGARTEN - GRADE 5 (Class time: 8:00am-3:00pm) GRADE 6-8 (Class time 7:45am-3:00pm)

- Morning day care is from 6:30 a.m. to 8:00 a.m. (daycare transitions to the playground at 7:40a)
 - Afternoon day care is from 3:15 p.m. to 6:00 p.m.
 - Students not picked up by 3:15 p.m. will be signed in to day care automatically
 - Parents will be billed at the hourly rate if not on the Semester Plan
- Students must be picked up no later than 6:00 p.m.

Student Name: _____ Grade: _____

LATE PICK UP FEE: (Applies to all plans)

Students picked up after 6:00pm will be billed: **flat rate late fee of \$17.00**
--AND-- a **\$1.00 per minute**, starting at 6:01 pm.

LATE PAYMENT FEE:

A late fee of \$35 will be assessed to all accounts not paid by the 15th of the month.

First Semester Plan Registration: \$475

Second Semester Plan Registration \$475

I would like to opt out of the daycare.

Signature: _____ Date: _____



NEW ENROLLMENT TUITION & FEE SCHEDULE 2024-2025

(This Tuition & Fee Schedule does not apply to International or PSP Students)

PRICES EFFECTIVE FEBRUARY 19, 2024

A *non-refundable \$450 Registration Fee is due with completed application.

Grade Level (fees are per student)	Registration Fee Upon enrollment	Application Fee Upon enrollment	Matriculation Fee *due 6/1/24	Assessment Fee *due 6/1/24	Technology Fee *due 6/1/24	Emergency Kit *due 6/1/24	Total Fees
Elementary K—5th	\$450	\$80	\$525	\$85	\$50	\$20	\$1,210
Middle School 6th—8th	\$450	\$80	\$525	\$85	\$100	\$20	\$1,260
High School 9th—12th	\$450	\$80	\$525	\$85	\$100	\$20	\$1,260

Grade Level (fees are per student)	Annual Tuition Discounted One Payment Plan	Two Payment Discounted Payment Plan	Ten Payment Payment Plan *starting 8/1/23
Elementary K—5 th	\$7,487	\$3,787	\$772
Middle School 6th—8th	\$8,288	\$4,190	\$852
High School 9th—12th	\$8,845	\$4,469	\$908

Additional Fees	Sports Fees
Cheer Participation \$100 (additional cheer fees for camp and uniform)	Middle School: Football \$400 Volleyball \$400 Basketball \$400 Baseball/Softball \$400 Cross-Country \$400 Golf \$400 High School: Football \$600 Volleyball \$475 Basketball \$475 Baseball/Softball \$475 Golf \$475 Cross-Country \$475 Co-Ed Soccer \$475 <i>* Spirit Pack (cost varies per sport, fee tba)</i> Volunteer Sports Opt-out Fee \$300 <i>(Replaces Parent Volunteer Hours—10 Hours)</i> Additional Sports Apparel and Fundraising Fees may apply
**Class fees are applied for each semester if applicable	
Art Fee (Middle School)** \$55	
Art /Photography Fee (High School)** \$80	
Science Lab Fee (Middle School)** \$55	
Science Lab Fee (High School)** \$80	
Home Economics (High School)** \$80	
STEM (Middle School)** \$55	
PE Uniforms (short & shirt combo) \$30	
CCS Spirit Shirt \$20	
CCS Baseball Hat \$35	
Other Costs: Parents should anticipate additional costs for instructional supplies, locks, snacks/lunch, field trips, yearbooks, class pictures, senior trips, graduation, grad-nite, prom/dances, science camp, Washington DC Trip\$3,000 7th-8th-9th&11th, etc., price could be subject to change.	
CCS Athletic Wear also available—Prices Vary	

All fees are non-refundable.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.