

Admissions Procedure for 2010 - 2011

Desert Christian Schools

This packet contains your school application forms. The forms must be complete and submitted to the appropriate school office. Once the packet has been verified as complete, an interview will be scheduled. After the interview is complete, you will be informed by letter of your student's admission status. We are not able to guarantee space until your student has been officially accepted. **Your portion of the application packet must be complete before it will be accepted by the school office.**

A Complete Application Includes:

ALL APPLICANTS

- Family Application
- Please read Statement of Faith & Philosophy of Education
- Special Health / Learning Information Form
- Student Health History Form
- Medical and Student Health Information Form
- Copy of Birth Certificate
- Immunization Record
- Church Life Recommendation – *complete top of form, send to appropriate person to be mailed directly back to school office*
- Application Fee - \$50 per student (non-refundable)

9th - 12th GRADE APPLICANTS (ADDITIONAL ITEMS)

- Student Application with Student Photo
- Records From Applicant's Current School Report Card/Grades – Current Year
Standardized Test Scores – Previous Year
High School Placement Test Scores - If Previously Taken
- Teacher Recommendation – English/Language Arts - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Teacher Recommendation - Math - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Physical Exam (required upon acceptance)

1st - 8th GRADE APPLICANTS (ADDITIONAL ITEMS)

- Records From Applicant's Current School Report Card/Grades – Current Year
Standardized Test Scores – Previous Year
- Teacher Recommendation - *complete top of form, send to appropriate person to be mailed directly back to school office*
- Proficiency Exam – at discretion of School Principal

K - 8th GRADE APPLICANTS (ADDITIONAL ITEMS)

- Student Photo

KINDERGARTEN APPLICANTS (ADDITIONAL ITEMS)

- Kindergarten Roundup Appointment

HOME SCHOOL APPLICANTS (ADDITIONAL ITEMS)

- Home School Family Information
- Home School Recommendation

Thank you for your interest in Desert Christian Schools

DESERT CHRISTIAN SCHOOL
STATEMENT OF FAITH & PHILOSOPHY OF EDUCATION

Core Values

- 📖 *DCS disciples children to follow Jesus Christ as Lord and Savior, and commit to lives of loving Kingdom service.*
John 14:6 “Jesus answered, ‘I am the way the truth and the life. No one comes to the Father except through me.’”
- 📖 *DCS seeks to glorify God in all that it does.*
1 Corinthians 10:31 “...whatever you do, do it all for the glory of God.”
- 📖 *DCS teaches every subject and nurtures character development from a Biblical Christian perspective, imparting knowledge and wisdom to our students.*
Colossians 2:2-3 “...in order that they may know the mystery of God, namely, Christ, in whom are hidden all the treasures of wisdom and knowledge.”
- 📖 *DCS is dedicated to academic excellence and cultivating life-long learners.*
Ecclesiastes 9:10 “Whatever your hand finds to do, do it with all your might...”
- 📖 *DCS is laying the foundation in children’s lives through its instruction to enable them to impact their culture for Christ.*
1 Corinthians 3:11 “For no one can lay any foundation other than the one already laid, which is Christ Jesus.”
- 📖 *DCS is a parent-sponsored, board-directed, covenant Christian school that encourages a high level of parental involvement.*
Genesis 17:7 “I will establish my covenant as an everlasting covenant between me and you and your descendants after you for the generations to come, to be your God and the God of your descendants after you.”
- 📖 *DCS partners with Christian families to educate, nurture and train children as followers of Christ.*
Deuteronomy 6:4-9 “Hear, O Israel: The Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Tie them as symbols on your hands and bind them on your foreheads. Write them on the doorframes of your houses and on your gates.”

Statement of Faith

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe there is only one God, eternally existent in three Persons – Father, Son, and Holy Spirit.
- We believe in the deity of Jesus Christ, His miraculous conception and virgin birth, His sinless life, His sacrificial and atoning death, His resurrection, His ascension to the right hand of the Father, His return in power and glory to establish His earthly kingdom.
- We believe in the absolute necessity of reformation by the Holy Spirit for salvation because of the sinfulness of human nature; and that we're justified by the shed blood of Jesus Christ; and that only by God's grace, through faith alone, are we saved.
- We believe in the resurrection of the saved into eternal communion with God, and that they that are lost will be separated from God.
- We believe in the spiritual unity of believers in the Lord Jesus Christ.
- We believe that the indwelling of the Holy Spirit enables the Christian to live a Godly life.

Philosophy & Objectives of DCS

Desert Christian School holds to a Christian philosophy of education and views this as the foundation for all policy, procedures, instruction, and activities. A Christian philosophy acknowledges that there is a Creator God who has given us His Word and its principles as a guide for faith and life. We teach, unashamedly, God's Word to be absolute Truth. All students are confronted with the fact that man is sinful and lost, and are encouraged to accept Christ's free gift of salvation. The skills of Bible study, prayer, and the development of Christian character and a Christian mind are taught as foundational for a successful Christian life. Students are encouraged to share their faith, stand for their convictions, and seek to fulfill God's plan for their lives.

Academically, students are challenged to excellence and integrity, learning the skills of analysis, problem-solving, and critical thinking. Cultivation of an intellectual curiosity that will result in self-motivated, life-long study in areas of personal interest is emphasized. Students are taught to think logically and to develop research skills, while also gaining a command of the fundamental communicative processes of reading, writing, speaking, and listening. We attempt to balance these intellectual pursuits with Christian ethics and character.

Socially, DCS seeks to help each student develop a well-balanced personality based upon a proper acceptance of himself as a unique creation of God, made in His image. Acceptance of self is then the foundation for acceptance and respect for authority, responsible freedom, and good citizenship. Students are taught Biblical truth as the basis for a morally and socially responsible, self-disciplined life. Good attitudes towards society's institutions such as parents, families, and marriage, are taught and modeled. Students learn that they are contributing members of their society and should treat everyone with love and respect and seek to be of service to others.

Basis of Christian Education

Every aspect of life is subject to the will of God. Therefore, all knowledge, every value, and each choice is under His authority. We are admonished to continually seek the Lord (Amos 5:4, 6, 8, 14; James 4:8, Jeremiah 29:13) in an effort to become one with Him (John 17:22-23). This unity is Christ's heartfelt desire in order that the world may know that God sent Him – because He loves us.

Christianity is wholly relational: How we relate to and impact our culture; the manner in which God relates to us and we relate to him (covenant); and the dynamics of our varied relationships with one another.

Empowered by the Holy Spirit, Christians carry on the redemptive work of Jesus Christ. With this goal in mind, Christian educators provide a framework to prepare young people to live according to His will, contributing to the Biblical pursuit of truth.

FAMILY APPLICATION K - 8th Grades
2010–2011 School Year
EDUCATIONAL INFORMATION

PREVIOUS SCHOOLS ATTENDED: Information must be complete and account for kindergarten through current year.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
GRADES _____ TO _____ FROM _____ TO _____	GRADES _____ TO _____ FROM _____ TO _____

Has the applicant (check all that apply):

Ever been retained in a grade? _____	Had disciplinary problems at school? _____
Ever been suspended from school? _____	Used illegal drugs, alcohol, tobacco? _____
Ever been expelled from school? _____	Attended more than one school in a year? _____
Been involved with juvenile authorities? _____	

Explanation of “yes” answer(s) above:

REASONS FOR ATTENDING DESERT CHRISTIAN SCHOOLS

- Parent/Guardian:** Please submit on a separate sheet of paper as an addendum to this application.
- Applicant (6th - 8th Grade Only):** Please submit on a separate sheet of paper as an addendum to this application in your own handwriting.

STATEMENT OF FAITH

- Parent/Guardian:** On a separate sheet of paper as an addendum to this application, please give a brief statement explaining your statement of faith and how you came to be a follower of Christ (your personal testimony). A statement from each parent/guardian when applicable is preferred.
- Applicant (6th - 8th Grade Only):** On a separate sheet of paper as an addendum to this application in your own handwriting, please give a brief statement explaining your understanding of who God is and what it means to you to be a follower of Christ.

WE UNDERSTAND AND COMMIT OURSELVES TO FULFILLING THE FOLLOWING UPON ACCEPTANCE OF OUR CHILD AT DESERT CHRISTIAN SCHOOLS:

1. We will strive to maintain a healthy home life and a meaningful and regular church life.
2. We understand our cooperation is expected in (a) submitting to school policies as stated in the parent/student handbook, including the Statement of Faith and Philosophy of Education (see attached); (b) faithful prayer; (c) timely tuition payments according to our tuition contract; (d) volunteered time; (e) special gifts when possible; (f) support school policies.
3. We understand that the school reserves the right to dismiss any student who does not (a) respect and observe spiritual and/or behavioral standards and (b) cooperate in our educational goals.
4. We understand that any false or unreported information is grounds for immediate dismissal.

We certify that all of the information presented in this application is, to the best of our knowledge, complete and accurate and we are not withholding any information available to us that would be pertinent to the enrollment of this child at DCS.

Applicant's Signature _____ *Date* _____

Father / Stepfather / Other Signature _____ *Date* _____

Mother / Stepmother / Other Signature _____ *Date* _____

SPECIAL HEALTH/LEARNING
K - 12th Grades
2010–2011 School Year

Desert Christian Schools Admissions
7525 E. Speedway Blvd.
Tucson, Arizona 85710
K - 5th 520-885-4800 Fax 520-885-4265
6th - 8th 520-795-7161 Fax 520-795-3386
9th - 12th 520-298-5817 Fax 520-298-9312

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply and are considered for admission without discrimination.

APPLICANT NAME: _____ APPLYING FOR GRADE _____

Does applicant have any physical disabilities or special health conditions? Yes No

If yes, please explain: _____

Does applicant regularly require any medication? Yes No

If yes, please list medications and explain: _____

Has applicant received counseling for emotional issues within the past three years? Yes No

If yes, please explain and have the applicant's therapist/counselor provide the DCS Admissions with a letter describing the nature of the difficulty and a current assessment of the applicant's ability to deal with the rigors and structure of middle school life at Desert Christian Middle School.

Has applicant required **any** modification to instruction, special learning assistance or tutoring within the past three years? Yes No

If yes, please explain: _____

Has a professional evaluation ever been recommended for applicant for any learning, attentional or emotional issues? Yes No

Has applicant ever been evaluated by any professional for any learning, attentional or emotional issues?

Yes No

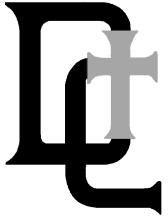
If yes, please explain and have the professional who provided any evaluation provide the Admissions

Committee with a letter describing the nature of the difficulty and a current assessment.

We understand that any false or unreported information is grounds for immediate dismissal from DCS.

Parent Signature

Date



HEALTH HISTORY FORM

Desert Christian Schools ~ 7525 E. Speedway ~ Tucson, AZ 85710
High School Campus (520) 298-5817 ~ Middle School Campus (520) 795-7161
Elementary School Campus (Physical Location) ~ 7777 E. Speedway Blvd.
Tucson, AZ 85710 ~ (520) 885-4800

This form is required for all new students, prior to the start of the school year.

STUDENT NAME _____ SEX _____ DATE OF BIRTH _____ GRADE _____

Parent/Guardian Name _____ Phone _____ Today's Date _____

YES NO

1. Have you ever been medically advised not to participate in any sport?

If yes, explain: _____

2. Are you presently under a physicians care for any reason?

If yes, explain: _____

3. Have you had any previous INJURY or SURGERY in the last 12 months which resulted in loss of time from practice, game or school? If YES explain and include date, location (i.e. left knee), diagnosis and physician.

4. Any history of the following CONDITIONS or ILLNESSES? If yes, explain and include dates below

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	EAR INFECTIONS, FREQUENT	<input type="checkbox"/>	<input type="checkbox"/>	NOSEBLEEDS, PERSISTANT
<input type="checkbox"/>	<input type="checkbox"/>	ALLERGY (_____)	<input type="checkbox"/>	<input type="checkbox"/>	FAINTING SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	OSTEOMYELITIS
<input type="checkbox"/>	<input type="checkbox"/>	ANEMIA	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS-PERMANENT	<input type="checkbox"/>	<input type="checkbox"/>	PNEUMONIA
<input type="checkbox"/>	<input type="checkbox"/>	ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	HEART PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER
<input type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS	<input type="checkbox"/>	<input type="checkbox"/>	HEAT EXHAUSTION	<input type="checkbox"/>	<input type="checkbox"/>	RINGING IN EARS
<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA / INHALER USE	<input type="checkbox"/>	<input type="checkbox"/>	HEAT STROKE	<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	BLADDER INFECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	HEPATITIS A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	SINUS PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	CONCUSSION	<input type="checkbox"/>	<input type="checkbox"/>	HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS
<input type="checkbox"/>	<input type="checkbox"/>	COUGH, PERSISTANT	<input type="checkbox"/>	<input type="checkbox"/>	JOINT DISLOCATION	<input type="checkbox"/>	<input type="checkbox"/>	VALLEY FEVER
<input type="checkbox"/>	<input type="checkbox"/>	CRAMPING, PERSISTANT	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	OTHER HEALTH CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	DEHYDRATION	<input type="checkbox"/>	<input type="checkbox"/>	LIVER PROBLEMS			
<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	MIGRAINE HEADACHES			
<input type="checkbox"/>	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	MONONUCLEOSIS			
<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS						

Explain, include dates: _____

YES NO

5. Are you taking any medications/inhalers? If yes, what medications and for what condition(s)?

6. Are you allergic to any medications/foods/etc.? If yes, explain: _____

7. Do you have a history of a family member having sudden cardiac death? If yes, explain: _____

8. Do you have any problems that bother you only when you participate in athletics? If yes, explain _____

9. Do you wear glasses/contact lenses? Do you wear them when participating in sports? _____

10. Do you have a hearing loss? If yes, please explain _____

Signature of Parent/Guardian _____ Date _____

Desert Christian Schools

Medical & Student Health Information

Immunizations

Desert Christian Schools must comply with Arizona state law regarding immunizations for school children. According to the law, no student may attend classes until the school has a complete and up to date immunization history. Verifiable documentation is required. Parental confirmation is not acceptable. Therefore, please note the following:

Immunizations must be current for school attendance. All students must provide a photocopy of their **current** immunization record, prior to the start of school. All copies of current immunization records must be official records from a Licensed Health Care Provider or the Health Department. (Parents cannot fill out their own form to then submit to the school).

Communicable Diseases

Desert Christian Schools and Pima County Health Department (AZ Admin. Code R9-6-203) require that certain communicable diseases are tracked and reported. Please remember to report the following communicable diseases to Health Services.

Campylobacteriosis ²	Escherichia coli ¹	Influenza**	Shigellosis ¹
Chicken Pox ²	Haemophilus Influenzae ¹	Measles/Mumps/Rubella ¹	Shingles
Conjunctivitis (Pink Eye) ³	Head Lice	Meningitis	Strep Infection ³
Cryptosporidiosis	Hepatitis A ¹	Salmonellosis ¹	Whooping Cough ¹
Diarrhea, Nausea, Vomiting ³	Impetigo	Scabies ³	

PCHD Reporting Requirements: ¹Within 24 Hours ²Within 5 Days ³Within 24 Hours of Outbreak

For all diseases listed above, please provide the date the symptom began, the date the disorder was diagnosed, the name and phone number of the doctor, plus any medications prescribed.

****Please inform the school office if your student is ill with a temperature > 100 degrees Fahrenheit and at least one of the following: cough, sore throat, nasal congestion, and/or runny nose.**

Medications

If it is necessary for a student to take ANY medication during school hours, Arizona Law requires parents to take the medicine to the office and complete a "Medication Request Form" explaining the dosage and frequency of administration. All medications must be in their original containers; prescription medications must have the pharmacy label. No medication can be administered without written permission and instruction from a parent. Students are not allowed to have ANY medications in their possession while on the school grounds without specific permission from the administration. Medication Request Forms are available through the school office.

Illness or Injury

If a student becomes too ill to attend **class** or is injured, a parent will be notified. Because DCS does not have health care professionals on staff, only basic first aid will be given. **It is most important that the school be notified of any change of address or phone number, including unlisted numbers**, so that contact can be made immediately in case of emergency. **DO NOT** send sick children to school. **DO NOT** send a child to school for diagnosis of an illness. Students who have been ill with a fever may **NOT** return to school until their temperature has remained normal for 24 hours (unless directed otherwise by a doctor) without the use of fever reducing medications.

Serious/Chronic Conditions

DCS is willing to accept students with serious illnesses or chronic conditions (such as asthma, allergies, diabetes, attention disorders, heart disorders, leukemia, etc.) provided that:

1. The condition has been brought to the attention of the administrator upon submitting an application for admission or upon diagnosis once the student is enrolled
2. Desert Christian is able to meet the physical and/or educational needs of the student within the established program of the school
3. The child is under the care of a physician
4. The parents are willing to remain in close communication with the school regarding needs and changes in the student's condition.
5. The parents work with The School Principal or Health Service Coordinator in creating a "care plan" for the student and those involved with the child in caring for his/her special needs.

I have read and agree to these policies.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

CHURCH LIFE RECOMMENDATION
K - 12th Grades
2010-2011 School Year

Desert Christian Schools Admissions
7525 E. Speedway Blvd.
Tucson, Arizona 85710
K - 5th 520-885-4800 Fax 520-885-4265
6th - 8th 520-795-7161 Fax 520-795-3386
9th - 12th 520-298-5817 Fax 520-298-9312

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply and are considered for admission without discrimination.

APPLICANT: _____

APPLYING FOR GRADE _____

CHURCH: _____

Please complete the information, sign and then give this form with a stamped envelope addressed to **DCS Admissions (K-12), 7525 E. Speedway, Tucson, AZ 85710**, to your church pastor, elder, Sunday School teacher, or Bible Study leader who knows your family best. Remind the person that this form is necessary in order to process your application.

Applicant: How often do you attend church and what activities are you involved in (please be specific):

Parent/Guardian: How often do you attend church and what activities are you involved in (please be specific):

I request that this report be sent to Desert Christian Schools Admissions (K-12).
I understand your evaluation will be held in confidence by the school's authorities.

APPLICANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PASTOR / ELDER / TEACHER

The above-named family is interested in applying for admission to Desert Christian Schools. We believe Christian education is most effective when done in partnership with the home and church. Will you please take a few moments to answer the following questions found on both sides of this application?

I have known this **family** for _____ years as pastor, church elder, teacher. *(Please circle)*

I have known this **applicant** for _____ years as pastor, church elder, teacher. *(Please Circle)*

Please circle the word listed below which best describes this family's church attendance:

WEEKLY **MONTHLY** **OCCASIONALLY** **OTHER** _____

Involvement in church and/or Christian community activities:

ACTIVELY **OCCASIONALLY** **RARELY** **OTHER** _____

Please list activities the applicant and parents are involved in:

**Please complete both sides as soon as possible and return to
Desert Christian Schools Admissions (K-12) as this recommendation is necessary to process the application.**

As you prayerfully complete the recommendation below, please be mindful of the DCS Mission Statement, “It is our mission to disciple young people to be spiritually maturing, academically prepared, and possess an integrated Biblical worldview so that they impact their world for Christ.”

How would you evaluate the **parents** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Interest in having their child know and walk with the Lord _____

Teachability and interest toward serving _____

Command respect and obedience from the family _____

How would you evaluate the **applicant** in the following areas?

Church relationship, attendance, and loyalty _____

Personal relationship to Jesus Christ _____

Teachability and interest toward serving _____

Evidence of spiritual growth _____

Other comments _____

NAME (PLEASE PRINT) _____

POSITION _____

EMAIL _____

CHURCH NAME _____

CHURCH ADDRESS _____

PHONE NUMBER _____ DATE _____

THANK YOU FOR YOUR ASSISTANCE

TEACHER RECOMMENDATION
1st - 8th Grades Applicants
2010–2011 School Year

Desert Christian Schools Admissions
7525 E. Speedway Blvd.
Tucson, Arizona 85710
K - 5th 520-885-4800 Fax 520-885-4265
6th - 8th 520-795-7161 Fax 520-795-3386

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply and are considered for admission without discrimination.

APPLICANT NAME: _____ APPLYING FOR GRADE _____

My son/daughter is applying for admission to Desert Christian Schools (K-8). I would appreciate your completing this form and returning it directly to the Registrar. I understand that your evaluation will be held in confidence by the school's authorities. **SCHOOL ADDRESSED-STAMPED ENVELOPE WILL BE PROVIDED BY THE STUDENT.**

1. In your experience, how does this student perform academically? Please circle your answer.
 - A. Does very well academically
 - B. Does average work academically
 - C. Does below average work academically
 - D. Has significant difficulty in academics

2. Additional information regarding your answer to question #1 is helpful and appreciated.

3. On the basis of your experience and observation, does this student seek to do as well as possible academically?

4. Please select one of the following to describe the applicant's character and general behavior. Please circle your answer.
 - A. This individual has been an exemplary student
 - B. This individual has performed reasonably well
 - C. This individual has needed disciplining from time to time
 - D. This individual has been a discipline problem

5. Additional information regarding your answer to question #4 is helpful and appreciated.

6. In your opinion, what is the applicant's most outstanding characteristic?

Please complete both sides as soon as possible and return to Desert Christian Schools Admissions (K-8). This recommendation is required to process the application.

Your candid estimate of the applicant will be of invaluable assistance to the Admission Office and your comments will be held in strict confidence. Please indicate your opinion by checking the response that best represents your assessment of this applicant. If you have no fair basis of judgment, please indicate as "UNKNOWN".

					UNKNOWN
Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Average	<input type="checkbox"/> Lower Marginal	<input type="checkbox"/> Poor Academic Risk	<input type="checkbox"/>
Initiative, Drive	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Generally Strong	<input type="checkbox"/> Occasionally Weak	<input type="checkbox"/> Very Weak	<input type="checkbox"/>
Homework Responsibility	<input type="checkbox"/> Always On Time	<input type="checkbox"/> Usually On Time	<input type="checkbox"/> Frequently Missing	<input type="checkbox"/> Record of Irresponsibility	<input type="checkbox"/>
Interest in Non-academic Activities	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Active	<input type="checkbox"/> Minor Participation	<input type="checkbox"/> No Participation	<input type="checkbox"/>
Behavior & Attitude	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/> Highly Respected	<input type="checkbox"/> Average	<input type="checkbox"/> Some Difficulty Cultivating	<input type="checkbox"/> Poor/Unhealthy	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Usually No Problems	<input type="checkbox"/> Some Problems	<input type="checkbox"/> Many Problems	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>
Honesty & Dependability	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>
Attendance	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>
Writing Skills Discussion Skills	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor	<input type="checkbox"/>

Current Math Program (Textbook/Publisher)

Additional comments concerning this student or any observed attitudes or behaviors that you care to comment about are helpful and appreciated. _____

Thank you for helping us in evaluating this student. Your comments are appreciated and will be kept confidential.

NAME OF TEACHER: _____

NAME OF SCHOOL: _____

ADDRESS: _____

Signature

Date completed

 Position / subject

 Phone number

HOME SCHOOL FAMILY INFORMATION Desert Christian Schools Admissions

Home School Students ONLY

1st - 12th Grades

2010–2011 School Year

7525 E. Speedway Blvd.

Tucson, Arizona 85710

K - 5th 520-885-4800 Fax 520-885-4265

6th - 8th 520-795-7161 Fax 520-795-338

9th - 12th 520-298-5817 Fax 520-298-9312

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply and are considered for admission without discrimination.

APPLICANT NAME: _____

APPLYING FOR GRADE _____

PRIMARY INSTRUCTOR/MENTOR OF THE APPLICANT: _____

WHAT CURRICULUM IS USED? MATH: _____
ENGLISH: _____
SCIENCE: _____
OTHER: _____

HOW LONG HAS APPLICANT BEEN HOME SCHOOLED? _____

HAS APPLICANT BEEN INVOLVED IN SATELLITE SCHOOL OR INSTRUCTIONAL/ENRICHMENT GROUPS?

YES NO

WHICH GROUP? _____ HOW LONG? _____

PRIMARY INSTRUCTOR'S INVOLVEMENT IN THE GROUP:

MOST RECENT STANDARDIZED TEST TAKEN: _____ DATE: _____

(PLEASE ENCLOSE A COPY OF TEST RESULTS)

PLEASE GIVE A BRIEF EXPLANATION OF WHY YOUR FAMILY HAS CHOSEN HOME SCHOOLING.

Please attach: a copy of past progress records (minimum 2 years).

Examples of current math and writing (stories, essays etc.)

PLEASE COMPLETE BOTH SIDES AS SOON AS POSSIBLE AND RETURN TO THE APPROPRIATE SCHOOL OFFICE.

THIS RECOMMENDATION IS NECESSARY TO PROCESS YOUR STUDENT'S APPLICATION.

YOUR CANDID ESTIMATE OF YOUR STUDENT WILL BE OF INVALUABLE ASSISTANCE TO THE ADMISSIONS OFFICE.

PLEASE CHECK THE RESPONSE THAT BEST REPRESENTS YOUR ASSESSMENT OF YOUR STUDENT. IF YOU HAVE NO FAIR BASIS OF JUDGMENT, PLEASE INDICATE THIS AS "UNKNOWN."

ACADEMIC CHARACTERISTICS

- | | | | | | |
|---------------------------|------------------------------------|-------------------------------|----------------------------------|--|----------------------------------|
| Reading comprehension | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Writing skills | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Oral expression | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Math computational skills | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Math reasoning ability | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Initiative | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Inquisitiveness | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Critical thinking skills | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Dependability | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Work ethic | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |

PERSONAL CHARACTERISTICS

- | | | | | | |
|-----------------------------------|------------------------------------|-------------------------------|----------------------------------|--|----------------------------------|
| Emotional maturity | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Integrity | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Self assurance | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Acceptance of others | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Respect for authority | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Respect for peers | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Responsibility | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Resiliency (reaction to setbacks) | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Positive influence on peers | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |
| Respected by others | <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> UNKNOWN |

SIGNATURE OF PARENT COMPLETING INFORMATION

DATE

PLEASE PRINT NAME

HOME SCHOOL RECOMMENDATION

Home School Students ONLY

1st - 12th Grades

2010-2011 School Year

Desert Christian Schools Admissions

7525 E. Speedway Blvd.

Tucson, Arizona 85710

K - 5th 520-885-4800 Fax 520-885-4265

6th - 8th 520-795-7161 Fax 520-795-3386

9th - 12th 520-298-5817 Fax 520-298-9312

DATE: _____

Applicants of all races, color, and national or ethnic origin are welcome to apply and are considered for admission without discrimination.

APPLICANT NAME: _____

APPLYING FOR GRADE _____

APPLICANT

Please sign below, then give this form with a stamped envelope to an adult outside your family who has known the applicant in a teaching/learning environment and has been actively involved in the instruction of the applicant during the past year. Remind the person that this evaluation is necessary in order to process your application.

I request that this report be sent to Desert Christian Schools Admissions (K-8). I understand your evaluation will be held in confidence by the school's authorities.

APPLICANT'S SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

GENERAL INFORMATION

What are the first words you would use to describe this applicant?

Are you aware of any special needs (academic or emotional) of this applicant?

Please complete both sides as soon as possible and return to Desert Christian Schools Admissions (K-12). This recommendation is required to process the application.

Please check the response that best represents your assessment of this applicant. If you have no fair basis of judgment, please indicate this as "unknown."

ACADEMIC CHARACTERISTICS

- Reading comprehension EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Writing skills EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Oral expression EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Math computational skills EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Math reasoning ability EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Initiative EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Inquisitiveness EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Critical thinking skills EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Dependability EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Work ethic EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN

PERSONAL CHARACTERISTICS

- Emotional maturity EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Integrity EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Self assurance EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Acceptance of others EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Respect for authority EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Respect for peers EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Responsibility EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Resiliency (reaction to setbacks) EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Positive influence on peers EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN
- Respected by others EXCELLENT GOOD AVERAGE BELOW AVERAGE UNKNOWN

PLEASE CIRCLE ONE

**HIGHLY
RECOMMEND**

RECOMMEND

**RECOMMEND
WITH RESERVATION**

**PLEASE
CALL ME**

SIGNATURE / PRINT NAME

DATE

RELATIONSHIP TO APPLICANT

PHONE NUMBER