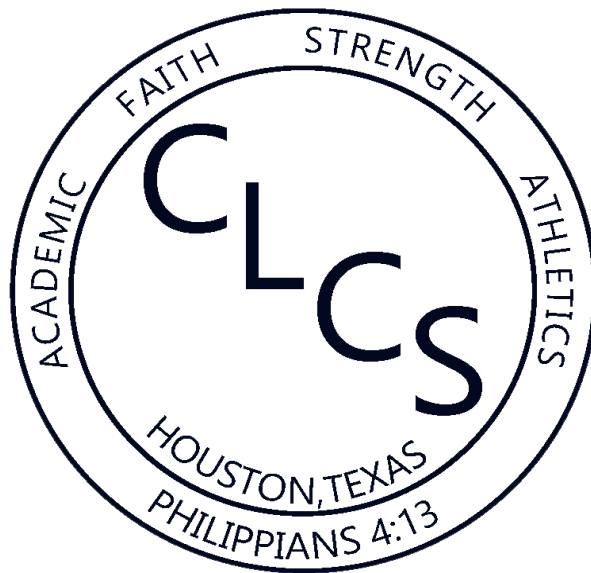
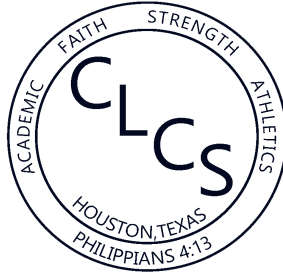


CLEAR LAKE CHRISTIAN SCHOOL STUDENT APPLICATION





Greetings,

Thank you for considering Clear Lake Christian School. Our mission is to develop our students into responsible, productive leaders of society by providing high quality spiritual, social and academic opportunities.

CLCS was founded in 1993, and has quickly become one of the best Christian schools in the United States. We proudly offer an American Program for Kindergarten through twelfth grade, and an International Program for ninth through twelfth grade. Our beautiful 100,000 square foot facility includes a 1,500-seat auditorium, drama theatre for plays and movies, large gymnasium, football stadium, science labs, computer labs, and much more. CLCS has something for every student interest, from Fine Arts, Drama, and Music Departments to a strong, high-energy Athletic Department.

We offer a College Preparatory Track, which includes advanced courses and dual credit classes that count for both high school and college credit. CLCS has an Advanced Ed accreditation. 100 percent of our students graduate, with our graduation to university ratio at 97.5 percent. CLCS graduates have gone on to the University of Oxford, Harvard University, Georgetown University, Penn State University, and many other major universities.

We invite you to visit our campus at any time. Please call ahead to arrange a tour and meeting with our friendly staff. Visit us on the web, where you can find more information about the CLCS experience:

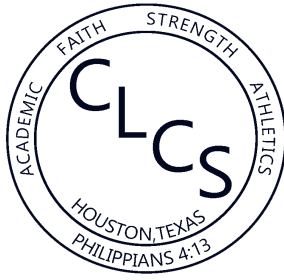
WWW.CLCS.TV

Thank You,
Admissions at Clear Lake Christian School

14325 Crescent Landing Drive Houston, TX 77062

Phone: 281-88-4883 FAX: 281-480-3287

WWW.CLCS.TV



CLEAR LAKE CHRISTIAN SCHOOL ADMISSION PROCESS

Thank you for considering Clear Lake Christian School for your child's education. Our thorough admissions process allows us to identify students who are a good fit for our program and who will be successful, not only academically but socially and emotionally as well. Depending upon the grade you are considering, the steps in our admissions process may vary somewhat. We recommend you view our website at www.clcs.tv and read the CLCS Parent/Student Handbook to get familiar with our school.

STEP I: Application Process

- To begin, we invite you to tour our campus so that you will have a personal connection to Clear Lake Christian School's teachers, curriculum and learning environment. We often find that the intangibles you experience on a campus tour help tell our school's story better than any other form of communication. During your initial visit to the campus, we will talk with you about your child and your expectations for his or her education. **We ask that parents complete the Student Application before moving further in the admissions process.** If you are not able to do this prior to your interview, applications will be available in the front office at the time of your tour. A notary is available in the Student Services Office for your convenience in completing these forms. **Please call our office at 281-488-4883 to set up a tour of the school with our Facility and Tour Director.**
- The following documentation must be turned in prior to or at the time of your meeting with the CLCS Director of Admissions: **completed Student Application; copy of latest report card; copy of high school transcripts; copy of birth certificate; copy of immunization records.**

STEP II: Evaluation Process

- The CLCS Director of Admissions will review your completed application and required documentation.
- A brief meeting will be scheduled to allow us to understand more about your family and you own educational philosophies. In some cases, a separate interview with the individual student or testing may be required. In most cases this can be done immediately following your tour.
- During the interview process, the CLCS Director of Admissions will go over the CLCS policies and procedures, required tuition and fees, payment options, as well as answer any questions you may have.

STEP III: Admission Process

- When you are ready to enroll, a non-refundable registration fee will be required and your application will be forwarded to the Admissions Committee where it will be reviewed for approval.
- Parents will be notified by the CLCS Director of Admissions of the child's approval for admission, non-approval, or placement on the waiting list.
- If your child is accepted to our program, we will carefully outline our expectations for your child so he or she will have a positive transition to CLCS.
- If the Admissions Committee does not approve your child for admission, your registration fee will be refunded.

NON-DISCRIMINATION POLICY: This school admits students of any race, color, and national or ethnic origin. Each student is granted the same rights and privileges, allowing all the same admissions policies, scholarship programs, athletics, and other school administered programs.



SCHOOL YEAR APPLYING FOR:

_____ - _____

STUDENT APPLICATION

PART I: STUDENT INFORMATION

1st Student: _____ SSN: _____ - _____ - _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

2nd Student: _____ SSN: _____ - _____ - _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

3rd Student: _____ SSN: _____ - _____ - _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

4th Student: _____ SSN: _____ - _____ - _____
Last First Middle (Name Called)

Student resides with: _____

Grade Level Applying for _____ Gender: _____ Birth Date: ____/____/____ Years at CLCS: _____

Co-Curricular activities, clubs, athletics: _____

Previous School Name: _____ Years attended: _____

PART II: FAMILY INFORMATION

Father _____ **Step Father** _____ **Grandfather** _____ **Guardian** _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City ST ZIP

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____
Street City ST ZIP

WORK PHONE: _____ POSITION HELD: _____

CHURCH HOME: _____ PASTOR'S NAME: _____

Mother _____ **Step Mother** _____ **Grandmother** _____ **Guardian** _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City ST ZIP

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____
Street City ST ZIP

WORK PHONE: _____ POSITION HELD: _____

CHURCH HOME: _____ PASTOR'S NAME: _____



FINANCIAL AGREEMENT

1st Student Name: _____ **Grade:** _____

2nd Student Name: _____ **Grade:** _____

3rd Student Name: _____ **Grade:** _____

REGISTRATION FEES – Registration fees are paid each year and are non-refundable. Registration fees will not be accepted without a completed Registration Packet.

TUITION RATES – Tuition rates are outlined in the yearly Tuition and Fees Schedule and included in the registration packet. Dual discounts are not allowed. Any discounts not outlined in the schedule (employee discounts, financial assistance, etc.) must be approved by the Financial Committee. Additional documentation will be required in these instances.

TUITION INSTALLMENTS – **Installment payments begin in July and end in April.** All installment plans must be set up **AND paid** through **FACTS MANAGEMENT via auto-draft**. Failed auto-draft payments will be charged a penalty fee in addition to a late fee if the payment is not resolved by the 20th of the month.

LATE ENROLLMENT FINANCIAL POLICY –

K-8	Enroll anytime during 1 st quarter:	Full Tuition due (no discount)
	Enroll anytime during 2 nd quarter:	20% reduction in Tuition
	Enroll anytime during 3 rd quarter:	40% reduction in Tuition
	Enroll anytime during 4 th quarter:	60% reduction in Tuition

9-12 Grade	Enroll anytime during 1 st semester:	Full Tuition due (no discount)
	Enroll anytime during 2 nd semester:	40% reduction in Tuition

WITHDRAWAL FINANCIAL POLICY –

K-8	Withdraw anytime during 1 st quarter:	40% tuition owed
	Withdraw anytime during 2 nd quarter:	60% tuition owed
	Withdraw anytime during 3 rd quarter:	80% tuition owed
	Withdraw anytime during 4 th quarter:	Full tuition owed

9-12 Grade	Withdraw anytime during 1 st semester:	60% tuition owed
	Withdraw anytime during 2 nd semester:	Full tuition owed

This policy exists because the hiring of teachers and staff and the ordering of textbooks and other classroom materials are based upon anticipated enrollment. Parents/Guardians will be expected to honor their commitment to the school. Requests for exceptions must be addressed to the Business Office, in writing, and will only be considered in extreme circumstances.

FINANCIAL AGREEMENT – Page 2

MISCELLANEOUS SCHOOL FEES – School statements (separate from FACTS statements) are generated monthly for miscellaneous fees such as tardy fees, dress code fees, etc. Payment is due in the business office upon receipt.

CURRICULUM OPTION FOR GRADES 9-12

_____ E-books only (included in cost of tuition)

_____ Physical Books only (included in cost of tuition)

_____ Physical Books and E-books (requires an additional charge as outlined in the Tuition and Fees Schedule)

PAYMENT OPTION:

_____ I will be **paying tuition in full** on or before the designated deadline.

_____ I will be **paying tuition per semester** on or before the designated deadlines.

_____ I will require an installment plan to be set up through FACTS Management. **As outlined in the Tuition and Fees Schedule, I understand there will be an additional monthly charge per student for this service, with the first payment due in July and the final payment due in April.**

MUST BE SIGNED IN FRONT OF A NOTARY

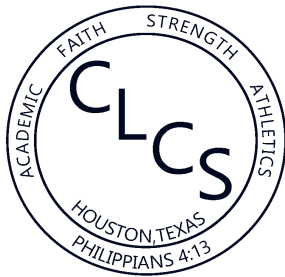
I have read, understand and agree to abide with the Tuition and Fees Schedule and the Financial Agreement

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



**PARENT/GUARDIAN PERMISSION AND MEDICAL RELEASE TO PROVIDE
EMERGENCY MEDICAL CARE ON CAMPUS AND FOR OFF CAMPUS EVENTS**

PART I: My child, _____ (full name of student), is now in my custody and under my authority. I hereby grant permission for my child, the above named student of CLCS, to participate in scheduled CLCS Off-Campus events throughout the _____ School Year. I understand I will receive prior notification of these events through standard CLCS communication processes and that transportation to these events will be provided by CLCS, and that CLCS staff, and/or administration, and/or employees will supervise these events.

I understand staff, administration, and employees have immunity under Texas Law, and are not liable for any accident or injuries that may occur to the above named student as a result of his/her participation on these trips, except as may be specifically provided by state law. I understand that my student will be required to comply with all CLCS standards of conduct and rules of behavior while on these trips, and that failure to do so will result in disciplinary action and/or exclusion from participation in the event and/or future events. I further hereby authorize a representative of CLCS to consent to medical treatment of the above named student in the event of an emergency during the trip.

Student is covered by an insurance policy _____ Yes _____ No

Insurance Company _____ Membership/Policy # _____

_____ I do _____ I do not authorize any such treating physician or medical personnel to administer blood or blood products to my child.

Hospital Preferred _____ Physician: _____ Phone: _____

MEDICAL HISTORY

Date of Birth: ____/____/____ Last Tetanus Date _____ Student wears contacts? ____Yes ____No

Allergies to medications _____

Other allergies _____

Daily medications _____

Pertinent information about illness, surgery, or chronic conditions: _____

Check if your child has had any of the following:

- | | | | |
|-----------------------|---------------------------|-----------------------------|---------------------------|
| _____ asthma | _____ diabetes | _____ frequent sore throat | _____ kidney disorder |
| _____ chicken pox | _____ frequent earaches | _____ frequent stomachaches | _____ hearing loss |
| _____ cerebral palsy | _____ frequent headaches | _____ muscular dystrophy | _____ rheumatic fever |
| _____ cystic fibrosis | _____ frequent nose bleed | _____ heart disease | _____ scarlet fever |
| _____ seizures | _____ surgery | _____ tuberculosis | _____ past skull fracture |
| _____ past concussion | _____ hepatitis | _____ mental disorders | _____ other: _____ |

EMERGENCY CONTACT INFORMATION:

1st: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
2nd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
3rd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER

PART II: MEDICATION RELEASE

The school supplies the items listed below which cannot be administered to students without parental consent. Please check only the items that you will allow to be administered. If your child is currently on a daily medication (i.e. Ritalin, Amoxicil, Penicillin, etc.), please consult with your doctor to make certain that none of the items listed below, when administered, will conflict, in any way, with the medication. This would also apply to any medication given throughout the school year. Medication will be given in compliance with the directions on the product.

- _____ Acetaminophen (i.e. Tylenol, etc.)
- _____ Ibuprofen (i.e. Advil, Motrin, etc.)
- _____ Antacid (i.e. Tums, etc.)
- _____ Benadryl
- _____ Insect Repellant

I am giving my permission for the health station attendant to give my child the medication I have indicated. I understand that I must provide all other medication prescription or non-prescription, if my child is to be given them at school. I further understand that all medication I send to school during the school year must be in the original container and will be accompanied by a written request which will include the following:

1. Date to be given
2. Student's name
3. Name of medication
4. Dosage (must include a physician's written direction if different from the recommended dosage of the manufacturer)
5. Time to be given or how often
6. Signature of parent or guardian

If these criteria are not met, I understand that the school reserves the right not to administer medication to my child. I understand that it is my child's responsibility to report to the designated area in the health station to take his/her medication. I also understand that all medications are to be turned in to the health stations and are not to be carried in the student's possession or stored in his/her locker.

I hereby indemnify Clear Lake Christian School and hold it harmless on behalf of myself, my spouse, if any, and my child against any and all loss, damage (economic or otherwise), health care provider or emergency transportation expense, or other costs and expenses, including but not limited to reasonable compensation of employees, agents and counsel in defending itself against claims or liabilities, arising out of or related to the administration of medication as requested and authorized herein, unless it is proved that CLCL staff members or volunteers acted willfully or in reckless disregard of my child's health.

(Unless this form is dated, signed, and properly completed, your child will not be given medication during the school year.)

MUST BE SIGNED IN FRONT OF A NOTARY

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



MEDIA/INFORMATION RELEASE

STUDENT NAME: _____
Last First Middle

By enrolling at Clear Lake Christian School (CLCS), students and their parents/guardians acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations, including those of student taken or created by CLCS (including without limitation any taken by any photographer or videographer paid by or volunteering for CLCS) during or related to the current attending School Year, are the sole property of CLCS and may be used in future CLCS publications, web pages, promotions, advertisements, and exhibitions (or any other person authorized to use such images by CLCS) without the need of any additional permissions from the student or guardian. By enrolling at CLCS, students and their guardians agree to release and waive for the student, and anyone claiming through the student, all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights related to the rights granted by the student to CLCS. Photographs and other personally identifiable information, such as age or name, may be published by CLCS in any future publications, web pages, promotions, advertisements, or exhibits. By enrolling at CLCS, parents/guardians agree to release CLCS and its agents and waive for the student all claims based on right of privacy, publicity, and any other intellectual property rights.

Parents/guardians may opt-out of this media/information release without affecting their child's enrollment at CLCS by requesting a Media/Information Waiver Form from the School Administrator.

I consent and agree, individually and, as a parent or guardian of the student names above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

MUST BE SIGNED IN FRONT OF A NOTARY

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



PARENT/GUARDIAN COMMUNICATION FORM

E-Blasts are CLCS's main form of communication. The administrative office will communicate news regarding school events and other pertinent information. Our teachers also utilize e-mail as their first line of communication with parents. Please check your e-mail regularly to ensure you are aware of the things happening at your child's school and in your child's academic world. The information that you provide below will go directly to each of your child/children's teachers and the administrative office. Thank you in advance for assisting us in making Clear Lake Christian School's Mission not just a philosophy but a reality.

"Our mission is to develop Christian individuals who are responsible, productive members of our society by providing quality academic, social, spiritual, and physical fitness opportunities through teaching, guiding, training, and inspiring today's youth in the active pursuit of wisdom."

STUDENT NAME: _____ **GRADE:** _____

Student Cell Phone: _____ Student e-mail address: _____

Father _____ **Step Father** _____ **Grandfather** _____ **Guardian** _____

NAME: _____
Last First Middle

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____ **POSITION HELD:** _____

Mother _____ **Step Mother** _____ **Grandmother** _____ **Guardian** _____

NAME: _____
Last First Middle

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____ **POSITION HELD:** _____

CLCS GUIDELINES

The current School Year Parent/Student Handbook for Clear Lake Christian School (CLCS) is available online at WWW.CLCS.TV to all students and parents/guardians. It is required that parents/guardians read the handbook and go over the rules with their child(ren) prior to the first day of school.

- I support the mission, vision, and policies as outlined in the CLCS Parent/Student Handbook, understanding that while I may not always agree with a rule or policy, my support is still necessary and doing so will teach my children to respect the authority placed in their lives by God.
- I will pay tuition on time based on my financial agreement with CLCS. I agree to the penalties of late payments as outlined in the CLCS Financial Agreement Form.
- I will support CLCS in all matters of discipline and dismissal as outlined in the CLCS Parent/Student Handbook, including the payment of discipline fines for tardy, dress code, and electronic device infractions.
- I agree to share any problem or concern directly with the people (teacher, volunteer, Principal, etc.) who are directly a part of the problem or directly responsible for the solution. Gossip is destructive and divisive. I will not encourage it by listening to the offense of another person. (Matthew 18:15-16)
- I realize that CLCS is a supplement, not a substitute, for a Godly home and family. CLCS highly promotes regular church attendance and a personal relationship with Jesus Christ for all their students and families.
- I will contact the administration of the school directly by phone or in person with any reasons for withdrawal from the school.
- I will submit to a criminal check if I volunteer to work directly with students.

MUST BE SIGNED IN FRONT OF A NOTARY

I understand the rules set forth in the CLCS Parent/Student Handbook and agree to have my child(ren) adhere to all rules and policies stated therein.

Parent/Guardian Signature: _____ Date: _____

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this _____ day of _____, 20_____.

Notary Public in and for the State of Texas

My commission expires: _____



STUDENT CODE OF CONDUCT

- I understand that by enrolling as a student at Clear Lake Christian School, I am accepting all school policies – those outlined in the Parent/Student Handbook, those established by the school administration, and those established in the individual classroom.
- I shall adhere to the CLCS Standardized Dress Code and Attendance Policy as administered by the school to promote excellence in character and development.
- I realize that I am expected to put forth my best effort in homework, in preparation for quizzes and tests, and in special academic projects.
- I understand that communication and interaction between parents, students, faculty, and administration is encouraged. Communication should be carried on in a constructive and Biblical manner.
- I shall refrain from the following destructive behaviors regarding the use of my words:
 - o Gossiping (repeating information about others that is not my concern or not edifying, whether true or untrue)
 - o Slander (repeating information about others that is untrue)
 - o Mockery (disdainful or disrespectful talk about other students, those in authority, the church, or scriptural principles)
 - o Profanity, Obscenity, Vulgarity, and/or Offensive Slang
- I shall not lie, cheat, or steal. I am not only expected to adhere to this policy, but also to promote and encourage my peers to do the same.
- I understand that CLCS has standards of sexual conduct and social behavior that are based on Biblical guidelines rather than those of the culture, the popular media, or peer groups. I shall govern my behavior to hold to these standards.
- I shall not, at any time, use or possess drugs, tobacco, alcohol, or pornography since these are certain destroyers of self-discipline, self-control, and definitely against God’s plan for Christian people.
- I understand that the sovereignty of Jesus Christ is challenged by various forms of alternative teachings (i.e. occult practices/teachings, etc). I shall not be involved in these areas, and I shall not promote their practice among other students,
- I shall maintain Christian standards of courtesy and kindness in the way I treat others, I shall show respect for my fellow students and the staff in my speech, attitudes, and actions.

Clear Lake Christian School’s Student Code of Conduct is established as a means of communicating the lifestyle standards agreed upon for our students and by our students. Each standard addresses choices that students are capable of making and acting upon as individuals. The expectations apply to CLCS students whether the student is on or off campus. An unwillingness to make one’s best effort to meet these standards also implies a choice to not continue as a student of Clear Lake Christian School.

Student’s Name (Printed)

Date

Student’s Signature

Date