

OVERLAND CHRISTIAN SCHOOLS

Junior High/High School Application for Admission

Application Fee - \$25 (\$50 after June 30)

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Gender: M F Birthdate ____/____/____ Age ____ S.S. # ____-____-____

Grade Entering ____ Semester: Fall Spring 20____ Date: ____/____/____

Previous School Attended _____

Address _____
(Street) (City) (State) (Zip Code)

PARENT/LEGAL GUARDIAN INFORMATION

Father/Legal Guardian

Name _____ Employer _____

Home Phone: () ____-____ Work Phone: () ____-____

Cell Phone: () ____-____ E-mail Address _____

Mother/Legal Guardian

Name _____ Employer _____

Home Phone: () ____-____ Work Phone: () ____-____

Cell Phone: () ____-____ E-mail Address _____

Home Church _____ Does your family attend weekly? YES NO

Pastor _____ Phone Number: () ____-____

Will you insist that this student comply with all the rules of OCS? YES NO

Do you guarantee payment of this student's school expenses? YES NO

How do you plan to pay? Full Payment By Semester Through F.A.C.T.S.

Parent's Signature _____ Date _____

TRANSPORTATION INFORMATION

Students who drive to school should give vehicle description and license number below.

(Make) (Model) (Color) (License Number)

Please list the name(s) of any person(s) who should not be allowed to transport your child.

EMERGENCY INFORMATION

Emergency Contact Person (if parent/legal guardian cannot be contacted)

Name _____ **Relationship** _____

Home Phone: () _____ - _____ **Work Phone:** () _____ - _____

Cell Phone: () _____ - _____

Family Doctor _____ **Phone Number:** () _____ - _____

KC Area Hospital Preference _____

Insurance Company _____ **Policy Number** _____

(Optional)

I authorize a representative of Overland Christian School to dispense the following over-the-counter medication to my child for minor pain or discomfort as needed:

Acetamenaphin Ibuprofen Naproxem Sodium _____

I understand that Overland Christian School and its personnel assume or accept no liability for dispensing the above mentioned medications.

Parent's Signature _____ **Date** _____

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Date Application Received ___/___/___ **Date Transcript Received** ___/___/___

Reference Letters Requested _____ **Date References Received** ___/___/___

Placement Testing Required _____ **Test Results** _____ **Date** ___/___/___

Principal Approval _____ **Date** ___/___/___

Business Office Approval _____ **Date** ___/___/___

Accepted _____ **Denied** _____ **Date Letter Mailed** ___/___/___

Provisional Acceptance _____ **Conditions** _____

OVERLAND CHRISTIAN SCHOOLS

Junior High/High School Personal Information Form

CHRISTIAN CHARACTER AND PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Have you ever been expelled from school? YES NO

(If yes, please explain in this space.) _____

Have you ever smoked or tried alcoholic beverages or other drugs? YES NO

(If yes, please explain in this space.) _____

Are you a born-again Christian? YES NO

Please give a brief statement about your current spiritual condition.

Do you personally want to attend Overland Christian Schools? YES NO

(Please explain in this space.) _____

Do you agree to abide by all the rules and regulations of OCS? YES NO

Student's Signature _____ Date _____

Academic Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to a previous educator (teacher or principal). Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Age _____ Grade Entering: 6 7 8 9 10 11 12 Semester: Fall Spring 20_____

I willingly waive my right of access to this letter of reference once it is filed.

Signature _____ Date: ____/____/____

To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

1. How long have you known the applicant? _____

How well? slightly casually well

In what relationship? _____

2. Do you consider the applicant to be a sincere Christian? Yes No

3. Are you related to the applicant? Yes No

4. Do you recommend this applicant for admission?

Yes, with confidence. Yes, with the following reservations. No. (Please explain.)

5. To your knowledge, has the applicant ever been expelled or suspended from any school?

Yes No

6. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

No Yes (explain) _____

Please rate the applicant by circling the category that best describes him or her.

COOPERATION Willingness to work with people in various capacities	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONAL STABILITY Reactions in various situations when stress is likely	Very stable	Fairly Stable	Easily elated or depressed	Unresponsive	Not observed
INITIATIVE Ability to see things that need to be done; resourcefulness; assertiveness	Seeks additional tasks	Willingly does more than expected	Does assigned tasks	Needs prodding	Not observed
JUDGEMENT AND COMMON SENSE Ability and foresight in decisions in everyday situations	Sound decisions	Fair deductions	Poor results	Lacks ability	Not observed
LEADERSHIP Ability to lead others	Consistently a leader	Usually a leader	Leads occasionally	Seldom or never leads	Not observed
ACCEPTANCE BY OTHERS Mannerisms and appearance; general impression on others	Well liked	Accepted	Tolerated	Rejected	Not observed
RELIABILITY Dependability, willingness, and consistency	Conscientious	Usually reliable	Erratic	Unreliable	Not observed
INFLUENCE Consider both positive and negative influence on others	Unusually wholesome	Consistently good	Varying influence	Passive, or negative	Not observed
COMMUNICATION SKILLS Ability to present thoughts with logic and clarity	Outstanding	Good	Has difficulty	Unable to communicate clearly	Not observed
WORK ETHIC Punctual, present, and committed to goals; uses time well	Excellent	Good	Erratic	Has difficulty	Not observed
RESPECT FOR AUTHORITY Response to and attitude toward established authority	Unusually respectful	Good attitude	Indifferent to authority	Shows disrespect	Not observed

Signature _____ Date _____ / _____ / _____

Print Name _____ Title _____

Name of Organization _____

Address _____

City, State, Zip _____

Phone (_____) _____ - _____ E-mail address _____

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Pastor/Youth Pastor Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to the pastor or youth pastor of your church. If the pastor is a relative, is new and therefore does not know you well, or if your church does not currently have a pastor, give this form to a church leader. Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Age _____ **Grade Entering:** 6 7 8 9 10 11 12 **Semester:** Fall Spring 20_____

I willingly waive my right of access to this letter of reference once it is filed.

Signature _____ **Date:** ____/____/____

To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

1. How long have you known the applicant? _____

How well? slightly casually well

In what relationship? _____

2. Do you consider the applicant to be a sincere Christian? Yes No

Are the applicant's activities distinctively Christ-honoring? Yes No

3. Are you related to the applicant? Yes No

4. Has the applicant been consistent in attendance at church? Yes No

In what church activities has the applicant participated? _____

5. Do you recommend this applicant for admission?

Yes, with confidence. Yes, with the following reservations. No. (Please explain.)

6. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

No Yes (explain) _____

Please rate the applicant by circling the category that best describes him or her.

COOPERATION Willingness to work with people in various capacities	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONAL STABILITY Reactions in various situations when stress is likely	Very stable	Fairly Stable	Easily elated or depressed	Unresponsive	Not observed
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Signature _____ Date ____/____/____

Print Name _____ Title _____

Name of Organization _____

Address _____

City, State, Zip _____

Phone (____) _____ - _____ E-mail address _____

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Character Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to an adult who knows you well. Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Age _____ Grade Entering: 6 7 8 9 10 11 12 Semester: Fall Spring 20_____

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5. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

No Yes (explain) _____

Please rate the applicant by circling the category that best describes him or her.

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Signature _____ Date ____/____/____

Print Name _____ Title _____

Name of Organization _____

Address _____

City, State, Zip _____

Phone (____) _____ - _____ E-mail address _____