



## STUDENT APPLICATION 2019-2020

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Month/Day/Year

Current Age: \_\_\_\_\_ Sex: Male  Female  Grade to Enter: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Main Phone #: \_\_\_\_\_ Student lives with: Both Parents  Father  Mother  Guardian   
Circle One

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Student Email: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address Telephone #

Name of Church Attending: \_\_\_\_\_

Please describe any medical conditions, medications needed. Does the student have an IEP or diagnosed learning challenge/difficulties:  Yes  No If yes, please explain on reverse side and/or submit documentation.

Has the student ever been denied admission to a school, suspended or asked to withdraw?  Yes  No  
 If yes, please explain on reverse side:

**On a separate piece of paper briefly state why you would like your child(ren) to attend CSCL.**

MorningStar Fellowship Attending & Tithing Member:  Yes  No Military:  Yes  No  
(Immediate family only ~ parent/guardian of child)

In order to process your application, please include the **\$250** application & testing fee (non-refundable) along with current report card, and pastoral reference form. **Your application will not be considered without payment.**



## Tuition Payment Policy (2019-2020)

1. Please send tuition payments to:  
**Comenius School for Creative Leadership**  
**8160 Regent Parkway, Fort Mill, SC, 29715**  
Payments can be mailed, handed in directly to the office, or paid online through the RenWeb site.
2. All accounts must be kept current for the child(ren) to continue attending CSCL.
3. Payments are due the **first** of every month. If payments are **not** paid on or by the **fifth** of the month, a late fee of **\$20** will be charged.
4. When accounts become more than two months past due, the child(ren) will no longer be able to attend CSCL until the accounts are brought current; or arrangements have been made to bring them current that have been agreed to by the administration of CSCL. **It is the parent's responsibility to communicate with the CSCL Administration if there are problems with tuition payments.** We understand that situations can change, and we are willing to work with you to help you out.
5. All parents are required to sign the **CSCL Tuition Covenant** in order for students to be actively enrolled. **Covenant signature is required** at the beginning of each year of enrollment.
6. Any outstanding tuition fees/past due accounts at the end of the school year will prevent your child(ren) from being re-enrolled and receiving a report card. For graduating seniors, diploma, NCAA paperwork and/or transcripts will be withheld until payments are made in full. This policy of full payment for transcript release also applies to students transferring to another school.
7. Scholarships are available to students who have completed at least one full school year at CSCL. A scholarship application must be filled out. Under **no** circumstances will scholarships be given to first year families. Remit by **May 31st** for the upcoming school year.
8. **TUITION PRICES FOR THE 2019-2020 SCHOOL YEAR ARE AS FOLLOWS:**
  - 1<sup>st</sup> Child: **\$6,975**
  - 2<sup>nd</sup> Child: **\$5,975**
  - 3<sup>rd</sup> Child: **\$4,975**
  - 4<sup>th</sup> Child: **\$3,975**
  - Addn'l Child(ren): **\$3,425**
9. **DISCOUNTS**
  - **10%** MorningStar Church Member discount (Must attend regularly and tithe to MStar)
  - **10%** Military discount (Immediate Family only-parent/guardian of child)
  - **5%** discount is applied to accounts paid in full by **July 15, 2019**
10. **PAYMENT PLAN OPTIONS**
  - 12 Month July –June
  - 10 Month August –May
11. **NEW STUDENT FEES**
  - A **\$250** Application & Testing Fee per child must accompany a new application before it will be processed.
  - Application & Testing Fees are **\$450** each per student for new students enrolling after **August 6<sup>th</sup>** until **September 30<sup>th</sup>**.
12. **RETURNING STUDENT FEES**

A **non-refundable** re-enrollment fee of **\$125** first child, **\$75** each additional child, is charged for returning families. These fees are discounted by **50%** if paid before **May 1<sup>st</sup>**.
13. **A NonRefundable / Non-Discountable Materials/Yearbook/ Freedom Week Fee** per child is charged every year.
  - **\$495** per child in grades K - 6
  - **\$595** per child in grades 7 -12
  - **Due in full by August 1<sup>st</sup>**.
14. Tuition refunds may not be given to a student who has been asked to withdraw or has been expelled. Prorated refunds *may* be issued to students who voluntarily withdraw, but refunds are given *only* for full semesters not attended. No refunds after **February 29, 2020**.



**PASTORAL REFERENCE FORM**

Name of Student: \_\_\_\_\_

Reference Submitted By: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

So that we may process this student's application to the Comenius School for Creative Leadership, please provide us with the following information. We appreciate your honest assessment of the student's strengths and weaknesses. Your response will remain confidential.

1. What is your relationship to the student? \_\_\_\_\_

2. How long have you known the student? *(Please circle)*

Less than 1 year      1-3 years      4-7 years      7 years or more

**Character & Qualities**

*Please circle the appropriate response.*

	Never	Rarely	Sometimes	Often	All the Time
Demonstrates Leadership	1	2	3	4	5
Encourages those around them	1	2	3	4	5
Willingness to help/Servanthood	1	2	3	4	5
Involvement with Youth Events	1	2	3	4	5
Involvement in the Community	1	2	3	4	5
Operates in Spiritual Giftings	1	2	3	4	5
Demonstrates passion for the Lord	1	2	3	4	5

**(OVER)**

	Poor	Fair	Good	Very Good	Excellent
Knowledge of Scriptures	1	2	3	4	5
Desire for Excellence	1	2	3	4	5
Passion for God	1	2	3	4	5
Self Discipline	1	2	3	4	5
Respect for Authority	1	2	3	4	5
Respect for Others	1	2	3	4	5
Works well with others	1	2	3	4	5
Positive influence on peers	1	2	3	4	5
Motivation	1	2	3	4	5
Creativity/original thought	1	2	3	4	5

Please provide any further information that would be helpful in assessing this student's application to the Comenius School for Creative Leadership:

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**We appreciate your taking the time to fill out this reference form. Please note that this application will not be processed until this reference form is returned to us.**

Kindly return completed form to us by either mail, fax or email as indicated below:

Comenius School for Creative Leadership  
8160 Regent Parkway  
Fort Mill, SC 29715

Phone: (803) 547-3223 Fax: (803) 547-7810

Email: [admin@comeniusschool.com](mailto:admin@comeniusschool.com)



## TRANSCRIPT REQUEST FORM

**Name of Student:** \_\_\_\_\_  
Last First Middle

**Former School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Fax:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Attention To:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The student listed above has registered at the Comenius School for Creative Leadership. Please release a transcript of all **courses, grades, credits, standardized test scores**, as well as immunization and attendance records if available. A copy of the **grading scale** and a counselor's name and phone number are also requested.

Please send information to: Comenius School for Creative Leadership  
8160 Regent Parkway  
Fort Mill, South Carolina 29715  
Attention: Sandy Woods

If desired, you may fax the records to (803) 547-7810 or email to [admin@comeniusschool.com](mailto:admin@comeniusschool.com)

Thank you for assistance in this matter.

Sincerely,

Sandy Woods  
Principal

Consent for release of information to Comenius School for Creative Leadership granted by:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date