



JIM ELLIOT

CHRISTIAN HIGH SCHOOL

APPLICATION FOR ADMISSION: 2020-2021

2695 West Vine Street, Lodi, CA 95242
Office: (209) 368-2800 | Fax: (209) 333-5208

Grade Applying for: _____

STUDENT'S NAME: _____
Last First Middle Name Used
 Please print name exactly as it should appear on all permanent records

Date of Birth: ____/____/____ Place of Birth _____ Male Female Social Security # ____/____/____

Name of Parents or Guardian _____

Present Address: _____
Address City State Zip

Home Phone _____ Mom's Cell Phone _____ Dad's Cell Phone _____ Student's Cell Phone _____

Applicant lives with: (check all that apply)
 Father Stepfather Grandparent
 Mother Stepmother Guardian

Check any that apply: Applicant's
 Parent is deceased Parents are divorced
 Special Custody Issue Parents are separated

Father's Name: _____
Last First

Mother's Name: _____
Last First

Father's Occupation: _____ Mother's Occupation: _____

Firm Name: _____ Firm Name: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Father's Email: _____ Mother's Email: _____

School applicant is attending/last attended: _____
School Name School District

_____ School Address City State Zip Phone Number

Please list siblings below:

Name	M/F	Age	School /Occupation	Elliot Attendee	Elliot Alumni

Are you planning for any of these siblings to apply to Jim Elliot Christian High School in the future? Yes No
 Are you alumni of Elliot? ____ If so what year did you graduate _____ Maiden Name (if applicable) _____

Name of relative, now or previously, enrolled at Elliot _____
Name Relationship to Applicant

Has applicant ever been retained? Yes No (If yes, please explain.)

Has applicant ever been tested or received services for a reading or learning difficulty? Yes No
(If yes, please discuss the results and include a copy of the report.)

Has the applicant ever been eligible for special education services?
 Yes No (If yes, please explain.)

Does the applicant regularly require medication? Yes No (If yes, please explain.)

Has the applicant ever received severe disciplinary censure at school or from the community (i.e., suspension, expulsion, arrest, community service, etc.) Yes No (If yes, please explain.)

Parents: why do you desire for your child to attend Jim Elliot Christian High School?

Family's Church : _____

Pastor's Name: _____ Phone Number _____

Years in Attendance: _____ How often does your family attend this church? Weekly Monthly Occasionally

Please check the appropriate boxes:

- Applicant participates in church's youth group
 Applicant attends worship service regularly Dad attends worship service regularly Sunday School or Bible Study
 Applicant attends Sunday School/Bible Study Mom attends worship service regularly Sunday School or Bible Study
 Applicant serves at church (position/s)?

References (must be submitted before Interview):

Please list the three people to whom you have given reference forms. (They may not be related to the applicant.) References must be turned in with application in a sealed envelope with signature of person making the reference across the envelope seal. Home-schooled students who have questions about securing references should contact the Elliot office immediately.

Character Reference: Name _____ Phone _____
Address: _____ City: _____ State: _____ Zip Code _____

Mentor Reference: Name _____ Phone _____

Teacher Reference: Name _____ Phone _____

Other Important Information

We first learned of Elliot through:

- Student(s) currently enrolled Alumni Minister/Pastor Newspaper
 Parents of Elliot student Web Search Other _____

The top factors most influencing us to apply at Elliot are:

- Location Academics Christian philosophy Dissatisfaction with public schools
 Teachers Safety Positive school environment Desire to attend private school
 Recommendations of Elliot families Strength of extracurricular programs

In order to keep grandparents of our current students informed about school activities, they will receive the school's newsletter and invitations to special events. If you would like this, please provide the following information (esp. emails):

First Name	Last Name	Address	City	State	Zip	Email
First Name	Last Name	Address	City	State	Zip	Email
First Name	Last Name	Address	City	State	Zip	Email

PARENTAL COMMITMENT

- A. In case of emergency, illness or accident to my child, the school is authorized to take my child to an emergency hospital or licensed physician. The school will notify me as soon as possible. I understand that I am responsible for any medical expenses incurred.
- B. I give permission for my child to take part in all school activities including school sponsored field trips and social events away from the school premises and absolve the school from liability to me or my child because of injury to my child at school during any activity or while being transported to or from events.
- C. I have read and understand the Tuitions and Fees and agree to be personally responsible for tuition and other expenses incurred by the school on behalf of my student.
- D. I grant permission to the school to use any photographs taken in the normal course of the school year and displayed in the school yearbook and advertising/promotional materials, including but not limited to brochures, social media, and the website. *Please initial here* _____
- E. I recognize that attendance at Jim Elliot Christian High School is a privilege, not a right; therefore, I recognize that if my student does not abide by the standards of Elliot, the school reserves the right to suspend or expel him/her from school.
- F. I agree to support and abide by the school policies and procedures.
- G. I will loyally support Elliot by donating time and/or money as I am able.
- H. I will support the faculty and administration of the school and agree to make every effort to resolve conflicts in a professional manner.
- I. I have read and accept the above statements and will abide by the rules, regulations and decisions set forth by Elliot.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

STUDENT COMMITMENT

- A. It is my desire to attend Elliot. I recognize that attendance at Elliot is a privilege, not a right; therefore, I recognize that if I do not abide by the standards of Elliot, the school reserves the right to suspend or expel me from school.
- B. I agree to support and abide by the school policies and procedures.
- C. I will support the faculty and administration of the school and agree to make every effort to resolve conflicts in a professional manner.
- D. I understand that the standards of Elliot do not tolerate profanity, vulgarity, obscenity, racial remarks in word or action, dishonor to God and the Word of God, taking the Lord's name in vain, disrespect to the personnel of the school or parents, or continued disobedience to the established policies of the school.
- E. I understand the expulsion is probable for the following offenses when occurring at any time: involvement with drugs, involvement with alcohol, gang affiliation, threat of harm to staff or students, possession of any weapon on campus, and sexual immorality.

Student Signature: _____ Date: _____



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STUDENT QUESTIONNAIRE

2695 West Vine Street, Lodi, CA 95242
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Student's Name: _____
Please type or print in blue or black ink

Is it your personal desire to attend Elliot? _____
Why? _____

What goals do you hope to achieve in high school?

Do you have friends or acquaintances currently attending Elliot? _____
Who? _____

Have you had any difficulties with students or teachers in previous schools? _____
If yes, explain. _____

Do you plan to attend college after graduation from high school? Yes No Not Sure

Do you have a chosen career or field in mind?

In which programs have you participated in the past?

Sports _____ Band, Instrument? _____
 Choir Drama Student Council Chapels Missionary Outreach

Which programs would you be interested in participating while at Elliot?

Sports Drama Student Council Chapel/Band Missionary Outreach

What are your favorite subjects or classes in school?

What are your least favorite subjects or classes in school?

What hobbies or activities do you enjoy outside of school?

Are you involved in a local church? _____, Church Name: _____

If so, in what way?

What do you think are two of your strengths?

1. _____

2. _____

What do you think are two of your weaknesses?

1. _____

2. _____

What is your stance (opinion) on alcohol or illegal drugs?

Do you believe in Jesus Christ? If so, who is He to you?

Tell us about yourself. You may include information about where you've lived, your travels, your hobbies, your friends, your family and your community involvement.



We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).

We believe there is only one God, eternally existent in three persons- Father, Son and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).

We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4:15, 7:26), His miracles (John 2:11), His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His resurrection (John 11:25, I Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory (Acts 1:11, Revelation 19:11).

We believe in the creation of man by the direct act of God (Genesis 1:26-28, 5:1-2).

We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19, 5:24, Romans 3:23, 5:8-9, Ephesians 2:8-9, Titus 3:5.)

We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28).

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14, I Corinthians 3:16, 6:19-20, Ephesians 4:30, 5:18).

We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life; they that are lost unto the resurrection of damnation (John 5:28-29).

Jim Elliot Christian High School's Biblical role is to work in conjunction with the home to mold students to be Christ-like. On occasion, the atmosphere or conduct within a particular home may be in opposition to the Biblical lifestyle the school teaches. This includes, but is not necessarily limited to, sexual immorality, homosexual orientation, or inability to support the moral principles of the school. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student.

Upon reading the Jim Elliot Christian High School Statement of Faith, I understand that I will be exposed to these teachings and will be open to learning more about them.

Student Signature

Date

Parent Signature

Date



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VOLUNTEER QUESTIONNAIRE

2695 West Vine Street, Lodi, CA 95242
Office: (209) 368-2800 | Fax: (209) 333-5208

Student's Name: _____
Please type or print in blue or black ink

Parent involvement is a vital component to our school's culture and a key way for parents to be active in the education of our students. **Please note that hours of service below count towards our 40hr. household requirements.** Please indicate at least one of the following that would be of interest to you:

- Student Store
- Lunch pick-up/drop off
- Lunch Duty – pass out lunch
- Parent Club
- Fundraising
- Coaching _____
- Construction (either materials or skills)
Please indicate which skills or materials _____
- Campus Improvement Days
- Other, please specify _____

Parent Signature _____ Date _____



JIM ELLIOT

CHRISTIAN HIGH SCHOOL

Character Reference

2695 West Vine Street, Lodi, CA 95242
Office: (209) 368-2800 | Fax: (209) 333-5208

_____ has applied to Jim Elliot Christian High School.
GRADE ENTERING _____ APPLICANT'S NAME _____

Your candid estimate of this student's character and academic ability will help us in our admission process. All information you provide will be held in strict confidence. We thank you for your cooperation and ask that this form be returned to the student as soon as possible in a sealed envelope with your signature across the seal.

Jim Elliot Christian High School (Elliot) is an independent, nondenominational, private Christian high school. We offer an intellectually challenging curriculum within a Christian environment. Elliot values academic potential and achievement as well as creativity, strong motivation, and respect for others.

PLEASE WRITE AN APPRAISAL OF THIS APPLICANT'S CHARACTER, MATURITY, INDEPENDENCE, TALENTS, RELIABILITY AND PERSONAL INTERESTS.

IS THE APPLICANT ACTIVELY INVOLVED IN THE COMMUNITY? _____

Please describe: _____

CHARACTER EVALUATION

1. Maturity Level Exceptional Above Average Average Marginal No Observance
2. Initiative, Drive Exceptional Above Average Average Marginal No Observance
3. Leadership Exceptional Above Average Average Marginal No Observance
4. Respect for Authority Exceptional Above Average Average Marginal No Observance
5. Community Involvement
- Quality: Exceptional Above Average Average Marginal No Observance
- Quantity: Exceptional Above Average Average Marginal No Observance
6. Parental Support Exceptional Above Average Average Marginal No Observance
7. Peer Relationships Exceptional Above Average Average Marginal No Observance
8. Emotional Stability Exceptional Above Average Average Marginal No Observance
9. Academic Summary Exceptional Above Average Average Marginal No Observance
-

IN COMPARISON TO OTHER YOUTH THE SAME AGE, HOW DO YOU REGARD THE APPLICANT'S

	Exceptional	Above Average	Average	Marginal
ACADEMICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ How long have you known the applicant? _____
PLEASE PRINT

Title: _____ In what capacity? _____

Contact Phone Number: _____ Contact Email Address: _____

Signature: _____ Date: _____



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Mentor (Non-Family) -
Coach/Pastor/Administrator etc...

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GRADE ENTERING _____ APPLICANT'S NAME

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PLEASE WRITE AN APPRAISAL OF THIS APPLICANT'S CHARACTER, MATURITY, INDEPENDENCE, TALENTS, RELIABILITY AND PERSONAL INTERESTS.

IS THE APPLICANT ACTIVELY INVOLVED IN THE COMMUNITY? _____

Please describe: _____

CHARACTER EVALUATION

- | | | | | | |
|--------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|--|
| 1. Maturity Level | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 2. Initiative, Drive | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 3. Leadership | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 4. Respect for Authority | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 5. Community Involvement | | | | | |
| Quality: | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| Quantity: | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 6. Parental Support | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 7. Peer Relationships | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 8. Emotional Stability | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
| 9. Academic Summary | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Marginal | <input type="checkbox"/> No Observance |
-

IN COMPARISON TO OTHER YOUTH THE SAME AGE, HOW DO YOU REGARD THE APPLICANT'S

	Exceptional	Above Average	Average	Marginal
ACADEMICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ How long have you known the applicant? _____
PLEASE PRINT

Title: _____ In what capacity? _____

Contact Phone Number: _____ Contact Email Address: _____

Signature: _____ Date: _____



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CHRISTIAN HIGH SCHOOL

Teacher Reference

2695 West Vine Street, Lodi, CA 95242
Office: (209) 368-2800 | Fax: (209) 333-5208

_____ has applied to Jim Elliot Christian High School.
GRADE ENTERING _____ APPLICANT'S NAME

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PLEASE GIVE YOUR PERSPECTIVE AS TO THE APPLICANT'S ABILITY TO SUCCESSFULLY HANDLE A COMPREHENSIVE COURSE OF STUDY.

PLEASE WRITE AN APPRAISAL OF THIS APPLICANT'S CHARACTER, MATURITY, INDEPENDENCE, TALENTS, RELIABILITY AND PERSONAL INTERESTS IN THE SCHOOL AND CLASSROOM.

PLEASE DESCRIBE HOW THIS APPLICANT'S PARENTS HAVE BEEN INVOLVED IN THE SCHOOL.

HAS THE APPLICANT EVER BEEN SUSPENDED OR EXPELLED FROM YOUR SCHOOL? IF YES, EXPLAIN:

Attendance Record: Regular Irregular

TEACHER'S EVALUATION

1. Academic Ability Exceptional Above Average Average Marginal No Observance
2. Initiative, Drive Exceptional Above Average Average Marginal No Observance
3. Leadership Exceptional Above Average Average Marginal No Observance
4. Respect for Authority Exceptional Above Average Average Marginal No Observance
5. Extra Activities Exceptional Above Average Average Marginal No Observance
6. Parental Support Exceptional Above Average Average Marginal No Observance
7. Peer Relationships Exceptional Above Average Average Marginal No Observance
8. Emotional Stability Exceptional Above Average Average Marginal No Observance
9. Academic Summary Exceptional Above Average Average Marginal No Observance
-

IN COMPARISON TO OTHER YOUTH THE SAME AGE, HOW DO YOU REGARD THE APPLICANT'S

	Exceptional	Above Average	Average	Marginal
ACADEMICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ How long have you known the applicant? _____

Title: _____ What courses did you teach the applicant? _____

School: _____ What grades did you teach the applicant? _____

School Phone Number: _____ What grades did the applicant receive from you? _____

Signature: _____ Date: _____