



# JIM ELLIOT

CHRISTIAN HIGH SCHOOL

APPLICATION FOR ADMISSION: 2021-2022

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: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Last First 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 the applicant ever received accommodations for a learning difficulty?  Yes  No

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?



## 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: \_\_\_\_\_



# JIM ELLIOT

## CHRISTIAN HIGH SCHOOL

STUDENT 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

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?

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What hobbies or activities do you enjoy outside of school?

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

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If so, in what way?

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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?

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

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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.

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# JIM ELLIOT

CHRISTIAN HIGH SCHOOL

STATEMENT OF FAITH

**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 agree, acknowledge, and support the statement of faith as presented.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





# JIM ELLIOT

CHRISTIAN HIGH SCHOOL

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.

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IS THE APPLICANT ACTIVELY INVOLVED IN THE COMMUNITY? \_\_\_\_\_

Please describe: \_\_\_\_\_

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## 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: \_\_\_\_\_



# JIM ELLIOT

CHRISTIAN HIGH SCHOOL

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

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IS THE APPLICANT ACTIVELY INVOLVED IN THE COMMUNITY? \_\_\_\_\_

Please describe: \_\_\_\_\_

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## 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

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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"/>

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

Title: \_\_\_\_\_ In what capacity? \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# JIM ELLIOT

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

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

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

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

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Attendance Record:  Regular  Irregular

## TEACHER'S EVALUATION

- |                          |                                      |  |                                  |                                   |  |
|--------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|--|
| 1. Academic Ability      | <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. Extra Activities      | <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 |
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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"/>

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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: \_\_\_\_\_