



Delmarva Christian Schools

Delmarva Christian High School

ADMISSION POLICY AND PROCEDURES

Delmarva Christian Schools (DCS) exists to support Christian families in the education of their children from a distinctly Christian worldview. DCS will not discriminate on the basis of race, color, gender, national origin, or ethnic background. DCS will attempt to be discerning in the areas of Christian belief and practice as to whether we can serve the needs of the parents and students. As an extension of the Biblical mandate that parents are the student's primary educators, we believe that our program will best serve those who know the Lord as their personal Savior. We believe that families that share a Biblical worldview will be most comfortable with our expectations and philosophy. We believe a Christian to be someone who has accepted the work of Jesus Christ on the cross as payment for our sins and that salvation is by faith alone through God's grace. We are non-denominational in nature and are supported by many Bible-believing churches and organizations.

As you consider Delmarva Christian for your student's education, please do the following:

1. **Pray.** Ask God to guide you as you and your student decide whether Delmarva Christian is the best place for his/her education. Remember, he/she will be taught from a distinctively Christian point of view.
2. **Read the application carefully.** It is detailed and intended to provide as much necessary information as possible so that we can help educate your student to the best of our ability. Any worthwhile endeavor takes time and careful thought, and we appreciate your efforts to be as complete and thorough as possible.
3. **Complete the Admissions Application.** All sections of the application must be completed, including the parental/legal guardian signature, in order to continue the application process and schedule an interview.

The following documents and fees must also accompany the application.

- Health Records.** Immunization/shot records and, if applicable, supporting health/diagnostic reports.
 - Birth Certificate.** Please include a copy of your student's birth certificate.
 - Academic Record.** Please provide your student's most recent report card and results from any recent standardized tests. *Note: Students who have been diagnosed with mild learning disabilities are required to meet the same academic and behavior standards as all other students in their grade level.*
 - Application Fee:** Please enclose a non-refundable \$100.00 Application Fee for the first student and \$25.00 for each subsequent student in a family who applies at the same time as the first student.
4. **Submit the application, documents, and fees to:**
Delmarva Christian High School
21777 Sussex Pines Road
Georgetown, DE 19947
 5. **Interview.** Upon receipt of the application, documents, and fees, an interview will be scheduled.

Previous/Current School Information	<p>School attending or last attended: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"><i>School Name</i><i>District</i></div></p> <p>Teacher/Counselor Reference: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"><i>Name</i><i>Phone</i></div></p> <p>Previous schools attended. <i>(If homeschooled, indicate sponsoring association):</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>School</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Grades</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Phone</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>School</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Grades</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Phone</i></td> </tr> </table> <p>Brothers and sisters currently attending school:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Name</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Grade</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>School Attending</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Name</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Grade</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>School Attending</i></td> </tr> </table> <p>Are any of the above students planning to attend a DCHS? If yes, who and when? _____ _____</p>	<i>School</i>	<i>Grades</i>	<i>Phone</i>	<i>School</i>	<i>Grades</i>	<i>Phone</i>	<i>Name</i>	<i>Grade</i>	<i>School Attending</i>	<i>Name</i>	<i>Grade</i>	<i>School Attending</i>
<i>School</i>	<i>Grades</i>	<i>Phone</i>											
<i>School</i>	<i>Grades</i>	<i>Phone</i>											
<i>Name</i>	<i>Grade</i>	<i>School Attending</i>											
<i>Name</i>	<i>Grade</i>	<i>School Attending</i>											
Reference Information	<p>References: Please list the names and phone numbers of individuals who know you and your family <i>(ex. pastors, church friends, teachers)</i>. Please do not list relatives.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; text-align: center;"><i>Name</i></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;"><i>Phone</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Name</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Phone</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Name</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Phone</i></td> </tr> </table>	<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>						
<i>Name</i>	<i>Phone</i>												
<i>Name</i>	<i>Phone</i>												
<i>Name</i>	<i>Phone</i>												
Other Enrollment Information	<p>Does the applicant require regular over-the-counter and/or prescription medication for any reason? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list and explain. _____ _____</p> <p>Has the applicant ever repeated or skipped a grade? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list and explain. _____</p> <p>Has the applicant ever been suspended, expelled, or asked to withdraw from school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list and explain. _____</p> <p>Has the applicant ever had educational testing administered to determine a learning disability? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide a copy of the report and Individual Educational Plan <i>(if applicable)</i>. <i>Please note: Students who have been diagnosed with mild learning disabilities are required to meet the same academic and behavior standards as all other students in their grade level.</i></p>												
Miscellaneous Information	<p>How did the applicant learn about DCHS? <i>Check as many as apply.</i> <input type="checkbox"/> Church <input type="checkbox"/> Pastor <input type="checkbox"/> Friend <input type="checkbox"/> Web <input type="checkbox"/> Print Ad <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> DCS Family</p> <p>What factors most influenced you to apply to Delmarva Christian? <i>Check only two.</i> <input type="checkbox"/> Location <input type="checkbox"/> Curriculum <input type="checkbox"/> Christian Philosophy <input type="checkbox"/> School Visit <input type="checkbox"/> Academic Reputation <input type="checkbox"/> Recommendation from DCS family <input type="checkbox"/> Displeasure with public schools <input type="checkbox"/> Extracurricular programs</p> <p>Have you made application to another school? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: center;">_____ <i>Parent/Legal Guardian Signature</i> _____ <i>Date</i></p> <p style="text-align: center; font-size: small;"><i>Your signature authorizes DCS to inquire for the applicant's prior educational record to include reports, letters, and other such disclosures as deemed appropriate as they relate to the suitability for admission.</i></p>												

Parent Questionnaire

The mission of Delmarva Christian Schools is to proclaim the gospel by preparing students spiritually, academically, and physically to know and do God's will for their lives. In order for Delmarva Christian Schools to fulfill this mission, the school must work in concert with family and church. To that end, please answer the following questions. You may either use separate sheets of paper or the space provided.

1. When and how did you become a Christian?
2. How do you promote spiritual values at home?
3. Describe your view of the Scriptures.
4. Why do you want your student to attend DCHS?
5. Describe your student's likes, dislikes, personality, gifts, and talents.
6. Has your student made a profession of faith in Jesus Christ? Please explain.
7. Briefly describe your view of Christian education.
8. If a conflict were to arise between you and a teacher, administrator, or Board member what would be your course of action?

Student Questionnaire

*You may use separate sheets of paper or the space provided below. Please **respond in complete sentences** and in **your own handwriting**. Your responses are to be candid and your answers will not necessarily disqualify you from consideration of acceptance.*

1. Why are you considering attending DCHS? Is it your choice?

2. What are your expectations after graduation from high school?

3. Why would it be important to be educated in a Christian high school?

4. Describe yourself. How would a friend describe you? How would an adult describe you? Are you a leader or follower?

5. Describe your strengths and weaknesses.

6. Describe your extra-curricular activities and hobbies.

7. How well do you relate to those in authority over you?

8. If you were to die today, do you know for certain that you would go to Heaven? How do you know?

9. What single event has had the greatest impact on your life?