

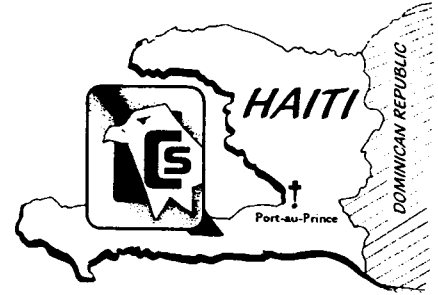
Quisqueya

CHRISTIAN
SCHOOL

#4 Delmas 75, Delmas, Haïti
B.P. 13438
Delmas, Haïti

Unit 2029 – QCS
3170 Airmans Drive
Fort Pierce, FL 34946

Phone : (509) 246-1668 • Fax : (509) 246-3944
qc.school@yahoo.com • recruitqcs@hotmail.com • www.quisqueya.org



Thank you for considering QCS! We are pleased that you wish to pursue Christ-centered schooling for your child. QCS equips students to impact the world for the glory of God. We promote a biblical worldview and use an American-style program in English. QCS welcomes families who share in this vision for this type of education for their children.

We want to make the admissions process as uncomplicated and as smooth as possible. If you have questions about this application form or the process, feel free to contact Mirna Beneche or Danielle Jules in the front office – they are happy to help you.

Please make sure that all appropriate sections are completed. Doing so helps us process your application efficiently.

The following page provides answers to frequently asked questions.

Thanks again for considering QCS!

Sincerely,

A handwritten signature in cursive script that reads 'Stephen Hersey'.

Stephen Hersey
Director

Frequently Asked Questions

Q. What is the purpose of the school?

A. Quisqueya Christian School's mission is to equip students with the necessary academic and spiritual training that prepares them to impact their world for the glory of God. Quisqueya Christian School provides a biblically integrated program based on and correlating with the American system of education.

Q. What grade levels do you teach? When does school start?

A. We offer classes from pre-kindergarten through high school. The school year starts in late August and ends at the end of May.

Q. Are there admissions eligibility requirements?

A. Yes. One requirement is language. To be admitted, applicants must have grade-level proficiency in English. Other requirements are as follows:

1. At least one parent or guardian for each applicant must give a clear testimony of faith in Jesus Christ as his or her personal Savior.
2. Applicants for grades 7-12 must sign a statement of agreement with the QCS doctrinal statement, understanding that it is the basis for all school curriculum and operations.
3. Applicant's parents or guardians must sign a statement of agreement with the QCS doctrinal statement, understanding that it is the basis for all school curriculum and operations.
4. Applicant's family must regularly attend and be actively involved in a Christian church.
5. As part of the application process applicants will submit a spiritual reference from their pastor/priest.
6. Every student must have acceptable academic capabilities, a satisfactory behavior record at his/her former school, and a willingness to attend and abide by the rules of the *QCS Student Handbook*.
7. Applicant's parents or guardians must agree to support school policies and procedures.

Q. How can I learn if there is space in a class for my child?

A. You may call the front office for this information.

Q. Do you have boarding facilities available?

A. No. All students must live with at least one parent or a legal guardian.

Q. Is Financial Aid available?

A. Limited need-based financial aid is available. Please inquire at the front office.

Q. Where can I get further information?

A. Please check out our web site www.quisqueya.org or contact the front office.

QCS Vision Statement

To prepare and equip students to impact their world for the glory of God.

QCS Mission Statement

Quisqueya Christian School's mission is to equip students with the necessary academic and spiritual training that prepares them to impact their world for the glory of God. Quisqueya Christian School shall provide a biblically integrated program based on and correlating with the American system of education

QCS Core Values

Right Relationship: We will seek to bring students into a proper relationship with God through evangelism and discipleship; and we will cultivate a Christian community in fellowship with God and with one another, respecting God's creation and the authorities that God has placed over us.

Right Living: We will teach and follow the Word of God as our final authority and prayerfully seek direction from it, so that we may grow in wisdom and in Christ-likeness.

Right Attitude: We will commit to and lead our students in attitudes that value excellence, initiative, creativity, curiosity, service, compassion, and life-long learning.

Right Thinking: We will seek clarity of thinking, and teach students to think rationally, logically, creatively, critically, and with discernment.

Right Communication: We will seek to be effective communicators, and guide our students to be literate, coherent, and communicate effectively through speaking and writing.

Right Action: We will teach students to seek and apply God's truth to their lives, thereby empowering them to live lives of integrity and good stewardship.

DOCTRINAL STATEMENT

1. We believe in the verbal inspiration of the Bible, equally in all its parts, and without error in its origin; the only infallible rule of faith and practice.
2. We believe in one God, eternally existent in three persons, Father, Son, and Holy Spirit, who created man by a direct immediate act.
3. We believe in the Deity of Jesus Christ, His pre-existence, incarnation, Virgin birth, sinless life, substitutionary death through His shed blood, bodily resurrection and ascension to the right hand of the Father, and His personal return.
4. We believe that the whole human race fell into sin in Adam, the head and progenitor of mankind, and that because of sin, man is depraved and in need of individual salvation by grace alone, through faith in the shed blood of the Lord Jesus Christ.
5. We believe in the reality and personality of Satan, the enemy of God and man.
6. We believe in the resurrection of the saved and the lost; they that are saved unto eternal blessedness in God's presence, and they that are lost unto eternal damnation in the Lake of Fire.
7. We believe in the spiritual unity of all believers in the Lord Jesus Christ, growing daily in grace and knowledge of the Lord, constantly being filled with the Holy Spirit who indwells every believer, separated from worldly practices and attitudes, and giving witness of His saving grace.
8. We believe that until Jesus Christ returns, the mandate for every Christian, everywhere, is to proclaim boldly, in words and actions, the Good News of Salvation. Through the transformed lives of Christians, empowered by the Holy Spirit, others will see the reality of this new life found in Christ. As it is stated in the Great Commission, we are to "go and make disciples of all nations, baptizing and teaching them to obey everything that Christ has commanded."

Quisqueya Christian School

Application for Enrollment

Please type or print clearly in ink.

STUDENT DATA

Student legal name: _____ Nickname _____

Gender: male female Prospective grade: _____ Age: _____ Date of Birth (m/d/y) _____

Place of Birth _____ Nationality _____ Native/first language: _____

FAMILY DATA

Father (guardian)

Name: _____ Current Marital Status single married
 separated widowed

Nationality: _____

Employer: _____

Employer is Mission Church/Christian organization Business Other _____

Mother (guardian)

Name: _____ Current Marital Status single married
 separated widowed

Nationality: _____

Employer: _____

Employer is Mission Church/Christian organization Business Other _____

Current communication information

Home address: _____

Telephone numbers: Home _____ Work _____ Cell _____

Email: _____

Siblings you may wish to enroll in the future:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

RELIGIOUS DATA

- None of the primary caregivers is a Christian.
- At least one of the primary caregivers for the child is a Christian, is in agreement with the QCS statement of faith, and regularly attends church with the child.

● Church: attendance _____ Pastor's name: _____
 Phone _____ Email _____

LANGUAGE SURVEY

Father (Guardian) primary language _____ other languages spoken _____
 Mother (Guardian) primary language _____ other languages spoken _____
 Student primary language _____ other languages spoken _____
 Language used at home primary language _____ other languages spoken _____

STUDENT ACADEMIC DATA

SCHOOLS ATTENDED (*most recent first*)

Location	Dates attended	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOBBIES, COCURRICULAR ACTIVITIES: Please list three

1) _____ 2) _____ 3) _____

SPECIAL NEEDS PROGRAMS

- Has your child ever had testing done by a school psychologist? Yes No
 Has your child ever had testing done by a speech and language therapist? Yes No
 Has your child ever had testing done by an occupational therapist? Yes No

PREVIOUS INVOLVEMENT: please check appropriate boxes.

- | | | |
|--|--|---|
| Academic | Therapy | Other |
| <input type="checkbox"/> ESL/ESOL | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Behavior management |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Individual/family counseling |
| <input type="checkbox"/> Remedial/learning support | | |

Please describe any checked boxes:

NAME _____ (Application, page 4)

REFERENCE DATA

QCS was recommended to me by: _____

I wish to enroll my child because _____

Personal references (2) (other than family member or pastor)

Name	Tel.	Email Address
_____	_____	_____
_____	_____	_____

DOCTRINAL STATEMENT

1. We believe in the verbal inspiration of the Bible, equally in all its parts, and without error in its origin; the only infallible rule of faith and practice.
2. We believe in one God, eternally existent in three persons, Father, Son, and Holy Spirit, who created man by a direct immediate act.
3. We believe in the Deity of Jesus Christ, His pre-existence, incarnation, Virgin birth, sinless life, substitutionary death through His shed blood, bodily resurrection and ascension to the right hand of the Father, and His personal return.
4. We believe that the whole human race fell into sin in Adam, the head and progenitor of mankind, and that because of sin, man is depraved and in need of individual salvation by grace alone, through faith in the shed blood of the Lord Jesus Christ.
5. We believe in the reality and personality of Satan, the enemy of God and man.
6. We believe in the resurrection of the saved and the lost; they that are saved unto eternal blessedness in God's presence, and they that are lost unto eternal damnation in the Lake of Fire.
7. We believe in the spiritual unity of all believers in the Lord Jesus Christ, growing daily in grace and knowledge of the Lord, constantly being filled with the Holy Spirit who indwells every believer, separated from worldly practices and attitudes, and giving witness of His saving grace.
8. We believe that until Jesus Christ returns, the mandate for every Christian, everywhere, is to proclaim boldly, in words and actions, the Good News of Salvation. Through the transformed lives of Christians, empowered by the Holy Spirit, others will see the reality of this new life found in Christ. As it is stated in the Great Commission, we are to "go and make disciples of all nations, baptizing and teaching them to obey everything that Christ has commanded."

Please indicate your agreement or non-agreement with the above statement by checking one option in front of your signature.

Agree Don't agree Father/guardian signature _____ Date (m/d/y) _____

Agree Don't agree Mother/guardian signature _____ Date (m/d/y) _____

If you have questions or concerns about the Doctrinal Statement, please note them below:

NAME _____ (Application, page 5)

TESTIMONY DATA

Please check the appropriate boxes. Please comment on any item as necessary.

Father (guardian)

Yes No **I attend church services regularly with my child.**

Mother (guardian)

Yes No **I attend church services regularly with my child.**

**Please describe your present relationship with Jesus Christ. Use additional paper if necessary.
(Either parent may fill out this section.)**

Signature _____ **Date** _____

The information on this Application for Enrollment and other documents I have submitted is complete and accurate. I give QCS permission to request additional information for verification. I understand that QCS may revoke an offer of admission if QCS receives subsequent information which does not fit with information I have submitted.

Parent/guardian signature _____ Date (m/d/y) _____

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, a health examination is required on school entry. Please have this report filled out by a physician and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME: _____ BIRTH Date _____ GENDER: M F
Last First Middle Month/Day/Year

ADDRESS: _____

PART II TO BE FILLED OUT BY A QUALIFIED LICENSED PHYSICIAN

<p>Date of Assessment: _____ / _____ / _____ <small style="margin-left: 100px;">Month Day Year</small></p> <p>Weight: _____ lbs.</p> <p>Height: _____ ft. _____ in.</p>	<p style="text-align: center;">Physical Examination</p> <p>1 = Within Normal 2 = Abnormal finding 3 = Referred for evaluation or treatment</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="width: 50%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ENT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Extremities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Skin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Genital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Neurological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Urinary</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Abdomen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	2	3		1	2	3	ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	1	2	3		1	2	3																																										
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														

DATE EACH DOSE WAS GIVEN (mm/dd/yy)

VACCINE	First	Second	Third	Fourth	Fifth
Polio (OPV or IPV)					
Diphtheria, Pertussis & Tetanus (DPT/DT) pertussis					
Tetanus Booster					
Measles, Mumps & Rubella (MMR)					
Haemophilis Influenza Type b (Hib)					
Hepatitis B					
Varicella					
Other					

REQUIRED TESTS/EVALUATION	DATE (mm/dd/yy)
Blood Test (for anemia)	____ / ____ / ____
Urine Test	____ / ____ / ____

Summary of findings (check one):

- Well child; no conditions identified of concern to school program activities
- Conditions identified that are important to schooling or physical activity (explain):

Allergy food: _____ insect: _____

medicine: _____ other: _____

Individual Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

Restricted Activity Specify:

Medication. Child takes medicine for specific health condition(s) Medication must be given and/or available at school.

Other Comments:

Physicians Name:(Print) _____

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

Phone: _____ / _____

Email: _____

Quisqueya Christian School

Delmas 75 #4, 2246-3944

Email: admissions@quisqueya.org

Please type or print clearly in ink.

Reference Form: To be completed by the Family's **Pastor/Priest** and returned to the QCS office.

The family listed below seeks admission to Quisqueya Christian School and has listed you as a reference. Quisqueya Christian school promotes Christian values and fosters a biblical worldview. We welcome families who share our vision for Christian education: to prepare and equip students to impact the world for the glory of God.

Will you please answer the following questions honestly and openly? The information you give will be **STRICTLY CONFIDENTIAL** and will be used **ONLY** for admissions purposes. The family's application will not be processed without references. Thank you for your help.

Stephen Hersey
Director

Name of family seeking admission _____

Your name _____ Phone numbers _____ / _____

Name of the Church you serve: _____

1. How long have you known this family? _____

2.. Do you recommend that this family be admitted to QCS? yes no

4. If you said yes, check all that apply.2

I recommend without reservation.

I recommend highly.

I have some concerns.

I would like to talk to you in private.

The concerns are _____

5. Please comment on the family's attendance at church and their involvement with the church.

6. Please add any comments concerning this family that will help us in the admissions process:

Signature _____ Date _____

Quisqueya Christian School

Delmas 75 #4, 2246-3944
Email: admissions@quisqueya.org

Please type or print clearly in ink.

Reference Form: To be completed by a **QCS Parent** and returned to the QCS office

The family listed below seeks admission to Quisqueya Christian School and has listed you as a reference. Quisqueya Christian school promotes Christian values and fosters a biblical worldview. We welcome families who share our vision for Christian education: to prepare and equip students to impact the world for the glory of God.

Will you please answer the following questions honestly and openly? The information you give will be **STRICTLY CONFIDENTIAL** and will be used **ONLY** for admissions purposes. The family's application will not be processed without references. Thank you for your help.

Stephen Hersey
Director

Name of family seeking admission _____

Your name _____ Phone numbers _____ / _____

Your child/ren attended QCS from _____ to _____
year year

1. How long have you known this family? _____

2. In what capacity do you know this family? Check all that apply.

We are related.

We have worked together.

We attend the same church.

We attended school together.

Other. Explain _____

3. Do you recommend that this family be admitted to QCS? yes no

4. If you said yes, check all that apply.

I recommend without reservation.

I recommend highly.

I have some concerns.

I would like to talk to you in private.

The concerns are _____

5. You know the general expectations of QCS. Are there reasons to believe this family will not be able to abide by these expectations? Yes No I am not sure.

6. Please add any comments concerning this family that will help us in the admissions process:

Signature _____ Date _____

QUISQUEYA CHRISTIAN SCHOOL
2009 – 2010 Fee Schedule

NEW STUDENT ONLY

APPLICATION FEE (Non refundable) Due when application form is submitted	\$25.00
TESTING FEE (Non refundable) Due before taking the placement test.	\$75.00
NEW FAMILY FEE (per family – non refundable) Due on or before the first day of attending classes. A one time fee paid when the first child from a family is accepted at QCS.	\$1,000.00

ENROLLMENT AND TUITION FEES

See Below

ALL STUDENTS

Total Yearly Tuition and Enrollment Fees (Non refundable – due on or before August 14, 2009)

PK & K 5 Half days	PK & K 5 Full days	Grades 1-5	Grades 6-8	Grades 9-12
\$4,330.00	\$5,040.00	\$5040.00	\$5435.00	\$6,060.00

Enrollment Deposit (Non refundable – due at the time of registration)

\$500.00

❖ This deposit is applied to the Tuition and Enrollment fees.

Payment Plans

For families who prefer a payment plan, there are two options:

Option 1 (5% increase of total fees)

❖ Paid in two equal parts

	PK & K 5 Half days	PK & K 5 Full days	Grades 1-5	Grades 6-8	Grades 9-12
First payment due on or before August 14, 2009.	\$2,023.50	\$2,396.00	\$2,396.00	\$2,603.50	\$2,931.50
Second payment due on or before December 18, 2009.	\$2,023.50	\$2,396.00	\$2,396.00	\$2,603.50	\$2,931.50

Option 2 (10% increase of total fees)

- ❖ Paid in ten equal parts from August to May.
- ❖ First payment due on or before August 14, 2009.
- ❖ Payments are due on or before the fifteenth (15th) of each month.
- ❖ A late fee of 5% on all outstanding balance will be added on the sixteenth (16th) of the month.
- ❖ QCS reserves the right to refuse student(s) from attending classes for delinquent accounts of two (2) or more months tuition until the amount is paid. If prior arrangements are made through the business manager this decision is waived.

	PK & K 5 Half days	PK & K 5 Full days	Grades 1-5	Grades 6-8	Grades 9-12
Monthly Payment	\$426.00	\$504.00	\$504.00	\$548.00	\$617.00

NOTES:

1. All funds are in US dollars
2. The school Board will do periodic financial re-evaluation and reserve the right to adjust tuition if needed.
3. A \$30 fee will be charged for all returned checks.
4. Fees may be assessed for elective classes and for special activities such as the Senior Trip.