



1035 Second Street | Post Office Box 187, Grand Cane, LA 71032 | Phone: 318-858-3319 | Fax: 318-858-3319 | [www.centralschoolpioneers.org](http://www.centralschoolpioneers.org)

## **Welcome to Central School Corporation.....**

We are excited that you are considering Central School Corporation for your child. Please read the information in the admissions packet and on our website, [www.centralschoolpioneers.org](http://www.centralschoolpioneers.org).

### **History of Central School:**

In 1967, a number of concerned people in Desoto Parish were interested in operating a private school that sought to offer educational opportunities with standards of excellence where prayers could be offered and the Bible read with an open expression of faith in God—lasting values upon which America's foundation is laid.

In the summer of 1967, the Central School Corporation Board of Directors was organized, and a corporate charter to operate a private school, kindergarten through high school, was submitted to the Secretary of State in Baton Rouge. Through much hard work and the dedication of fourteen families, the charter was granted. In August of 1967, Central School opened with twenty-six students. The Corporation leased the old Grand Cane High School, including all of its facilities, from the Grand Cane Development Association.

Central received accreditation the first year and has been an accredited school ever since. It is currently accredited through the Louisiana Department of Education and the Mississippi Association of Independent Schools.

In the summer of 1969, more people saw the need to have a school for their children where Christian values and American principles would be upheld. God continued to bless, and Central grew.

The mascot for Central School is the pioneer. The Encarta Dictionary: English (North America) defines *pioneer* as "a person or group that is the first to do something or that leads in developing something new." It is evident that there has been a true pioneer spirit present in Central School since its very beginning. In fact, we could not have kept our doors open throughout the years, if it had not been for the dedication, hard work, generous donations, and love for children from parents and friends—true pioneers. The heritage of pioneers is that of a winner—in the classroom, in sports, at home, at work, and, most of all, in character. Central School has been blessed by God. We know where our help comes from—our Heavenly Father.

As a school, we are still founded on small-town principles and solid moral values. We work hard like our ancestors did. We strive to capture the spirit of the original pioneers in our dedication to excellence in the areas of personal, spiritual, educational, and athletic development.

Where to send your student is an extremely important decision. Thank you for giving us the opportunity to tell you about our school. We look forward to having you and your family.

*"Central School provides a safe, supportive, and challenging learning environment, with high expectations for academic success and with a steadfast pursuit of Christ"*

# ADMISSIONS APPLICATION: K3-12<sup>th</sup> Grades

Page 1



## Central School Corporation

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Welcome to the admissions process of Central School Corporation (CHS). The applicant, parents, teachers, and/or administrators should complete and return the required forms, along with a \$250 check (per family) for the application fee. In addition to these forms, a personal interview and testing will be scheduled. The goal of the Admissions committee is to bring together a cohesive student body, which will encourage the spiritual and intellectual development of the individual student. Each applicant's academic potential, scholastic motivation, character, and extra-curricular interest will be considered.

Student Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Current Grade:	Birthdate:	Age: (as of 9/30/2017)
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Applying for Grade:	In the school year:	Ethnic Origin: (Please Circle) American    Asian    Black White    Pacific Islander    Hispanic
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### FATHER

Name:

Current Employer:	Title:
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Phone:	Bus. Phone:	Cell:
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Email:		
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### MOTHER

Name:

Current Employer:	Title:
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Phone:	Bus. Phone:	Cell:
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Email:		
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### SIBLINGS

Name:	Grade:	School:
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Name:	Grade:	School:
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Name:	Grade:	School:
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### FAMILY INFORMATION:

Student is living with: (circle all that apply) Father    Mother    Stepfather    Stepmother    Legal Guardian    Other \_\_\_\_\_

Parents are:    Married    Father is deceased    Mother is deceased    Parents are divorced\*    Parents are separated\*

\*If parents are separated or divorced, name of Step parent(s): \_\_\_\_\_

### WE LEARNED OF CHS THROUGH

Alumni	Sibling currently Enrolled	Internet
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Church/Pastor _____	Parents of a CHS student _____	Other _____
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### THE FACTORS MOST INFLUENCING US TO APPLY AT CHS

Academic reputation	Location
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Dissatisfaction with current school	Strength of extracurricular programs
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Recommendations of CHS families	Desire to attend private school
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The following documents are required at the time of application:

1. Social Security Card
2. Copy of State Birth Certificate
3. Current Shot Record
4. Academic/Discipline records from previous school
5. Notarized Emergency Treatment form

**ADMISSIONS APPLICATION:  
K3-12<sup>th</sup> Grades**

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**PREVIOUS SCHOOL INFORMATION**

School applicant is currently attending:

School Name:

School District:

Address:

City, State, Zip:

Telephone Number:

Fax Number:

Any behavioral, educational or psychological evaluations been performed on your child?  Yes  No  
If yes, when, by whom and for what reason? Please attach a copy of all relevant reports.

Is your child currently on medication?  Yes  No

Has the applicant ever been dismissed from another school?  Yes  No

Is the student eligible to the return to all previously attended school?  Yes  No

Central School Corporation is not structured to handle students with severe learning disabilities or those who have significant behavioral problems. For your child's best interest, please be candid when answering the following questions: For any answer "YES", please explain in the space provided below.

Has the student ever been tested for or placed in a special learning program?  Yes  No

Has the student required any other special help or tutoring  Yes  No

Has the student ever been examined or treated by a counselor, doctor, or psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)?  Yes  No

Do you suspect or have you been told that your child might have dyslexia?  Yes  No

Has the student ever been involved in legal problems or been arrested?  Yes  No

For every student, Central School requires a 1 semester probationary period, in which it is understood that we may ask a student not to return if it is not a fit academically or behaviorally. We will be evaluation this application on the basis of information that we receive from this application and the associated application information. If, however, we find that any of this information is provided to be misleading or that required information (like 504 Plan or IEP) has been omitted, it will be grounded for immediate dismissal.

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It is necessary that you pledge your financial support above tuition. By enrolling your child in Central School Corporation you will commit yourself to help the school at our annual bazaar & auction.

Your signature is also a binding commitment to pay your tuition of \$ \_\_\_\_\_ per month, as stated on PLAN \_\_\_\_\_ for your child during the 2017-2018 school year.

**Signature of applicant:**

**Date:**

**Signature of spouse: (only if for a joint membership):**

**Date:**

**Recommendation for membership in Central School Corporation is required by two members.**

Name:

Phone:

Name:

Phone:

**Notice of Non-Discriminatory Policy**

Central School Corporation does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, tuition assistance, or employment policies, or any other programs administered by the school.

# 2017-2018 TUITION FEE SCHEDULE



## Renewal Fee Schedule:

\*\* \$100.00 Renewal Fee for Contracts submitted ON or BEFORE July 31, 2017

\*\* \$200.00 Renewal Fee for Contracts submitted AFTER August 1, 2017

### Plan A --- One Payment Plan (0% interest)

PAYMENT DATE	GRADE	CHILD 1	CHILD 2	CHILD 3	MAX FAMILY
June 10, 2017	K3-6TH	\$ 3,894.00	\$ 2,970.00	\$ 2,112.00	\$ 9,504.00
	7TH-12TH	\$ 4,092.00	\$ 3,300.00	\$ 2,112.00	\$ 9,504.00

### Plan B --- Two Payment Plan (2% interest)

PAYMENT DATE	GRADE	CHILD 1	CHILD 2	CHILD 3	MAX FAMILY
June 10, 2017	K3-6TH	\$ 1,951.87	\$ 1,488.71	\$ 1,058.64	\$ 4,763.88
January 10, 2018	7TH-12TH	\$ 2,051.12	\$ 1,654.13	\$ 1,058.64	\$ 4,763.88

### Plan C --- Four Payment Plan (2% interest)

PAYMENT DATE	GRADE	CHILD 1	CHILD 2	CHILD 3	MAX FAMILY
June 10, 2017	K3-6TH	\$ 977.56	\$ 745.60	\$ 530.20	\$ 2,385.91
October 10, 2017	7TH-12TH	\$ 1,027.27	\$ 828.44	\$ 530.20	\$ 2,385.91
January 10, 2018					
April 10, 2018					

### Plan D --- Ten Payment Plan (4 % interest)

PAYMENT DATE	GRADE	CHILD 1	CHILD 2	CHILD 3	MAX FAMILY
August 10, 2017	K3-6TH	\$ 396.57	\$ 302.47	\$ 215.09	\$ 967.91
September 10, 2017	7TH-12TH	\$ 416.74	\$ 336.08	\$ 215.09	\$ 967.91
October 10, 2017					
November 10, 2017					
December 10, 2017					
January 10, 2018					
February 10, 2018					
March 10, 2018					
April 10, 2018					
May 10, 2018					

### Plan E --- Twelve Payment Plan (4% interest)

PAYMENT DATE	GRADE	CHILD 1	CHILD 2	CHILD 3	MAX FAMILY
June 10, 2017	K3-6TH	\$ 331.57	\$ 252.90	\$ 179.84	\$ 809.28
July 10, 2017	7TH-12TH	\$ 348.43	\$ 280.99	\$ 179.84	\$ 809.28
August 10, 2017					
September 10, 2017					
October 10, 2017					
November 10, 2017					
December 10, 2017					
January 10, 2018					
February 10, 2018					
March 10, 2018					
April 10, 2018					
May 10, 2018					

### Book/Technology/Lab Fees

Book Fee	K3-4TH	\$125.00
Book/Tech/Lab Fees	5th-12	\$200.00

### Other Fees

Debit/Credit Card Transaction Fee	2.70%
Late Fee	\$20.00 per month (applies 15 calendar days after due date)
NSF (Non Sufficient Funds) Fee	\$40.00 per transaction

All payments can be made in the school office or by mailing to PO BOX 187, GRAND CANE, LA 71032  
Forms of payments accepted : CHECK, MONEY ORDER, CASHIERS CHECK, DEBIT CARD, CREDIT CARD

Central School Corporation

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**To the Applicant:**

Please complete this questionnaire *without* assistance from anyone and then mail or fax to:

**CENTRAL SCHOOL  
POST OFFICE BOX 187  
GRAND CANE, LA 71032  
FAX: (318)-858-6394**

Applying for Grade: \_\_\_\_\_ Current Grade \_\_\_\_\_ School Year: \_\_\_\_\_

**PRINT** Full Name

\_\_\_\_\_  
Last First Middle Preferred Name

***Please complete promptly and legibly. Any questions that do not apply to you, leave blank.***

List the academic subject of greatest interest to you: \_\_\_\_\_

List the academic subject of least interest to you: \_\_\_\_\_

How many hours per week do you read for pleasure? \_\_\_\_\_

How many hours of week do you spend on electronics? \_\_\_\_\_

How many hours per week do you spend on social media and/or gaming? \_\_\_\_\_

What are your greatest strengths?  
\_\_\_\_\_  
\_\_\_\_\_

Describe the relationship with your parents?  
\_\_\_\_\_  
\_\_\_\_\_

What are your greatest strengths?  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your parents and siblings?  
\_\_\_\_\_  
\_\_\_\_\_

In what type of extracurricular activities are you involved? Be sure to include clubs, sports, and religious activities. What hobbies do you enjoy?  
\_\_\_\_\_

Positions of leadership or responsibility that you hold in your school, church or community:

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What do you like most about your current school? If there was one thing you could change, what would it be?

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Describe your favorite teacher. Why has this person made such a strong impression to you?

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Write about an experience that has taught you a lesson?

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Why are you leaving your current school?

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Write about an experience that has taught you a lesson?

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What classes do you enjoy the most?

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Have you come to know the Lord, if so how has it affected your life?

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Are you willing to submit to the rules of the school?

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Why do you want to attend Central School?

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***Thank you for your candor. Your responses will give us the opportunity to know you better.***

***Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_

# TEACHER RECOMMENDATION



**GRADES 5-12**

## To the Parent or Guardian

*My child is an applicant for admission to Central School Corporation. This teacher recommendation will remain confidential between the teacher and Central School Corporation. I understand it will not become part of the permanent file, nor will it be forwarded to other schools. I ask that the teacher complete this evaluation and mail or fax it to **Central School Corporation**. (number and address provided below)*

Students Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## To the Teacher

Thank you for taking the time to complete this recommendation. All information will be considered strictly confidential between the teacher and Central School Corporation.

Once completed, please mail or fax it to **Central School Office of Admissions** (numbers and address provided below)

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Course Title \_\_\_\_\_

I have known this applicant for \_\_\_\_\_ years. I have been teaching for \_\_\_\_\_ years.

*Please assess the student as compared with their peers:*

	<i>Below Expectations</i>	<i>Average</i>	<i>Good</i>	<i>Exceptional</i>	<i>N/A</i>
<b>Personal Characteristics</b>					
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of conflict/correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Academic Performance</b>					
Reading comprehension/grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills in reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write 5 paragraph essay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Study Habits</b>					
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/care of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**AUTHORIZATION TO RELEASE SCHOOL RECORDS**

Permission is given to: \_\_\_\_\_ to release all student  
(Name of previous school, city, and state)  
Cumulative school records.

- All school record information on file
- Attendance Records
- Birth Certificates/Social Security Card
- Achievement Test
- Grades and class rank
- Health information
- Parent or guardian information
- Individual psychological test or special testing information

Please return school records and copy of this form to:

**Central School Corporation**  
**1035 Second Street**  
**Post Office Box 187**  
**Grand Cane, LA 71032**  
[centrl@bellsouth.net](mailto:centrl@bellsouth.net) or (318) 858-6394 fax

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

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

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

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

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

*Central School Corporation does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, tuition assistance, or employment policies, or any other programs administered by the school.*

**Thank you for your assistance in this process. Please return this form and requested materials to:**



# EMERGENCY CONTACT & MEDICAL CONSENT FORM

Page 1



Grades K3-12

Grade (2017-2018): \_\_\_\_\_

Student's Name	Home Phone	Date of Birth	
Address	City	State	Zip Code
Mother's Name	Cell Phone	Email	
Father's Name	Cell Phone	Email	

List two other relatives or neighbors who will assume responsibility for your child in the event you cannot be contacted.

Name / Relationship	Home Phone	Cell Phone
Name / Relationship	Home Phone	Cell Phone

**MEDIC ALERT:** \_\_\_\_\_

**Please provide information critical to a first responder (e.g. diabetic, severe allergies, etc.)**

If necessary, your child will be provided basic first aid and medication administration according to school policy (see handbook for medication guidelines). Injury assessment and intervention will include the use of topical skin antibiotic and anti-itch medication as appropriate. Parent provided medicine may be left in the office, however, a call will be placed to you prior to any dose given.

**Consent for Medication – circle YES or NO**

Acetaminophen (Tylenol):	<b>YES</b>	<b>NO</b>
Antihistamine (Allergic Reaction):	<b>YES</b>	<b>NO</b>
Bacitracin ointment:	<b>YES</b>	<b>NO</b>
Children's Pepto Chews:	<b>YES</b>	<b>NO</b>
Cough/sore throat lozenge:	<b>YES</b>	<b>NO</b>
Hydrocortisone Cream:	<b>YES</b>	<b>NO</b>
Ibuprofen (Advil/Motrin):	<b>YES</b>	<b>NO</b>
Mylanta:	<b>YES</b>	<b>NO</b>
Tums:	<b>YES</b>	<b>NO</b>
Do you carry medical/hospital insurance?	_____	Hospital of Choice _____

Name of Insurance Company	Policy #	Group #
Child's Doctor	Address	Telephone
Child's Dentist	Address	Telephone

**Page 1 & 2 must be completed.**

A copy of page one will be given to your child's classroom, the front desk, and filed in his/her cumulative file. Information on page two is *confidential* and for Clinic use only.

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**EMERGENCY CONSENT ,  
MEDICAL CONSENT FORM**

Page 2



*Information contained on this page is CONFIDENTIAL and for CLINIC use only.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name Date of Birth Grade (2017-2018)

**ALLERGIES** (*Food or medications*):

\_\_\_\_\_  
Medications (*Daily or as needed\**):

\_\_\_\_\_  
*\*You must notify the school nurse of any changes in medications or dosages throughout the school year.*

**Will your child take daily medications at school?** \_\_\_\_\_ *If YES please provide detailed information below.*

\_\_\_\_\_  
Health Concerns (*Dietary or Medical*):

**Authorization and Consent to Medical Treatment** (For minor Children)

Understanding that my child may need emergency treatment during school hours or at school activities while he/she attends Central School Corporation, I hereby authorize the School, through the school nurse (RN) or other qualified personnel, to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the School will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the School may be shared with emergency medical personnel. This authorization applies to all school-sponsored programs. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g. Telephone numbers, work location, emergency contacts, child's physician and health status, and immunization records. I agree to notify the school clinic if my child is exposed to any communicable disease. I understand that before medication is dispensed to my child, I will provide written authorization, which includes specific information required to accurately administer the medication. Medicine MUST be in the original container with my child's name and dosing instructions on it and brought into the Clinic by the parent or legal guardian.

\_\_\_\_\_  
Parent signature Date

\_\_\_\_\_  
Notary signature Date

**IMPORTANT NOTE:  
STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS UNTIL THIS FORM IS COMPLETED, SIGNED  
AND RETURNED TO THE SCHOOL OFFICE. ADDITIONALLY, AN UPDATED IMMUNIZATION RECORD MUST BE  
ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.**

**FOR OFFICE USE ONLY**

Year

\_\_\_\_\_

Grade

\_\_\_\_\_

Date Received

\_\_\_\_\_

Application fee

\_\_\_\_\_

Check #

\_\_\_\_\_