

**ReJOYce in Jesus  
Christian School**



**Application Packet**

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# **RJCS APPLICATION PACKET**

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## **RJCS ADMISSIONS POLICY**

ReJOYce In Jesus Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school- administered programs.

Criteria for acceptance include the following:

- Availability of space
- Recommendation from former teacher
- Parent(s) and child's demonstrated desire to join with the faculty and staff of ReJOYce in Jesus Christian School for the child's academic and spiritual education
- Financial ability to pay all required fees
- Students transferring from another school with low grades, disciplinary problems, or special needs require special consideration

**To apply for admission to ReJOYce in Jesus Christian School (RJCS), submit the following:**

- Completed Application Packet
- Certified copy of your child's birth certificate
- Your child's yellow immunization card (we will make a copy)

**Additionally, please complete the following forms and submit to a teacher and the administrative office of your child's previous school:**

- Recommendation from former teacher (form enclosed)
- Completed transcript request (form enclosed)

*If your child is admitted to RJCS, we will contact you and mail you a Registration Packet.*

*The above items may be delivered to the school directly or mailed to:  
ReJOYce in Jesus Christian School  
P.O. Box 47775  
Los Angeles, CA 90047*

*Please call us at (323) 934-5962 ext 0, regarding enrollment or registration.*

# RJCS APPLICATION FOR ADMISSION

Please Print Clearly

<b>STUDENT'S NAME</b> _____			
	_____	_____	_____
	Last	First	Middle
<b>HOME ADDRESS</b> _____			
	_____		
	Street		
	_____		
	_____	_____	_____
	City	State	ZIP
<b>DATE OF BIRTH</b> _____			
	_____		
	Month / Day / Year		
<b>AGE</b> _____			
<b>SEX</b> _____			
<b>CURRENT GRADE</b> _____		<b>GRADE ENTERING</b> _____	
<b>GPA</b> _____			
<b>NAME OF LAST SCHOOL ATTENDED</b> _____			
<b>ADDRESS OF SCHOOL</b> _____			
	_____		
	Street		
	_____		
	_____	_____	_____
	City	State	ZIP

<b>MOTHER'S NAME</b> _____			
<b>MOTHER'S ADDRESS</b> _____			
	_____		
	Street		
	_____		
	_____	_____	_____
	City	State	ZIP
<input type="checkbox"/>	Same as Student		
<b>BILLING ADDRESS</b> _____			
	_____		
	Street		
	_____		
	_____	_____	_____
	City	State	ZIP
<input type="checkbox"/>	Same as Student		
<b>HOME PHONE</b> (____) _____		<b>WORK PHONE</b> (____) _____	
<b>CELL PHONE</b> (____) _____			

**FATHER'S NAME** \_\_\_\_\_

**FATHER'S ADDRESS** \_\_\_\_\_  
Street

\_\_\_\_\_

City State ZIP

Same as Student

**BILLING ADDRESS** \_\_\_\_\_  
Street

\_\_\_\_\_

City State ZIP

Same as Student

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

CHURCH MEMBERSHIP (IF ANY) \_\_\_\_\_

PLEASE TELL US WHY YOU CHOSE RJCS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# APPLICANT QUESTIONNAIRE

To be completed by students entering grades 5 – 8

We consider it a privilege to attend ReJOYce in Jesus Christian School (RJCS). Our desire is to continue to establish a school that grows with its students and provides a stimulating academic environment in every area of life – spirit, mind, and body. Students usually enjoy interacting with their teachers, staff, and fellow students in a spirit of harmony and unity when they are in one accord (whether in the classroom, during recreation, sports, or other school activities). However, students who do *not* desire to be a part of the RJCS family often experience difficulty participating in this environment on a daily basis. Please take some time to thoughtfully consider the following questions about your enrollment at RJCS and be as honest as possible in your responses.

1. Why do you believe your parents chose for you to apply to attend our school?
2. How agreeable are you with your parent's decision to apply to attend our school? Why?
3. Do you enjoy school? Why or why not?
4. How would you rate your performance as a student?  
 Very good       good       average       poor
5. What are you asking Jesus to help you change about yourself?
6. Please list the things that you do best, and what you like best about yourself.



7. What do you think that you as a person could add to RJCS that would help us to become a better school?
  
8. What do you think about discipline?
  
9. How do you respond when you are disciplined?
  
10. Who are your heroes?
  
11. If you are allowed to come to RJCS, what would you like us to do for you?
  
12. Please use this extra space to write anything else that you would like to share with us.

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# TRANSCRIPT REQUEST

To Whom It May Concern:

The student listed below has applied for enrollment at our school. Please forward to us the following information as soon as possible:

- Complete scholastic record
- Immunization record
- Standardized test scores
- Administered diagnostic tests
- Any psychological profile
- Other pertinent information (e.g. IEPs)

Mail to: Admissions  
ReJOYce in Jesus Christian School  
P.O. Box 47775  
Los Angeles, CA 90047

Thank you very much for your assistance in this matter.

Very truly yours,

Vondalier Pipkin  
Director, ReJOYce in Jesus Christian School

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**ATTENTION PARENTS:** In order for ReJOYce in Jesus Christian School to obtain the school records of a student who is applying for admission, the parent or guardian must complete this form and **SUBMIT IT TO THEIR CHILD'S CURRENT SCHOOL FOR TRANSFER AND TRANSCRIPTS.**

Student \_\_\_\_\_ Birthdate \_\_\_\_\_

School Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School Address \_\_\_\_\_ Fax No. \_\_\_\_\_

I, parent of \_\_\_\_\_, do hereby authorize

\_\_\_\_\_ school to release the above

information to ReJOYce in Jesus Christian School.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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# RECOMMENDATION FROM FORMER TEACHER

This must be returned in a sealed envelope.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Standardized Test Scores: Total % Reading \_\_\_\_\_ Total % Math \_\_\_\_\_

Specify standardized test used (e.g. SAT10, TerraNova, CST): \_\_\_\_\_

Current grade \_\_\_\_\_ Age \_\_\_\_\_

Today's Date: \_\_\_\_\_

1. How does this student resolve conflicts with authority?
2. Do you find the parent to be supportive of the truth from their child's point of view regardless of the truth expressed by authority?
3. How does this student resolve conflicts with peers?
4. Is this student a bully or one that joins in teasing others?
5. Is this student often teased, mocked, viewed unfavorably amongst peers or chosen last?
6. How would you describe this student's attitude toward academics?
7. If you have the student for multiple subjects, what is this student's favorite subject?
8. Does this student have any special interests of which you are aware (music, art, drama, drawing, athletics, etc.)?
9. Is this student working on grade level in math or reading/English?

## Signature and Title of person completing this form

\_\_\_\_\_  
Signature Title

Phone number where you might be reached if clarification is needed:

(\_\_\_\_\_) \_\_\_\_\_

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## Student/ Family Profile

In order for us to have the clearest picture of your child and his/her family life, please answer the following questions completely and to the best of your ability. All information will be kept in confidence and used by professional staff only.

1. Please discuss your child's general demeanor and personality in relationship to his/ her family members, parents, grandparents, and friends.
2. Please discuss your child's general disposition and attitude toward those in authority (teachers, pastors, school/ church administrators, staff, and adults in general).
3. Has your child experienced academic difficulty in the past? (Please enclose appropriate private evaluations, diagnosis, grade reports, etc.)
4. Has your child ever experienced any emotional, mental, or physical handicaps that may affect academic progress?
5. Has your child experienced any disciplinary problems at other schools? If yes, please explain.
6. What are your child's general interests and hobbies?
7. In which activities does your child spend the major portion of his/ her free time?
8. Approximately how much time does your child spend watching TV weekly?
9. Describe your child's study habits and the location where your child studies.