



Student Enrollment Application 2024/2025

Enrollment Checklist

Parent / Guardian must complete the following:

- Complete and sign this application in its entirety
- Attach a copy of the child's birth certificate
- Attach the child's immunization record or a complete Idaho waiver (valorsandpoint.com/parent-portal)
- Attach the child's recent report card, transcripts, and standardized tests
- Pay the \$200 registration fee (cash, check, debit/credit accepted)-non-refundable once admitted
- Mail the completed packet to: Valor Christian High School, 217 Cedar St #154, Sandpoint ID, 83864
OR drop off at the Valor office T-F 7:30am - 3:10pm, during school year (201 N. Division St, Sandpoint)

Student Information

Name: _____

First

Middle

Last

Grade Level in 2024/2025: _____

Physical and Mailing Address: _____

City: _____ State: _____ Zip: _____

Student's birth date: _____ Age: _____ Gender: M / F

Student's Social Security #: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____ Email: _____

Mother's Name: _____ Cell Phone: _____ Email: _____

Nondiscriminatory Policy As To Students

Valor Christian High 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.

Official Use Only

Received date: _____ Intake date: _____

Check \$ _____ # _____ Credit Card \$ _____ Cash \$ _____

Academic Information

List the student's last three schools (public, private or homeschool):

1. School Name:

Years Attended: Last Teachers Name:

Address: Phone #:

Please indicate the academic level at this school: (circle one) Poor / Average / Good / Excellent

2. School Name:

Years Attended: Last Teachers Name:

Address: Phone #:

Please indicate the academic level at this school: (circle one) Poor / Average / Good / Excellent

3. School Name:

Years Attended: Last Teachers Name:

Address: Phone #:

Please indicate the academic level at this school: (circle one) Poor / Average / Good / Excellent

What was the last grade completed by the student:

What reading level has the student achieved:

What does your child perceive as his/her strengths and challenges?

What do you consider to be your child's strengths and challenges?

Does he/she have friends already in our school? If yes, whom?

Did anyone at Valor refer you to our school? If yes, whom?

General Information

Has your child ever repeated a grade in school? If yes please explain:

Has your child ever been suspended or expelled from another school?
If yes please explain:

Has your child ever received any disciplinary action in school?
If yes please explain:

Does your child have any diagnosed special learning needs (i.e. A.D.D., Dyslexia, etc.)?
If yes please explain:

Is there anything we should know about this child that would be of help in our handling situations here at school?

Describe your academic expectations for your student.

Describe your spiritual expectations for your student.

Family & Healthcare Information

Student's Place of Birth: _____

City State County

Father's Employer & Position: _____ Business Phone#: _____

Mother's Employer & Position: _____ Business Phone#: _____

Marital Status: (circle one) Married / Widowed / Divorced / Separated / Single

*If divorced, please attach a letter explaining the legal custody arrangement, educational agreement for children, and tuition payment agreement as it stands today. Also attach a copy of the current court custody order.

List Siblings with ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Local Emergency Contact: *(person other than parents)*

Name: _____

Address: _____

City State County

Phone Number: _____ Relation to Family: _____

Family Physician: _____ Phone #: _____ City: _____

Family Dentist: _____ Phone #: _____ City: _____

Health Insurance: _____ Policy #: _____ Phone: _____

Will your child be bringing prescription drugs to school? _____ If yes, please explain: _____

Does your child have any medical conditions or problems that we should be aware of? (Medication, allergies, mental health conditions, etc.) _____

Parental Commitment

1. We appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Trinity and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on the applicant's behalf and authorize this school to employ such discipline as indicated in the discipline policy.
2. We give permission for our child to go on field trips arranged by the teacher and approved by the administration. These educational trips will be properly supervised. The school carries accident insurance on our students, and it covers field trips. (Your own insurance still remains primary.) We will not hold the school administration or faculty liable in case of accident.
3. We pledge our fullest cooperation to refrain from doctrinal controversy and denominationalism within the school community.
4. We agree that if our child should become involved in any trouble with other children in the school we will, in the love of Christ and with prayer, register necessary complaints with the teachers or directors.
5. We understand that assessments will be made to cover damages to the school (including breakage of windows and abusing other personal property.)
6. We understand the school reserves the right to dismiss any student who does not: a. Respect and observe spiritual and/or behavioral standards and b. Cooperate in our educational goals or c. that the school believes requires a level of attention and instruction for which the school has no resources.
7. We understand that our failure to report psychiatric counseling, any prescribed program of medication, or involvement with juvenile authorities during the past three years may be cause for immediate dismissal.
8. We understand the school personnel hold a commitment to each family to be of any help possible in cooperating with the family in the academic, social and spiritual nurture of each child.
9. We agree to uphold and support the high academic standards of the school by giving our child encouragement in the completion of any homework or assignments. I have read and am committed to the above "Parental Commitment."

Father's Signature: Date:
Mother's Signature: Date:

Parent / Student Handbook Commitment

I have read the *Valor Christian High School Parent / Student Handbook* and commit to adhere to it in its entirety.

Father's Signature: Date:
Mother's Signature: Date:
Student's Signature: Date:

Christian Commitment

Valor Christian High School's Statement of Faith

1. We believe the Bible alone to be the Word of God, the ultimate and infallible authority for faith and practice.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. He is omnipotent; that is, He can do all things. He is omnipresent; that is, He is present to all creation, and has under His immediate authority all things which are in Heaven, in the earth, and under the earth. He is omniscient; that is, He knows all things. He readily exercises His power which is present everywhere, and to Him there is nothing that is impossible or unknown, that is, He knows what has been from eternity, what now takes place everywhere, and what will be to all eternity.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.
5. We believe that salvation is by grace through faith alone.
6. We believe that faith without works is dead.
7. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
8. We believe in the resurrection of both the saved and the lost; they that are saved to the resurrection of life, and they that are lost to the resurrection of damnation.
9. We believe in the spiritual unity of all believers in our Lord Jesus Christ.
10. We believe that God wonderfully and immutably created each person as distinctly male or female (Gen. 1:26-31; 2:18-25; 5:1, 2). These two distinct and complementary genders together reflect the image and nature of God. To reject one's biological gender is a rejection of the image of God within that person and is a sin against God.
11. We believe that marriage was created and sanctioned by God in which God joins one man and one woman in a single and exclusive union. (Gen. 2:24; Matt. 19:4-6) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. Any form of sexual intimacy outside of marriage is immoral and is a sin against God. (1 Cor. 6:15-7:6; Eph. 5:3-7) Sexual immorality includes, but is not limited to adultery, fornication, homosexual conduct, and pornography.
12. We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Ps. 139.)

Please check one:

- I have read and agree with the Statement of Faith
- I have read and do not agree with the Statement of Faith

Please check one:

- I am a follower of Jesus Christ, and I am training my child/children according to biblical standards. I believe that the Holy Bible is the true inspired Word of God.
- I am not a follower of Jesus Christ.

Father's Signature: Date:

Mother's Signature: Date:

Are you a member of a church family? If so, which?

Do you attend worship gatherings regularly?

If you think your Pastor would be willing to speak at a Chapel, please provide their contact information:

Pastor's Name: Phone Number:

Student Commitment

Please go over this with your child and make sure that he/she understands this commitment:

I will respect the Lord Jesus Christ and my teachers, always giving my best effort in the classroom. I will also respect others and their property and follow the rules of our school, including the following classroom expectations:

1. Glorify God in all interactions.
2. Stand at the start of each class out of respect for your teacher.
3. Start each class with prayer.
4. Treat your teacher and your classmates with respect.
5. Provide the instructor with your full attention and engagement.
6. Turn assignments in on-time.
7. Give your best effort across all subjects. Hard work is the expectation.
8. No use of electronics for communication, social media or video viewing during class time.
9. Do not disrupt the class. You are not only hurting yourself, but also your classmates.
 - a. No side conversations
 - b. No horse-play
10. Embrace new students with open arms and make them feel welcomed.

Student's Signature: Date:

Internet Use Policy

Users include all students, teachers, administrators, support staff, and visitors who have access to the Internet while on Valor property (through our network or your own wireless connection).

Students may have access to the Internet while working on class projects in a supervised setting. This includes use of any device (Valor provided or personal) that accesses the internet while on campus (through our network or your own wireless connection).

Laptop Use

Laptops are not needed unless otherwise specified by each teacher. If laptops are needed, they must stay in the student's locker until the class where they are needed.

Security and Safety

Users will accept the responsibility to the best of their ability, for keeping all inappropriate pictures, gambling material, inappropriate text files, materials dangerous to the health and safety of students and staff or files dangerous to the integrity of the network from entering the school via the internet or any media.

If a user has a concern about the internet or the Valor network, he/she is responsible to notify the school.

Users shall not use another individual's account for any reason.

Students have the responsibility to use computer resources for academic purposes as needed for their academic work; personal use is allowed when permission has been granted by a teacher each instance of use is desired. Students must abide by the restrictions set forth by faculty and staff members regarding internet use.

Father's Signature:	<input type="text"/>	Date:	<input type="text"/>
Mother's Signature:	<input type="text"/>	Date:	<input type="text"/>
Student's Signature:	<input type="text"/>	Date:	<input type="text"/>

Registration Fees & Tuition Schedule

Registration Fees

2024/2025 Registration	\$200 per student
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All annual registration fees are due with enrollment and are non-refundable.

Tuition 2024/2025

9th-11th Grade	\$6,500 / yr
Individual Class (Homeschool / A La Carte)	\$600 per credit* / yr

* Most of our classes are 2 credits

The payment cycle is 10 months: September through June. If you are accepted after September, your full yearly tuition will be divided over the remaining months of the payment cycle.

Your first payment signals your financial commitment for the entirety of the following school year. We will begin hiring teachers, setting salaries, and buying curriculum based on that commitment. If your child is withdrawn or expelled you agree to provide payment up to the end of the current month.

Discounts (per family)

Payment In Full By September 1st	5% off all students
1 Student	Full price
2 Students	10% off 2nd student
3 Students	15% off 3rd student
4 Students	20% off 4th student or more

Financial Payment Agreement

We understand that the tuition payments are due on the 1st of the month. There will be a grace period to the 5th of the month after which time a late fee of \$25.00 will be charged. If tuition becomes over 2 months delinquent, parents must make arrangements for payments to be made or student attendance may be suspended.

Father's Signature: Date:
Father's Driver's License Number: State:
Mother's Signature: Date:
Mother's Driver's License Number: State:

Automatic Tuition Payment (Optional)

Please make the monthly deduction from my:

- Checking Account (attach a voided check)
 Savings Account (attach a savings deposit slip)

Transfer my funds on :

- The 1st of each month
 The 15th of each month (no late fees will apply)

Start date:

The permission to charge my bank account is the same as if I had personally signed a check to Valor Christian High School. This agreement will remain in effect until:

1. I write a letter to Valor Christian High School requesting the agreement be ended, providing them with a reasonable amount of time to act on it.
— OR —
2. Valor Christian High School sends me 10 days written notice that they will end this agreement.

Signature: Date:
Printed Name:

*Attach Voided Check or Savings Deposit Slip Here

Authorization for Release of Pertinent School Information & Records

From:
School Name

Address City State Zip

To:
School City State Zip

Email: info@valorsandpoint.com

As the legal parent or guardian of:

Student's Name: Grade Level or Age:

I/we do hereby give our consent for the release of the following records to the above named school.
I/we know that I/we may receive a copy of these records or challenge the content of such records.

The following records to be sent include:

1. Cumulative record folder (grades, credits, standardized test data.)
2. Medical data (information pertinent to school).
3. Psychological/Educational/Emotional assessments
4. Placement data for special services (resources, gifted, etc).

Parent / Guardian Signature: Date:

Relationship To Student:

Consent To Medical Treatment & Medical Information Release Authorization

We, the undersigned parent or guardian of _____, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor _____, M.D., or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before the school or other organization calls any other physician. It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Valor Christian High School or the physician to exercise their best judgment as to the requirement of such diagnosis or treatment. This consent shall remain in continuous effect as long as the student is enrolled at Valor Christian High School or until consent is revoked in writing and delivered to the physician named above and to the school entrusted with the custody of the said minor. Valor Christian High School plans to use this consent only in the case of an emergency or injury sustained while the student is in the care of this school, i.e., during school hours, while the student is being supervised by the school on school premises, or at other school-related functions when a parent cannot be reached for verbal consent. We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to Valor Christian High School's insurance service, or its representative, any appropriate information necessary for insurance purposes. A photocopy of this authorization shall be considered effective and valid as the original. One signature required from any of the following:

Father's Signature:	_____	Date:	_____
Mother's Signature:	_____	Date:	_____
Legal Guardian's Signature:	_____	Date:	_____

Allergy Program & Medical Alert

There may be students at Valor with life-threatening allergies to nuts, nut products or other allergens. Valor will inform all families if there are any life-threatening allergies among our students anytime during the school year. We may have to implement new food policies from time to time to keep all children safe. All of our staff has been trained should a medical emergency arise and our cleaning staff consistently sanitizes common areas, but we ask all of our families to follow a few guidelines to ensure this never happens.

Please discuss this with your student:

1. Do not offer, share, or exchange food with other students at school.
2. All students are asked to wash their hands with soap and water or with hand wipes after lunch to decrease the possibility of cross contamination on surfaces at school.
3. We ask that children bring healthy snacks and lunches. Soda is not allowed.
4. If there are students with peanut or nut allergies, we will provide a nut-free table in the cafeteria. Even trace elements of some products could result in a severe allergic reaction that could hinder the ability to breathe. Sometimes these elements may be hidden in processed foods, but are always required to be printed on the label. If a medical allergy alert is called for, please strictly adhere to any banned allergen. We appreciate each parent's help in implementing this program. If there are questions, you are always welcome to call and ask questions throughout the year. Our staff will be happy to help make it as easy as possible.

Father's Signature: Date:
Mother's Signature: Date:

Permission To Give Over-The-Counter (OTC) Medication

The following information is to be completed and signed by the parent or guardian:

Student Name: Birth Date:

Weight:

Allergies:

Special Instructions:

I hereby give my permission for my student, , to receive the below listed OTC medications, according to the listed directions and cautions, from the Valor administrators, teachers, or auxiliary staff. I confirm that I have given at least one dose of the below listed medications without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the below OTC medication in its original container.

- Acetaminophen (all brands)
- Ibuprofen (all brands)
- Allergy Relief such as Benadryl (all brands) both oral and ointment
- Triple antibiotic ointment or spray such as Neosporin (all brands)
- Anti-itch Cream (all brands)
- Cough Drops (all brands) (All prescription medications require an additional form and signature.)

Any OTC or prescription medicines must be given to the teacher or to the office. They cannot be kept in a student's desk or backpack.

Father's Signature: Date:

Mother's Signature: Date:

Valor Christian High School Photo Release Form 2024/2025

I hereby grant Valor Christian High School (Valor) permission to use my student's photographs without payment or any other consideration in the following ways:

- In the yearbook for our families only
- On our website
- On our school social media: Facebook, Instagram, Youtube, etc
- In school advertisements
- All of the above I understand and agree that these materials will become the property of Valor. I hereby irrevocably authorize Valor to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing Valor programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my student's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Student Name:

I hereby certify that I am the parent or guardian of the student named above, and do hereby give my consent without reservation.

Father's Signature: Date:

Mother's Signature: Date:

Student Snapshot 2024/2025

Help your child's teachers get to know him/her. This page will be shared with each teacher.

Student Name: Preferred Nickname:

Age: Birthday:

Favorite activity:

Preferred contact & number for calls during the day:

Preferred contact & number for calls in the evening:

Would you be able to drive for field trips? If so, which days?

Please indicate a preference for quick informational items: (circle one) phone call / email / text message

Preferred email address for parent contact:

Preferred number for phone calls or text messages:

Does your student wear eyeglasses? If yes, when?

Does your student have computer and internet access at home?

Please tell us what your family is most looking forward to at Valor.

Favorite Books and/or Genre:

Favorite academic school subject:

Who may pick up your child from school?

Student Personal Testimony

(To be completed by the applying student.) In your own words, share the story and process of your coming to faith in Jesus Christ.



Student Short Essay

(To be completed by the applying student.) Please write a short essay answering the question of “What characteristics will you bring to Valor should you be admitted?”

A large rectangular area with horizontal lines, intended for writing a short essay. The lines are evenly spaced and cover the majority of the page's width and height.

Student Sports Interest 2024/2025

Please check the boxes next to the following Valor sport team(s) your child may be interested in participating in during the upcoming academic year.

Girls Volleyball

Sporting Clays

Girls Volleyball

The new girls volleyball team represents not just an opportunity for athletic achievement, but a platform for personal growth and community pride. It fosters discipline, teamwork, and resilience—values essential both on and off the court. For many, it's a chance to forge lasting friendships, create unforgettable memories, and leave a legacy for future generations of athletes to emulate. With determination and dedication, this inaugural volleyball team prepares to make its mark, embodying the spirit of sportsmanship and unity that defines the heart of high school athletics.

More details coming soon!

Sporting Clays - USA Clay Target League

Sporting Clays is an exhilarating high school sport designed to introduce students to the dynamic world of clay target competition. This co-ed sport immerses participants in the art of shotgun shooting, focusing on precision, focus, and sportsmanship. Led by experienced instructors, students learn the fundamentals of marksmanship, firearm safety, and proper shooting techniques in a controlled and supervised environment. Through hands-on practice sessions and simulated target scenarios, participants develop their skills while fostering a deep appreciation for the sport's tradition and camaraderie. Safety is paramount, with strict adherence to established protocols and procedures ensuring a secure learning environment for all students.

See www.usaclaytarget.com for more information. More details coming soon!