



**OFFICE USE ONLY**

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

Registration Fee: \_\_\_\_\_

Placement Test: \_\_\_\_\_

Family Interview: \_\_\_\_\_

2025-2026 Admissions Application

**FAMILY INFORMATION**

Father/Guardian: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If Divorced/Remarried, who has legal custody? \_\_\_\_\_

*Copy of custody documents must be kept in confidential school file.*

*Emergency Contact must be local.*

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**STUDENT INFORMATION**

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

Preferred Name/Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Last Grade Completed: \_\_\_\_\_

*Please see last page to add additional students.*

Other Children in Family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about Collegium? \_\_\_\_\_

\_\_\_\_\_

**FAITH INFORMATION**

Church Attending: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Involvement: \_\_\_\_\_

Please summarize your personal testimony. How did you come to know Christ as your personal Lord and Savior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATION INFORMATION**

If applicable, what is your experience with homeschooling? \_\_\_\_\_

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Are you familiar with the Classical Model of Education? If so, what is your experience?

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Collegium is a Christian and classical program. What caused you to consider a Christian education for your children? \_\_\_\_\_

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Collegium is focused on the reading of quality literature, and writing and speaking well. Please comment on the books your child/children have read in the past year and what writing experience your children have had (curriculum used, level completed, etc.).

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Is there anything you feel we should know about your child?

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**ADDITIONAL INFORMATION**

We have a requirement for each family to fill four volunteer slots for lunch/study hall monitoring each semester. For working parents, or parents who have obligations that preclude them from volunteering, we offer a fee in place of volunteering. Do you understand this policy?

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We partner with Literacy First, a reading intervention program that operates on our campus as a benefit for our families. If you have a child between 5 and 11 and they have reading difficulty, would you be interested in more information?

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Are you interested in joining our teaching staff? What subjects would you be interested to teach?

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**ADDITIONAL STUDENTS APPLYING**

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

Preferred Name/Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Last Grade Completed: \_\_\_\_\_

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

Preferred Name/Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Last Grade Completed: \_\_\_\_\_

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

Preferred Name/Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last School Attended: \_\_\_\_\_

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

Last Grade Completed: \_\_\_\_\_



### 2025-2026 Annual Tuition and Fees

CORE LEVEL	CORE TUITION	ELECTIVE TUITION
<b>Beginnings</b> <b>Grammar Level 1</b> <b>Grammar Level 2</b>	\$1485	\$200/hour
<b>Grammar Level 3</b> <b>Grammar Level 4</b> <b>Grammar Level 5</b>	\$2245	\$200/hour
<b>Dialectic 1-3</b>	\$2750	Dialectic 1 & 2 - \$160/hour Dialectic 3 - \$170/hour
<b>Rhetoric 1-3</b>	\$170/hour	

*Grammar Core Classes Include:*

*History, Literature, Bible, Grammar, Writing, and Latin*

*Dialectic Core Classes Include:*

*History, Literature, Theology, Grammar, Writing, Logic, and Latin*

*Hourly courses and electives are charged **per hour, per year.***

**ADDITIONAL FEES:**

- Family Registration Fee:
  - \$225 for Returning Families by January 31, 2024
  - \$300 for New Families and Returning Families after February 1, 2024
- Books and Materials are purchased by families.
  - Curriculum Book list provided by Collegium Director.
- Participation in Evangel Christian Academy sports will incur a fee payable to ECA.
- Some classes/activities may require an additional fee, such as science labs, concert attire, study hall fee (if unable to volunteer), standardized testing, etc.



## Statement of Faith

Each member of the Collegium Study Center and each teacher associated, having accepted Jesus Christ as personal Savior, shall subscribe annually in writing to the following Statement of Faith.

1. We believe there is one living and true God, eternally existent in three persons: Father, Son, and Holy Spirit. He is the creator and sustainer of all things, and is the sources of all truth. He is holy, righteous, good, loving, and full of mercy. He upholds disposes and governs all creatures, actions, and things. In His ordinary providence He makes use of means, yet is free to work without, above, or against them at His pleasure.
2. We believe in the true deity and full humanity of our Lord Jesus Christ. We believe 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 where He reigns as Lord of heaven and earth, and in His personal return in power and glory.
3. We believe the present ministry of the Holy Spirit is to dwell in the hearts of believers, effecting their regeneration and operating in their sanctification thus enabling them to live a godly life.
4. We believe man was created in God's own image and is called to reflect holiness through obedience to His commandments. Adam and Eve were tempted by Satan to disobey God's command. They fell from their original state of innocence and fellowship with God, and came undertake power and penalty of sin. All men, as a result, are fallen, separated from God, and under His condemnation.
5. We believe that salvation is by grace through faith alone, and that good works, done in obedience to God's commandments, are the fruits and evidences of a true and lively faith.
6. We believe the 66 canonical books of Holy Scripture to be God's Word. They are inspired, authoritative and, in the original writings, completely without error and are the final authority in faith and life.
7. We believe in the resurrection of both the saved and the lost; those who are saved to the resurrection of life and those that are lost to the resurrection of damnation.

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

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



## 2025-2026 Emergency Medical Information Form

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Level: \_\_\_\_\_

Medications/Special Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

*Please provide **reachable** contact numbers for illness or emergency*

**Father/Guardian Name:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Other/Guardian Name:** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_



**MEDICATIONS**

1. Any short-term prescription medication needed by the student must be kept in the school office in the **original** prescription bottle with specific pharmacy-label instructions for time of dosing, amount of dose, expiration date, and dosing route.
2. Any long-term prescription medication needed by the student must be kept in the school office and must be accompanied by a doctor-signed action plan.
3. If the student becomes ill while at school, **he/she must first report to the school office** and arrangements will be made to attend to the illness, including phone calls.
4. The school office attempts but cannot guarantee to keep supplies of generic acetaminophen, ibuprofen, antacids, Benadryl, and cough drops.
5. Parents may also bring in their personal supply of any over-the-counter medications in their original packaging. The package must have an original label with written instructions, and it must be labeled with the child's name. **Please note, dosage cannot exceed package instructions unless specific written doctor's permission slip is on file.**

**PLEASE INDICATE YOUR INSTRUCTIONS BELOW**

I grant permission for my children to be given, upon their request, and in accordance to package instructions. Please indicate below which medications you approve.

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Antacids \_\_\_\_\_ Benadryl \_\_\_\_\_ Cough Drops \_\_\_\_\_

I request that I be contacted before any medications are administered to my children.

**PLEASE SIGN BELOW TO CONSENT TO EMERGENCY MEDICAL TREATMENT:**

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Head of School of Evangel Christian Academy or his/her designee to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Head of School or his/her designee, Evangel Christian Academy and V7PC from any liability which might arise from the giving of such authorization; it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL STUDENTS**

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Level: \_\_\_\_\_

Medications/Special Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Level: \_\_\_\_\_

Medications/Special Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_