



DENBIGH BAPTIST CHRISTIAN SCHOOL

13010 Mitchell Point Road ✧ Newport News ✧ Virginia ✧ 23602-6912
(757)249-2654 FAX(757)249-9480



*A Ministry of
Denbigh Baptist Church*

Mr. Robert T. Law
*Administrator
High School Principal*

Mr. Stephen L. Fletcher
Elementary/Middle School Principal

Pastor Rick L. Wilson
Senior Pastor

Mrs. Stephanie Holloway
Guidance Counselor

Mr. Steve Schindler
Athletic Director

Shaping Hearts and Minds

PURPOSE STATEMENT

The purpose of Denbigh Baptist Christian School, a mission outreach of Denbigh Baptist Church, is to assist the family in fulfilling their God-given responsibility for the training of their child, by providing an education marked by a Biblical world view, curricular and extra-curricular excellence, and affordability so that students will be equipped to impact their world for the glory of God.

MISSION STATEMENT

The mission of Denbigh Baptist Christian School is to EDUCATE the mind, NURTURE the soul, and SHAPE the character of each student and staff member in a Christ-centered environment, based on the Truth of God's Word.

VISION STATEMENT

The vision of Denbigh Baptist Christian School is to develop students who will ENGAGE God's Truth, EXAMINE all things in light of God's Truth, and EMBRACE what is consistent with God's Truth.



*Accredited by the Association of Christian Schools International,
and recognized by the Commonwealth of Virginia
through the Virginia Council for Private Education*



WELCOME LETTER

Thank you for considering Denbigh Baptist Christian School for the educational needs of your child. We thank God for every student who enrolls in our school and appreciate the opportunity to invest in each life. Many of your questions will be answered as you review the attached materials, and we suggest that you visit our website at www.dbcs.org for more information.

Founded in 1970 as a ministry of Denbigh Baptist Church, the purpose of DBCS is to provide a sound education, integrated with a Christian view of God and the world, based upon the authoritative and inerrant Word of God. Our Statement of Faith, which governs both the church and school, can be found on the church's website at www.dbconline.com. The DBCS Student Handbook can be accessed and downloaded at our website or a printed copy may be picked up at the school office.

Today, DBCS is a school of approximately 220 students with classes from our Early Learning Center through the 12th grade. Since 1997, we have been accredited by The Association of Christian Schools International, an agency which is recognized in the Commonwealth of Virginia through the Virginia Council of Private Education.

Our school offers a traditional academic setting in which the fundamentals, including a phonetic reading program, are taught. Music, Art, and Computers are a regular part of the elementary and middle school curriculum and are offered as electives in high school. Students can graduate from DBCS with a General Studies Diploma or an Advanced Studies Diploma. Honors and Advanced Placement courses are offered for qualified high school students. Select dual credit courses are available to qualified Juniors and Seniors.

Denbigh Baptist Christian School is pleased to offer an exciting athletic program for both girls and boys. With Middle School, Junior Varsity, and Varsity teams, students participate in interscholastic athletics through the METRO Athletic Conference. Our program includes soccer, volleyball, cross country, basketball, baseball, and track.

Our graduates have continued their education at such technical schools as The Apprentice School at Newport News Shipbuilding. Others have been admitted to very selective colleges in the Commonwealth of Virginia as well as across the country. Some of these schools include the College of William and Mary, Virginia Tech, the University of Virginia, the United States Air Force Academy, the United States Naval Academy, Liberty University, Grove City College, and Wheaton College.

We look forward to meeting you and your child!

Robert Law
Administrator

"The fear of the Lord is the beginning of knowledge: but fools despise wisdom and instruction"
Proverbs 1:7



FINANCIAL INFORMATION 2022-2023

1. Registration and Testing Fees

These fees are *non-refundable* and are not deducted from tuition

- * **\$100** Registration fee per student / **\$200** max. per family
- * Testing fee per student, payable on day of testing, if testing is required
\$25 for grades E3-K5 / **\$45** for grades 1-12

2. Tuition

*The book fees are now included in the tuition payment.

	E3 3-Day 1/2 Day	E3/E4/K5 5-Day 1/2 Day	E3 - 5 th Grade	6 th – 8 th Grade	9 th – 11 th Grade	12 th Grade
1st Child	\$2,900	\$4,490	\$6,640	\$7,510	\$7,720	\$7,980
2nd Child	\$2,610	\$4,040	\$5,980	\$6,760	\$6,950	\$7,190
3rd Child	\$2,320	\$3,590	\$5,310	\$6,010	\$6,180	\$6,390

Payment Plans

- * In full: Payment due: August 1. **2% discount**
- * Per semester: Payment due: August 1 and January 2. **1% discount**
- * 10-month: Payment due: 1st of the month, August-May.
- * 12-month: Payment due: 1st of the month, June-May.

Payment plans do NOT include Registration, Testing, Athletics, HS Art, EC and Lunch Fees. These fees must be paid in full.

Methods of Payment

- * Cash, Check, Debit Card, Money Order
- * Credit Cards: Visa, MasterCard, Discover. Credit card payments are NOT accepted over the phone.
- * Payments are accepted online at www.dbcs.org.
You can find this on the Home page at the top right—PayOnline or at the bottom under Services—Online Payment.

3. Athletics Fee (Grades 5-12th)

- * **\$125** per student per sport. This fee is payable at the beginning of the athletic season.

DBCS Financial Policy

- * Tuition is due by the close of business on the 1st of the month.
- * **Late Fee:** \$50 late fee will be assessed each month on any unpaid balance (not paid in full), or for payments made after the 15th or the first business day after the 15th.
- * **NSF Fee:** \$35 fee will be assessed for checks returned for non-sufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's checks, money orders, cash, or certified check) will be accepted for payment.
- * **Accounts in Arrears:** If unforeseen financial difficulties arise, parents/guardians are responsible to notify the School Administrator immediately. DBCS reserves the right to suspend educational services, exam administration, and issuance of grades, transcripts, and medical records due to delinquent accounts. If an account reaches 60 days in arrears, you will be asked to remove your student(s) from school until the delinquent amount has been paid.
- * **Early Withdrawal:** If a student is unable to complete the academic year, tuition must be paid through the month the student was enrolled. An administrative fee of \$200 will be charged to cover the cost of textbooks and the cost of transferring student records.
- * **No student will be allowed to reenter school in August until all accounts are paid in full.**



APPLICATION PROCEDURES

Step 1-Application Package

Complete the online portion with Gradelink. Turn in the completed application package, along with the non-refundable registration fee of \$100 per student / \$200 max. per family.

No documents may be faxed or e-mailed to the school separately.

When your student's completed application is received, this reserves a space in the desired grade as your family goes through the application process. Receipt of the application does not guarantee final acceptance into the desired grade.

Step 2-Testing

Entrance testing will be scheduled for your student.

Testing will be required for grades E3 - 5th and may be required for 6th - 12th. Payment of \$25 for grades E3 - K5 or \$45 for grades 1 - 12 will be due at the time of testing.

Step 3-Interview

A parent/student interview with the respective principal will be scheduled when the applicant is brought in for testing.

Families that have students applying to both the elementary and the middle/high school will interview with both principals.

Students are required to attend the interview.

Step 4-Notification

The parent/guardian will receive notification of acceptance or denial, following the interview.

All acceptances are provisional, pending the receipt of official student records from the previous school(s).



APPLICATION CHECKLIST

Your child's application **MUST** include each item on this list.

Grades E3-12th

- ☐ Registration fee of \$100 per student, with a maximum of \$200 per family
- ☐ Online registration with Gradelink
- ☐ Fully completed student application forms
- ☐ Child's original state-issued birth certificate
- ☐ Final custody judgment, if applicable
- ☐ Recent copy of the child's immunization record
- ☐ Recent copy of the child's latest physical

Grades 1st-12th

- ☐ Latest report card from current school year
- ☐ Final report card from the previous grade
- ☐ Latest achievement test scores
- ☐ Copies of all IEPs, 504 plans, or public school mandated "Instructional Support Plans" the applicant has ever received
- ☐ Homeschool Students: If the student's coursework is not transcribed by an external source, please complete a Homeschool Student Report for each year of homeschooling



TEXT ALERTS

Mr. Fletcher invites you to join DBCS



To receive messages via text, text **@dbcsr** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe @dbcsr'.

Trouble using 81010? Try texting **@dbcsr** to **(757) 301-4181** instead.



Enter this number

Text this message

Or to receive messages via email, send an email to **dbcsr@mail.remind.com**.

To unsubscribe, reply with 'unsubscribe' in the subject line.



Stay informed about DBCS news. Sign up today!



School Calendar 2022-2023

Minutemen

*School begins at 8:15 am. Drop-off is from 7:45-8:10. Elementary Dismissal is at 3:05.
Middle / High School Dismissal is at 3:15. On half-days, Elementary dismisses at 11:35 am,
Middle/High School at 11:45 am, and Extended Care remains open until 6 pm.*

AUGUST '22

- 1 Fall Sports Try-Outs ~ see website
- 3-4 Praise Band Camp ~ 10 am - 1 pm
- 12, 15 Teacher Work Days
- 12 Lifetouch Seniors & Staff Portraits
- 16 Open House ~ 3 - 5 pm
- 6th & 7th Grade Orientation ~ 4 - 4:30 pm
- 9th Grade Orientation ~ 4:30 - 5 pm
- 17 1st Day of School ~ ½ Day
- 18 ½ Day
- 19 Full days begin

SEPTEMBER '22

- 5 NO SCHOOL ~ Labor Day
- 6-9 MS/HS Spiritual Emphasis Week
- 12 All-School Fundraiser Kick-off
- 14 Mid-Quarter
- 21 Lifetouch Fall Photos
- Lifetouch Fall Sports Photos ~ 3:30-5:30 pm

OCTOBER '22

- 5-7 Sophomore/Junior Trip
- 10 NO SCHOOL ~ Columbus Day
- 12 PSAT Testing for Sophomores
- 14 1st Quarter ends
- 19 Report Cards sent home
- Lifetouch Sibling Photo Day
- Lifetouch Fall Photos Make Up Day
- Senior/ Staff Portraits Make Up Day

NOVEMBER '22

- 4 Chili Cook-off (tentative)
- 11 Mid-Quarter
- 16 Lifetouch Winter Sports Photos ~ 3:30-5:30 pm
- 23-25 NO SCHOOL ~ Thanksgiving Holiday

DECEMBER '22

- 2 MS/HS Christmas Concert ~ 7 pm
- 9 Elementary Christmas Concert ~ 7 pm
- 12 ½ Day ~ Exam Review
- 13 ½ Day ~ 7th Period Exam / Exam Review
- 14 ½ Day ~ 1st & 4th Period Exams
- 15 ½ Day ~ 2nd & 5th Period Exams
- 16 ½ Day ~ 3rd & 6th Period Exams
- 1st Semester ends
- 17-1/2 NO SCHOOL ~ Christmas Holiday

JANUARY '23

- 3 School resumes
- 4 Report Cards sent home
- 7 Homecoming
- 16 NO SCHOOL ~ Martin Luther King, Jr. Day

FEBRUARY '23

- 8 Mid-Quarter
- 15 Lifetouch Class Photos/12th & K5 Cap & Gown
- 20 NO SCHOOL ~ Presidents' Day
- 2/27-3/4 Senior Trip—Tentative

MARCH '23

- 8 Lifetouch Spring Sports Photos ~ 3:30-5:30 pm
- 14 3rd Quarter ends
- 20 Report Cards sent home
- 27-31 Achievement Testing

APRIL '23

- 3-7 NO SCHOOL ~ Spring Break
- 14 MS/HS Spring Concert ~ 7 pm
- 19 Mid-Quarter
- 21 Elem. Grandparent's Day Concert ~ 9:30 am
- 22 Sophomore Ring Banquet

MAY '23

- 1-5 HS Art Display
- 5 Junior/Senior Banquet
- 17 K5 Graduation ~ 10 am
- Last Day of School ~ E3, E4, & K5
- 19 8th Grade Promotion ~ 11 am
- 22 ½ Day ~ Exam Review
- 23 ½ Day ~ 1st & 4th Period Exams
- 24 ½ Day ~ 2nd & 5th Period Exams
- 25 ½ Day ~ 3rd & 6th Period Exams
- 26 Last Day of School ~ ½ Day
- 7th Period Exam ~ 8:30 am
- 1st-5th Grade Awards ~ 8:30 am
- 5th Grade Promotion ~ 8:30 am
- MS/HS Awards ~ 10:05 am
- Graduation Class of 2023 ~ 7 pm



ONLINE REGISTRATION OPTION

Our school offers online registration through Gradelink here:

<https://secure.gradelink.com/730/enrollment>

Denbigh Baptist Christian School

[Complete Enrollment](#) [Create Account](#) [Password Reset](#)

Welcome to the online enrollment site for Denbigh Baptist Christian School
If this is your first time here, you will need to register using your email address

Email Address

Password

Confirm Password

Is this a Public Computer? ☒ Yes ☐ No

[Terms of Service](#) [Privacy](#) [Contact](#) [Home](#)

© 2015 Gradelink, Corp. All rights reserved.
Terms, conditions, features, availability, pricing, support and service options subject to change without notice.



Registration Fee: \$100 per student / \$200 maximum per family



ADMISSION APPLICATION 2022-2023

Denbigh Baptist Christian School adheres to a policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded, or made available to students at the school. DBCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, athletic, or any other policies or school-administered programs. However, DBCS reserves the right to refuse admission to, or dismiss, any student if they or their family profess, promote, or participate in a lifestyle that is contrary to the established teaching of Denbigh Baptist Church.

Student's Name: _____
Last First Middle

Date of Birth: ____/____/____ **Age:** _____ **Male:** _____ **Female:** _____

Grade Entering: _____ **ELC If Half Day Only:** ____ **3-Day (E3 ONLY) or** ____ **5-Day (E3,E4,K5)**

Address: _____

City State Zip Code

Student's Cell Phone: _____

Parental Marital Status: ____ Married ____ Separated ____ Divorced ____ Single ____ Custody Paperwork

Student lives with: ____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Other

US Citizen? ☐ Yes ☐ No

Country of Visa _____

Expiration of Visa ____/____/____

Family 1

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

E-Mail _____ E-mail _____

Place of Employment _____ Place of Employment _____

Church Affiliation _____ Church Affiliation _____

Family 2

Father/Guardian _____ **Mother/Guardian** _____

Address _____ Address _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Work # _____ Work # _____

E-Mail _____ E-mail _____

Place of Employment _____ Place of Employment _____

Church Affiliation _____ Church Affiliation _____

Admission Application continued

Please provide two LOCAL emergency contacts who can pick up your child from school if we are unable to reach you in the event of an illness or an emergency school closure

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Please list all schools the student has attended.

SCHOOL NAME	COMPLETE ADDRESS	GRADES

Condition of student's health: Excellent _____ Good _____ Fair _____ Poor _____

Does your child have any disability or medical condition that may require special services or care?

_____ No _____ Yes If "Yes" please explain _____

Does your child suffer from any allergies? _____ No _____ Yes

If "Yes", is treatment required? _____ Will medication need to be kept at school? _____

WAIVER OF CONFIDENTIAL MATERIALS

We understand that recommendations and evaluations obtained for the purpose of admission to Denbigh Baptist Christian School are **confidential** (excluding transcripts), and as parents/legal guardians, we waive our right to them. To the best of our knowledge, the information in this application is accurate. We also understand that misrepresentation might invalidate the application process or be grounds for dismissal after enrollment.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____



Admission Application continued

**All the following questions require an explanation, if answered "Yes".
Please use a separate sheet of paper, if needed.**

- 1.** Has the applicant ever "skipped" or been placed in a higher grade?
No _____ Yes _____ Explain: _____
- 2.** Has the applicant ever repeated a grade?
No _____ Yes _____ Which grades? _____ Explain: _____
- 3.** Have there been discipline problems that required intervention beyond that of the classroom teacher?
No _____ Yes _____ Explain: _____
- 4.** Has the applicant ever been suspended, expelled, or asked to withdraw from a school?
No _____ Yes _____ Explain: _____
- 5.** Has the applicant ever been brought before the juvenile court or any law enforcement agency?
No _____ Yes _____ Explain: _____
- 6.** Has the applicant ever been suspected of having a learning disability or attention challenges?
No _____ Yes _____ Explain: _____
- 7.** Has the applicant ever been tested for a learning disability or attention challenges?
No _____ Yes _____ If "Yes", a copy is required. Explain: _____
- 8.** Has the applicant ever had an IEP, 504 Plan (including speech/language), or an Instruction Support Plan?
No _____ Yes _____ If "Yes", a copy is required. Explain: _____
- 9.** Has the applicant ever required academic accommodations?
No _____ Yes _____ Explain: _____
- 10.** Has medication ever been recommended or prescribed for emotional, learning, or attention challenges?
No _____ Yes _____ Explain: _____
- 11.** Please list the name(s) of any private practice counselor, psychiatrist, or clinical psychologist applicant has seen/sees _____
- 12.** Has the applicant ever attended a school or participated in a program designed for students who have special academic needs or abilities (including gifted, special education, tutoring, or therapy)?
No _____ Yes _____ Explain: _____



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



STATEMENT OF COOPERATION

In submitting this application for my child, it is my desire to have him/her complete the 2022-2023 school year. I understand that the policy of the school is to make no refund on registration or testing fees.

I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises. I absolve the school from liability to me or my child because of injury to my child at school or during any school activity.

I also give permission for emergency medical treatment, to be administered, as deemed necessary by the attending medical personnel, while my child is under the supervision of Denbigh Baptist Christian School (DBCS). This includes the school's athletic program and all other school-sponsored activities.

I understand that DBCS occasionally uses photographs of individual students, as well as the entire student body, in various newsletters, publication ads, brochures, bulletin boards, videos, school Facebook page, and school websites. I understand that if this is problematic for me, I will inform the office staff when submitting this application.

I understand that, if I, or any member of my immediate family, reach a point of disagreement on an issue of a non-criminal nature with DBCS and/or its legal corporate entity, in keeping with I Corinthians 6:1, I agree to submit to a board of conciliation, the members of which have been mutually selected by myself and officials of the school, rather than taking the dispute to a civil court. I agree that the procedure to be followed, including costs involved, will be that which has been established by the Association of Christian Conciliation Services.

I understand that students are admitted for one year at a time, and that DBCS reserves the right to dismiss a student at any time during the school year. Any student who persistently neglects work, who fails to meet academic standards, who exercises poor citizenship, or who fails to cooperate, may be asked to withdraw from the school. Specifics concerning academic, spiritual, and behavioral standards are detailed in the Student Handbook.

As a parent of an **Early Education/Elementary** student, I have read and agree to support the school in following the policies stated above and in the Denbigh Baptist Christian School Student Handbook. If any questions or problems arise, I will bring them to the attention of the proper authority.

Early Education or Elementary Parent/Guardian Signature

Date

OR

I and my **Middle/High School** student have read and agree to support the school in following the policies stated in the Denbigh Baptist Christian School Student Handbook. If any questions or problems arise, I will bring them to the attention of the proper authority.

Middle/High School Parent Signature

Date

Middle/High School Student Signature

Date



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RECORDS RELEASE

This is an official records request.

Student's Printed Name _____ Date of Birth _____ Grade Entering _____

Transferring from:

School Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

I, _____, hereby authorize _____
Parent/Guardian Student's Current School

to release the following records of _____
Student's Printed Name

to the Admissions Office of Denbigh Baptist Christian School for the purpose of admissions review and academic placement.

1. Official transcripts/grades and comments for the previous academic years
2. Results of standardized achievement and/or aptitude tests
3. Records of attendance and disciplinary actions
4. Records of personal evaluations, psychological reports, legal reports, medical reports
5. Confidential records, including IEPs

Parent/Guardian Signature Date

Transferring School: Please send the records listed above to:

Denbigh Baptist Christian School
Director of Admissions
13010 Mitchell Point Road
Newport News, VA 23602
Fax: (757) 249-9480
E-mail: chughes@denbighbaptist.org



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Elementary School Evaluation Form

Kindergarten – 5th grade

Student's Name _____ **Current Grade** _____

Teacher _____

School Name _____

School Address _____

I hereby authorize the release of my child's records and evaluative data to DBCS.

Parent/Guardian Signature _____ **Date** _____

Teacher:

Please complete the following information on the above named student and return this form as soon as possible. Your observations are important to us and will be held in the strictest confidence. Thank you for your time and attention to this evaluation.

Academic Performance	MATURE	AGE APPROPRIATE	STILL DEVELOPING	IMMATURE
Listening Skills				
Effort and Drive				
Study Habits				
Intellectual Curiosity				
Ability to Work Alone				
Participation in Discussion				
Ability to Write				
Ability to Express Ideas Orally				
Follows Directions				
Uses Suggestions and Corrections				
Seeks Help When Needed				
Attention Span				
Creativity and Original Thinking				
Academic Achievement				
Academic Ability				

Personal Qualities	MATURE	AGE APPROPRIATE	STILL DEVELOPING	IMMATURE
Maturity				
Consideration of Others				
Social Interaction with Peers				
Behavior				
Participation in Group Activities				
Self-Control				

Student Character Please check the boxes that describe the student	<input type="checkbox"/>	Honest	<input type="checkbox"/>	Disobedient	<input type="checkbox"/>	Responsible	<input type="checkbox"/>	Irritable	<input type="checkbox"/>	Shy
	<input type="checkbox"/>	Influential	<input type="checkbox"/>	Social	<input type="checkbox"/>	Manipulative	<input type="checkbox"/>	Conscientious	<input type="checkbox"/>	Articulate
	<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Confident	<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Easily Discouraged	<input type="checkbox"/>	Organized
	<input type="checkbox"/>	Positive Leader	<input type="checkbox"/>	Self-Centered	<input type="checkbox"/>	Helpful	<input type="checkbox"/>	Vivacious	<input type="checkbox"/>	Self-Disciplined
	<input type="checkbox"/>	Perfectionist	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>	Negative Leader	<input type="checkbox"/>	Motivated	<input type="checkbox"/>	Passive-resistant

Additional Comments

Academic Strengths and Weaknesses
Is the parent's perception of the child compatible with the school's understanding of the child?
Comments or other information you believe might be helpful

Please Rate the Following	Above Grade Level	At Grade Level	Below Grade Level
Writing Ability			
Reading Comprehension			
Math Ability			

Teacher's Signature _____

Date _____



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ENGLISH TEACHER RECOMMENDATION

Parent/Guardian:

Please sign the authorization below and return with your child's application. If additional insight/evaluation is required by our review committee, this will be mailed to your child's former English teacher.

Student's Printed Name Date of Birth Grade Entering

Current English Teacher's Name

School Name

Street Address

City State Zip

Phone Number Fax Number

I hereby authorize the release of my child's records and evaluative data to DBCS.

Parent/Guardian Signature Date

Teacher:

Please complete the following information (front and back) on the above named student and return this form in the envelope provided as soon as possible. Thank you for your time and attention to this evaluation.

In what capacity and for how long have you known this student?

Please elaborate on this student's strengths and weaknesses.

ENGLISH RECOMMENDATION CONT...	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Peer relationships					
Adult relationships					
Integrity					
Positive leadership					
Self-confidence					
Consideration of others					
Receives correction graciously/humbly					
Academic achievement					
Academic potential					
Attention span					
Use of time					
Written expression					
Verbal expression					
Homework completion					
Creativity					
Classroom conduct					

I ☐ do not recommend ☐ recommend ☐ strongly recommend
this applicant for admission to Denbigh Baptist Christian School.

Printed Name of Recommending Teacher

Signature

Name of School

Date

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MATH TEACHER RECOMMENDATION

Parent/Guardian:

Please sign the authorization below and return with your child's application. If additional insight/evaluation is required by our review committee, this will be mailed to your child's former Math teacher.

Student's Printed Name

Date of Birth

Grade Entering

Current Math Teacher's Name

School Name

Street Address

City

State

Zip

Phone Number

Fax Number

I hereby authorize the release of my child's records and evaluative data to DBCS.

Parent/Guardian Signature

Date

Teacher:

Please complete the following information (front and back) on the above named student and return this form in the envelope provided as soon as possible. Thank you for your time and attention to this evaluation.

In what capacity and for how long have you known this student?

Please elaborate on this student's strengths and weaknesses.

MATH RECOMMENDATION CONT...	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Peer relationships					
Adult relationships					
Integrity					
Positive leadership					
Self-confidence					
Consideration of others					
Receives correction graciously/humbly					
Academic achievement					
Academic potential					
Attention span					
Use of time					
Written expression					
Verbal expression					
Homework completion					
Creativity					
Classroom conduct					

I ☐ do not recommend ☐ recommend ☐ strongly recommend
this applicant for admission to Denbigh Baptist Christian School.

Printed Name of Recommending Teacher

Signature

Name of School

Date

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HEALTH INFORMATION FORM 2022-2023

Student's Name _____ **Male** _____ **Female** _____
Last First Middle

Date of Birth _____ / _____ / _____ Age _____ Grade _____

Student's Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Please note: A Medication Authorization Form must be completed for every medication that needs to be given at school.

ALLERGIES

_____ Yes _____ No

Type (Food, Insects, Drugs, Seasonal, Other) _____

Reaction _____

Currently prescribed medications and treatments

_____ **Medication needs to be given at school**

ASTHMA

_____ Yes _____ No

Triggers _____

Symptoms _____

Currently prescribed medications and treatments

_____ **Asthma Action Plan**

_____ **Medication needs to be given at school**

ADD/ADHD

_____ Yes _____ No

Currently prescribed medications and treatments

_____ **Medication needs to be given at school**

Continued on reverse



Health Information Form continued

OTHER HEALTH CONCERNS

Please check all that apply

_____ Bladder Problem

_____ Bleeding Problem

_____ Bowel Problem

_____ Cancer

_____ Cerebral Palsy

_____ Cystic Fibrosis

_____ Dental Problems

_____ Diabetes

_____ Head Injury

_____ Hearing Problem

_____ Heart Condition

_____ Muscle Problem

_____ Seizures

_____ Sickle Cell Disease

_____ Speech Problem

_____ Spinal Injury

_____ Surgery

_____ Vision Problems

_____ Other _____

Please explain _____

List all prescription, over-the-counter, and herbal medications your child takes regularly

I, _____, hereby authorize my child's health care provider and designated provider of health care in the school setting, including all school-sponsored activities (e.g. athletic programs, field trips, etc.) to discuss my child's health concerns and/or exchange information pertaining to this form. Any photocopy of this form carries the same authority as the original.

Parent/Guardian Signature

Date



TUITION PAYMENT SCHEDULE 2022-2023

Only one form is required to be returned per family.

Tuition

	E3 3-Day 1/2 Day	E3/E4/K5 5-Day 1/2 Day	E3 - 5 th Grade	6 th - 8 th Grade	9 th - 11 th Grade	12 th Grade
1 st Child	\$2,900	\$4,490	\$6,640	\$7,510	\$7,720	\$7,980
2 nd Child	\$2,610	\$4,040	\$5,980	\$6,760	\$6,950	\$7,190
3 rd Child	\$2,320	\$3,590	\$5,310	\$6,010	\$6,180	\$6,390

Payment Plan

- ☐ **Payment in Full**
Pay full tuition by **August 1, 2022**. A 2% discount will be applied.
- ☐ **Per-semester Payments**
Pay the first semester tuition by **August 1, 2022**. Pay the second semester tuition by **January 2, 2023**. A 1% discount will be applied.
- ☐ **Ten Equal Payments**
Pay tuition in ten (10) equal monthly payments. The first payment is due **August 1, 2022**, with the final payment due **May 1, 2023**.
- ☐ **Twelve Equal Payments**
Pay tuition in twelve (12) equal monthly payments. The first payment is due **June 1, 2022**, with the final payment due **May 1, 2023**.

Discount Eligibility

- ☐ I am eligible for a Referral Discount. Referred Family _____

Financially Responsible Party/Parties

Please print the name(s) and phone number(s) of the financially responsible party/parties.

Name _____ Phone Number _____

Name _____ Phone Number _____

Your statements will be e-mailed to the address(es) given below:

E-mail Address _____

E-mail Address _____



Tuition Payment Schedule continued

I understand and agree to abide by the following Denbigh Baptist Christian School Financial Policy:

- * **Due Date:** Tuition is due by the close of business on the 1st of the month.
- * **Late Fee:** \$50 late fee will be assessed each month on any unpaid balance (not paid in full), or for payments made after the 15th or the first business day after the 15th.
- * **NSF Fee:** \$35 fee will be assessed for checks returned for non-sufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's checks, money orders, cash, or certified check) will be accepted for payment.
- * **Accounts in Arrears:** If unforeseen financial difficulties arise, parents/guardians are responsible to notify the School Administrator immediately. DBCS reserves the right to suspend educational services, exam administration and issuance of grades, transcripts, and medical records due to delinquent accounts. If an account reaches 90 days in arrears, you will be asked to remove your student(s) from school until the delinquent amount has been paid.
- * **Early Withdrawal:** If a student is unable to complete the academic year, tuition must be paid through the month the student was enrolled. An administrative fee of \$200 will be charged to cover the cost of textbooks and the cost of transferring student records.

For the school year 2022-2023, I agree to pay all tuition and fees according to the option I chose.

_____ <i>Printed Name of Father/Guardian</i>	_____ <i>Signature of Father/Guardian</i>	_____ <i>Date</i>
_____ <i>Printed Name of Mother/Guardian</i>	_____ <i>Signature of Mother/Guardian</i>	_____ <i>Date</i>



EXTENDED CARE

Our school offers Extended Care (EC) for full-time students in the Early Learning Center and in K5-8th grade.

- 1. Registration Fee:** \$25 per student / \$50 maximum per family
- 2. Fees:** These can be divided into 10 monthly payments.

Early Care 6:30 AM—8:00 AM		After School Care 3:00 PM—6:00 PM	
3 Day	\$625	3 Day	\$1,240
5 Day	\$965	5 Day	\$1,930

Bundle Packages: Early Care + After School Care

3 Day	\$1,640
5 Day	\$2,480

Drop-in Daily Rate:

Early Care Daily Rate — \$6

After Care Daily Rate — \$13

Please see the school office for the complete information packet.



SURVEY

Name _____ Date _____

Child's Name _____

How did you find us?

☐ **Alumni** ~ Class of _____

☐ **Word of Mouth** ~ Who told you about us _____

☐ **Website** ~ How did you find our website?

☐ **Facebook Post** ~ I noticed a post in my Facebook feed.

☐ **Google** ~ Standard search

☐ **Google Ad** ~ I clicked on the search returns ad at the top of the page or an ad on the right side of the page.

☐ **Other** ~ _____

☐ **Radio** ~ I heard the ad on 89.1 FM, 1650 AM, 1010 AM, or 1270 AM.

☐ **Mailer** ~ I received a flyer in my mailbox.

☐ **Other** ~ Please explain _____

Thank you for taking the time to complete this survey.

DBCS School Management Team



ACTIVITY PARTICIPATION AGREEMENT

Activity Information

Denbigh Baptist Christian School
13010 Mitchell Point Road, Newport News, VA 23602

Phone: (757) 249-2654

Description of Activity: Attending school on campus for the purpose of a Christian education

Date of Activity: 2022-2023 School Year

Participant Information (to be completed by parents or authorized guardians of student)

Name of Student(s):

Name of Parents/Guardians:

Information has been submitted with student enrollment (If 'No', provide information on back of page):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home address, phone number(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency contact name and phone number
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student allergies or medical conditions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family medical insurance information (Insurer and policy/group number)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Authorization for school to approve emergency medical treatment

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the student (and to the student's parents or guardians, if the student is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease (including COVID-19), bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I acknowledge that the school has put precautions in place to reduce the spread of COVID-19 according to guidelines from the U. S. Center for Disease Control and the Commonwealth of Virginia but understand and agree that the school **cannot guarantee** that the student will not become exposed to or infected by COVID-19.



ACTIVITY PARTICIPATION AGREEMENT

In consideration for the opportunity to attend school, parents/guardians of the student acknowledge and expressly accept the risks of injury and/or illness associated with participation in this activity. Parents/guardians accept personal financial responsibility for any injury or other loss sustained during school as well as for any medical treatment rendered to the student that is authorized by the school. Further, parents/guardians release and promise to indemnify, defend, and hold harmless Denbigh Baptist Church, Denbigh Baptist Christian School, its directors, officers, employees, volunteers, agents, and representatives, for any injury, claim, expense, causes of action, lawsuits, damages and liabilities that I ever have or may have, arising directly or indirectly out of attending school, whether such injury arises out of the negligence of the school, the participant, or otherwise.

Christian Dispute Resolution

If a dispute over this agreement or any claim for damages arises, parents/guardians agree to resolve the matter through the *Rules of Procedure for Christian Conciliation* (a copy of the Rules are published at www.ICCPeace.com). Christian mediation should be attempted, but if it does not resolve the dispute then legally binding Christian Arbitration shall be employed by the Deacons of Denbigh Baptist Church, or individuals selected by the Deacons in accordance with the *Rules of Procedure for Christian Conciliation*. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Jurisdiction and venue shall be the county and state where the school is located and Virginia law will apply to dispute. Members, pastors, staff or third party vendors/contractors shall understand that these methods shall be the sole remedy for any controversy or claim arising against the Church and expressly waive their right to file a lawsuit in any civil court against one another or the Church for such disputes, except to enforce an arbitration decision. In that case, judgment upon an arbitration award may be entered by any court having competent jurisdiction, in conformity with the laws of the Commonwealth of Virginia.

Student Signature (if 18 years of age): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



ACTIVITY PARTICIPATION AGREEMENT

HEALTH SCREENING AND MONITORING DURING COVID-19

The CDC recommends daily health screening for COVID-19 symptoms. An important part of keeping schools safe is emphasizing to all the importance of knowing the symptoms of COVID-19 and encouraging staff and students to stay home if they are ill or have symptoms.

Symptoms of COVID-19

People with these symptoms or combinations of these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever (CDC defines this as 100.4°F or greater, or when one feels warm to the touch, or gives a history of feeling feverish)
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

COVID-19 Daily Screening Questions

Staff should assess themselves and students should be assessed by parents for symptoms of COVID-19 before reporting to school each day. It is not necessary to print this checklist and bring it to school.

Answer “YES” or “NO” since your last day at school:

- Have you been exposed to a person with COVID-19 over the past 14 days?
- Do you have a new fever (100.4°F or higher) or a sense of having a fever?
- Do you have a new cough that cannot be attributed to another health condition?
- Do you have a new shortness of breath that cannot be attributed to another health condition?
- Do you have new chills that cannot be attributed to another health condition?
- Do you have a new sore throat that cannot be attributed to another health condition?
- Do you have a new loss of taste or smell?
- Do you have new muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)?

If there is a “YES” answer to any of the screening questions, the staff member or student should stay home and not come to school.