



# Ventura County Christian School

38 Teloma Drive • Ventura, CA • 93003  
(805) 641-0187 • [venturacountychristian.com](http://venturacountychristian.com)

Dear Prospective Student,

Welcome to Ventura County Christian School! Thank you for your interest in our academic program.

At VCCS, we offer an approach to education like none other. We call our approach *transformational learning*. Developed by Dr. and Mrs. Geue, this is a love-based approach to education, where students thrive, grow and transform into positive learners, both spiritually and academically. Our goal is that children *transform into the very best version of themselves*. In our love-based learning environment, we see amazing results.

We are proud to offer a Christ-centered, K4 through 12<sup>th</sup> grade academic program. Our curriculum is established upon Christian principles. VCCS students resonate with strong academic scholarship. We strive to promote excellence at every turn in our school community—in our teaching, our learning, and in our spiritual lives. Our faculty represents a variety of collegiate and university backgrounds, providing a rich learning environment here at VCCS.

## High School

- Curriculum - Christ-centered and college preparatory.
- Electives - Art, video-editing/yearbook, and Spanish are offered as high school electives.
- Chapel - Students attend a weekly high school chapel service.

## Middle School

- Curriculum – Abeka curriculum, which is Christ-centered and focuses on excellence in learning.
- Electives – Art, photography, music, woodshop, cooking, conditioning, and other classes.
- Chapel - Students attend a weekly middle school chapel service.

## Elementary School

- Curriculum – Abeka curriculum. Our elementary curriculum is Christ-centered and focuses on academic excellence.
- Enrichment classes - We provide physical education, art, and music classes.
- Chapel - Students attend a weekly elementary chapel service.

Thank you for your interest in our school system. If you have any questions, please feel free to give us a call. I look forward to meeting you personally.

In Christ,

*Dr. & Mrs. Geue*

Dr. and Mrs. Geue  
VCCS Administration

# *Ventura County Christian School*

## Mission Statement & School Objectives

### **Mission Statement**

Ventura County Christian School exists in partnership with home and church to provide a strong college preparatory education with an emphasis on fundamental Christian values, high moral and ethical standards, resulting in students who impact their world to the glory of God.

### **School Objectives**

To promote an understanding of a godly response to Biblical truth in areas of conduct, relationships, learning and goals.

To teach academic subjects, an appreciation of the fine arts, and physical education integrated with the Bible so that students may grow in spirit (through God's grace), in wisdom (academically), and in stature (physically).

To equip students to share their Christian faith at home and to the world.

To teach the students a godly loyalty to our country.

To teach the students to look independently at their environment in light of God's Word.

To teach students to apply themselves to their work and to fulfill their various responsibilities both independently and cooperatively.

To teach students respect for constituted authority.

To teach students to relate to their community with a Christ-like attitude without compromising their Biblical convictions.

To avoid teaching peripheral doctrines not generally held by the sponsoring churches or at variance with our statement of faith. While it is unrealistic to forbid discussion of issues not held in common by all sponsoring churches, students raising questions concerning such practices or teachings shall be directed to his or her pastor and parents for clarification.

# *Ventura County Christian School*

## School Purpose Statement

### **Function**

Ventura County Christian School is dedicated to raising up a high standard in the community through offering quality elementary, middle school, and college preparatory courses, a wide variety of community services, and a curriculum of Bible classes at every grade level.

Christian ethics are taught throughout the program and the benefits of godly relationships are displayed in the daily lives of the teachers and students at the school.

James Dobson stresses the fact that “private schools provide a valuable option for parents who desire an education unencumbered by the limitations in public schools” (Focus On The Family). VCCS offers a program that will promote quality lifestyles for the students and in turn, generate strong young adults into our society.

The school has a commitment to the surrounding community as it places a high priority on interaction with the Ventura county area. VCCS serves the area through a variety of community services where the students learn the importance of making a positive difference in society.

### **History**

Ventura County Christian School first opened its doors in 1993 to ninth and tenth graders as an answer to a need in the area for a Christian high school. VCCS remained a high school until 2004 when a new door opened for the school to become a K-12th grade. What we offer today is a K4 - 12th grade learning experience. This result was born through the prayers of the faithful, tested through time as a mere vision, and has now become a wonderful school to be thankful for.

With the strong support of local churches and their pastors, VCCS has been firmly planted to help train up children with strong Christian values and excellent academic knowledge, resulting in students who leave for college with assurance and confidence.

Our school board is very diverse, comprised of representatives from many local churches and many walks of life, setting the school apart from any other. Not only is there a Christian school here today, there is now a bond that exists between the churches of this community, with an unsurpassed unity and vision.

It is a great blessing and responsibility to affect the lives of thousands of children as they attend VCCS and reap the amazing benefits of the best Christian education in the area. The staff and students enjoy the results of all that is accomplished on campus and look forward to the ways God may use each of them as they go out to impact the world for His glory!

# *Ventura County Christian School*

## Statement of Faith

### **We believe in:**

One God, eternally existent in three Persons, Father, Son, and Holy Spirit;

God the Father Almighty, maker of heaven and earth;

Our Lord, Jesus Christ, God manifest in the flesh, His virgin birth, His sinless human life, His divine miracles, His bodily resurrection, His ascension, His mediatorial work, and His personal return in power and glory;

The Holy Spirit by whose indwelling the believer is enabled to live a holy life to witness and work for the Lord Jesus Christ;

The Holy Scriptures as originally given by God, divinely inspired, entirely trustworthy, and the only supreme authority in all matters of faith and conduct;

The salvation of lost and sinful man through the shed blood of the Lord Jesus Christ, by faith apart from works;

The unity of the Spirit of all true believers in the Church, the Body of Christ, where believers should assemble for teaching, prayer, praise, fellowship, and ministry;

the resurrection of the saved unto life;

We also believe that there are teachings and practices such as baptism, ordination, sacraments, church government, spiritual gifts, end times, etc., with respect to which men and women of good Christian character and principle may differ, and that it is the duty both of private Christians and groups of believers to exercise love and mutual forbearance toward each other in their discussion and observation.

# Ventura County Christian School

## Registration Information & Fee Schedule 2025-2026

Thank you for choosing Ventura County Christian School. Our staff is excited to oversee the Christian education of your student. Please note that all registration fees are due at the time of registration. Continuing student registration is conditional upon all previous years' fees being current at the time re-enrollment paper work is turned in.

### Enrollment Fees \*

Registration Fee:	\$250
Book Fee:	\$300

\* Textbooks, Student Information Systems, Tuition Management, etc. Some elective courses may require additional fees. All fees are non-refundable.

### Annual Tuition \*

Annual tuition is paid over a ten- or eleven-month period through SMART Tuition Management (now Blackbaud). Families may choose to pay in full and receive discounts. Tuition amounts are as follows:

K4 (8 am to 1 pm):	\$5,000
K4/K5/Elementary:	\$6,000
Middle School:	\$6,500
High School:	\$7,000

#### Discounts:

First Child:	None
Second Child:	\$300
Third Child or More:	\$500
Full tuition paid by July 15th	10%
Full tuition paid after July 15th	5%
Full tuition paid 1st day of school or later	\$100

\* All tuition and fee amounts are subject to change. In the case of early withdrawal, any reimbursement of tuition paid in full is subject to the total days of enrollment, exigent or unavoidable circumstances, and the school board's approval.

### SALT Hours

Each family is asked to perform at least 20 service hours during the school year. Families may choose to pay the fee of \$400 in lieu of service.

# Ventura County Christian School

## Student Application for 2025-2026

A registration fee is required of both first-time and continuing students each school year. This annual registration fee is non-refundable.  
Instructions: Fill out this application as completely as possible. All information given is confidential. Any fields that are gray are for office use only.

- New Student  
 Continuing Student

Check #		Amount = \$		Enrollment Date (MM-DD-YYYY)	-	-
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### Student's Information

Last Name	First Name	Middle Name
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Home Address (include "Street," "Road," etc.; please do not abbreviate)

Street	City	State	ZIP Code (XXXXX-XXXX)
			-

Mailing Address, if different from above (include "Street," etc.; please do not abbreviate)

Street	City	State	ZIP Code (XXXXX-XXXX)
			-

Home Phone Number ( )	Cell Phone Number ( )		Date of Birth (MM-DD-YYYY) - -
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Ethnicity (circle one) A B C H I O P	Ethnicity Codes A = Asian C = Caucasian I = American Indian P = Pacific Islander B = African-American H = Hispanic O = Other	Grade	Gender (Circle) M F
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Alternate Preferred Name/Nickname	Guardianship (if not both parents)	Primary Guardian Email Address	Graduation Year 20
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### Father's Information

Last Name, First Name	Occupation
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Employer	Driver's License Number	Email Address
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Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )
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### Mother's Information

Last Name, First Name	Occupation
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Employer	Driver's License Number	Email Address
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Work Phone Number ( )	Home Phone Number ( )	Cell Phone Number ( )
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### Other Children Attending VCCS

Name	Grade	Name	Grade
Name	Grade	Name	Grade

### Family Church

Church Name	City	
Pastor	Members? (circle) Yes No	Frequency of Attendance (circle one) regularly often seldom

### Educational History

Last School Attended	Grade	Phone Number ( )
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Address (include "Street," "Road," etc.; please do not abbreviate)

Street	City	State	ZIP Code (XXXXX-XXXX) -
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Has the student had any disciplinary problems, been suspended or expelled?  Yes  No

Has the student had any academic problems, or have an IEP, a 504 plan, or a learning disability?  Yes  No

Has the student been diagnosed with a cognitive, neurological, or behavioral issue (e.g., ADD, ADHD, anxiety, depression, OCD, etc.)?  Yes  No

If "yes" was answered to any of the questions above, explain here:

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### In making this application...

I understand that VCCS is a ministry. I am aware that all subjects are taught from a biblical Christian perspective.

I understand that my student's admission to VCCS is dependent upon placement assessment and the review of student records. I also understand that the school reserves the right to dismiss any student through the process outlined in the student handbooks.

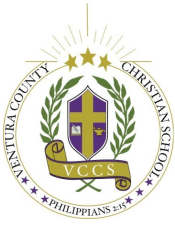
I understand that the school board of Ventura County Christian School reserves the right to change policies at any time during the course of the school year if it deems such changes necessary.

I agree to the statements above, and I also agree to support the philosophy and ministry of the school. If I cannot, I agree to withdraw my student from VCCS. I agree to authorize this school to employ such discipline as it deems wise and expedient for my child. (PARENTAL WAIVER OF THIS STATEMENT WILL EXCLUDE THE CHILD FROM ENROLLMENT.) Note: Ventura County Christian School does not employ corporal punishment in its corrective process.

I give permission for my child to use all of the play equipment and to participate in all school-sponsored field trips, outings, and activities during the course of this school year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father or Legal Guardian Mother or Legal Guardian

PLEASE NOTE: Immunization Record and Birth Certificate required for all new students. Students entering K5 must be five years old by September 1st (four years old for K4).  
 The annual registration fee and the book/resources fee (both non-refundable) must accompany this application.



# Ventura County Christian School

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(805) 641-0187 • venturacountychristian.com

## Financial Agreement for Tuition & Fees

The following constitutes the financial policies of Ventura County Christian School and must be signed by the person(s) responsible for the payment of tuition and fees for

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

1. Tuition for 2025/2026 school year is as follows:

K4 (8 AM to 1 PM)	\$ 5,000
K4/Kindergarten/Elementary (K—5 <sup>th</sup> Grade)	\$ 6,000
Middle School (6 <sup>th</sup> —8 <sup>th</sup> Grade)	\$ 6,500
High School (9 <sup>th</sup> —12 <sup>th</sup> Grade)	\$ 7,000

Discounts:

Second Child	\$ 300
Third Child	\$ 500
Tuition paid in full by July 15 <sup>th</sup>	10%
Tuition paid in full after July 15 <sup>th</sup>	5%
Tuition paid in full the 1 <sup>st</sup> day of school or later	\$ 100/year

- Tuition may be paid in ten (10) or eleven (11) monthly installments to Smart Tuition (the first month being non-refundable), or in one annual payment, in accordance with the above.
- Monthly payments are due on either the 10<sup>th</sup> or 20<sup>th</sup> day of the month, beginning in August or September and for ten months (through May) or eleven months (through June). NOTE: After 10 days from the due date, SMART assesses a fee for late payments (\$65.00; \$40 SMART, \$25 VCCS).
- If an account remains unpaid for more than one month, disenrollment of the student from school may begin and/or the student may be restricted in attendance or not allowed to participate in school events until all of the outstanding fees or tuition have been paid.
- Since VCCS has an obligation to its staff and others with whom it has contracted to do business, students are considered enrolled for the entire year. If a student leaves the school for any reason, tuition is expected to be paid through the entire month which the student attends all or any part of. Because annual tuition, in part, determines the yearly budget, any reimbursement of tuition paid in full is subject to the total days of enrollment, exigent or unavoidable circumstances necessitating withdrawal, and school board approval. No discounts or reductions will be given for absences or vacations during the school year.
- All accounts must be paid in full for the current term before report cards or transcripts are issued.
- Discounts and scholarships apply to tuition only. All other fees must be paid in full and are not refundable. Scholarship applications are available in the office and are subject to approval by the school board.
- Non-tuition fees include (the registration and book fees) are no later than the 1<sup>st</sup> day of school):

Registration Fee	\$ 250.00
Book Fee	\$ 300.00
Outdoor Education Fees/Athletic Fees	\$ Varies
Elective Fee	\$ Varies
Field Trips/Yearbooks	\$ Varies
Testing Fees	\$ Varies
Graduation Fees	\$200.00 Sr./\$100.00 8 <sup>th</sup>
S.A.L.T. Hours (20 hours per family or \$400 payment)	\$ 400.00
T-shirts; Sweatshirts; P.E. Clothes (when available)	\$ Varies

I have read and understand all of the financial policies stated in this agreement between Ventura County Christian School and myself, and for the good of my student I agree to uphold them (both parents sign if separated and sharing the costs).

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

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

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

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



OFFICE USE ONLY

STUDENT LABEL

# 2025-2026

OFFICE USE ONLY

- Legal documents on file
- Do not use photos for ads
- Do not release directory info

## Ventura County Christian School Student Emergency Information Card

Last Name	First Name	Middle Name
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Gender (Circle) <b>M</b> <b>F</b>	Date of Birth -   -	Place of Birth
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Home Address (include "Street," "Road," etc.; please do not abbreviate)

Street	City	State	ZIP Code -
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Home Phone Number (   )	SSN -   -	Student Resides with: <input checked="" type="checkbox"/> Both Parents <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input checked="" type="checkbox"/> Guardian
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### Father's Information

Last Name, First Name	Employer, City
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Address, if Different from Student (include "Street," "Road," etc.; please do not abbreviate)

Street	City	State	ZIP Code -
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Work Phone Number (   )	Home Phone Number (   )	Cell Phone Number (   )
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Email Address	<b>☛ Legal documents affecting custody have been submitted to the school.</b>
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### Mother's Information

Last Name, First Name	Employer, City
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Address, if Different from Student (include "Street," "Road," etc.; please do not abbreviate)

Street	City	State	ZIP Code -
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Work Phone Number (   )	Home Phone Number (   )	Cell Phone Number (   )
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Email Address	<b>☛ Legal documents affecting custody have been submitted to the school.</b>
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### All Siblings

Name	Age	School Attending
Name	Age	School Attending
Name	Age	School Attending

PLEASE COMPLETE BOTH SIDES. SIGNATURE AND DATE REQUIRED ON BACK.



Student Name	Grade
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I  do  do not give permission to VCCS to use photographs of my child for school promotions, brochures, etc.

**Health Information**

Please check all that apply.

Allergies (indicate type; e.g., bee stings, nuts, etc.) \_\_\_\_\_

Asthma       Hemophilia       Diabetes       Cerebral Palsy       Heart Problems       Seizure Disorder

Other health concerns: \_\_\_\_\_

Please describe any of the following concerns:

Hearing (indicate use of hearing aids): \_\_\_\_\_

Vision (child wears glasses/contacts; special class needs): \_\_\_\_\_

Medications your child takes, time, and reason: \_\_\_\_\_

Describe any serious injuries or illnesses during the past year: \_\_\_\_\_

List any physical restrictions: \_\_\_\_\_

Please include a doctor's note for physical restrictions and medications (including aspirin, Tylenol, etc.)

Doctor's Name	Phone Number
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Does your student have health insurance?       yes       no

Insurance Company	Group Number
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**PARENT/GUARDIAN CONSENT**

In the event that I cannot be reached in an emergency during school hours or while my child is under school supervision, I hereby give my permission to the physician or dentist selected by Ventura County Christian School to hospitalize and to secure proper treatment and/or injection, anesthesia, or surgery for my child as deemed necessary. This authorization shall include transportation to receive medical or dental care.

In the event of injury to my child, I agree that I and my health care provider shall be financially responsible for any medical treatment required by my child as a result of injury or illness suffered during his/her participation in any school-related activities. I am aware that accident insurance provided by the school on my child's behalf is secondary to my own. The signature below is intended to serve as a medical release.

To help insure the safety of my child, I agree that health information may be shared with appropriate school personnel.

MY SIGNATURE ACKNOWLEDGES THAT I UNDERSTAND AND AGREE WITH THE CONSENT INFORMATION ABOVE, AND THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE.

\_\_\_\_\_      \_\_\_\_\_

signature of parent/guardian      date

# Ventura County Christian School

## Medical and Liability Release Form

### Student Information

Last Name	First Name	Middle Name	Grade
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Address			
Street	City	State	ZIP Code

Home Phone Number (    )	Emergency Phone Number #1 (    )	Emergency Phone Number #2 (    )	Date of Last Tetanus Shot -    -
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Health History					
<b>Allergies:</b>	<input type="checkbox"/> Medicine	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Other	
<b>General:</b>	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other
If any of the above are checked, please give details: _____					
_____					

Father	Home Phone Number (    )	Cell Phone Number (    )
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Mother	Home Phone Number (    )	Cell Phone Number (    )
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Family Doctor	Doctor Phone Number (    )
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<b>Names and dosages of any medications that must be taken at home or at school:</b>	
1. _____	2. _____
3. _____	4. _____
<b>Medications taken at school need to be accompanied by a note from the student's doctor indicating instructions for dispensing. The container must show the name of the prescription, dosage, and instructions for use.</b>	

Does the student have health insurance? <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>	Main Insured's SSN -    -
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Insurance Company	Policy Number
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Street	City	State	ZIP Code
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<p><b>Medical Release</b></p> <p>In the event I cannot be reached in an emergency during school hours, or while my child is under school supervision, I hereby give my permission to the physician or dentist selected by Ventura County Christian School to hospitalize, to secure proper treatment and/or injection, anesthesia, or surgery for my child as deemed necessary. This authorization shall include transportation to receive the medical or dental care. In the event of injury to my child, I agree that I and my health care provider shall be financially responsible for any medical treatment required by my child as a result of injury or illness suffered during his/her participation in any school-related activities. I am aware that accident insurance provided by the school on my child's behalf is secondary to my own. The signature of the parent or guardian on the reverse side is intended to serve as a medical release.</p>
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## Release of Liability and Indemnity Agreement

1. I, the undersigned as a parent or guardian of the above-named minor, hereby agree to allow said minor to participate in the activities that occur at Ventura County Christian School (VCCS). I also agree to allow my child to ride to and from the activities with an adult licensed driver in vehicles that are insured and equipped with seat belts for each person.
2. I realize that these activities may involve some hazards. I have considered these risks and wish for my child to participate. I voluntarily agree to accept any and all risks of injury, death, or damages of any nature resulting directly or indirectly from named minor's participation in school activities.
3. In consideration of the benefits provided by VCCS, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue VCCS, its officers, board, agents, or employees as a result of my participation in the activities set forth above. In addition, I hereby release VCCS, its officers, board, agents, and employees from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or may hereafter at any time have for injury of damage:
  - A. resulting from the condition of any VCCS facility.
  - B. suffered while participating in or traveling to and from the activities set forth above.This release does not apply to intentional and/or willful acts of misconduct by VCCS or any of its officers, board, agents, or employees.
4. Any controversy between the parties regarding a claim against VCCS or the construction or application of this agreement shall be settled by mediation, and if necessary, legally binding arbitration in accordance with a conciliation service. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and/or activities engaged in at VCCS. The parties expressly agree to waive their right to file a lawsuit against one another in any civil court for such disputes except to enforce an arbitration decision. Each party agrees to pay their own attorney fees and to evenly share in the costs and fees of the mediation or binding arbitration.
5. I understand that this agreement and release of liability is enforceable against me only as a parent or guardian of the minor named on this form. This agreement and release of liability may not be enforceable against named minor when he/she becomes of legal age. Therefore, in further consideration for permitting named minor to participate in school activities, I agree to defend and hold harmless VCCS, its officers, board, agents, employees, and volunteers against any claim or lawsuit for injury. This includes loss or damage arising from, or in any way connected with, the named minor's participation in school activities, including injury, loss, or damage resulting from the condition of any facility or from negligence, carelessness, or other acts of VCCS, its officers, board, agents, and employees. I also agree to reimburse VCCS, its officers, board, agents, and employees for any loss, damage, liability, cost, or expense they suffer as a result of any such claim or lawsuit brought against VCCS by the named minor.

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity, and that it is a legally binding contract between VCCS and me, and I sign it of my own free will.**

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian printed name

\_\_\_\_\_  
relationship to child

# Ventura County Christian School

Dear Parents and Guardians,

In accordance with California State Law, we are not allowed to administer any medication to your child without a signature from your child's doctor. This includes Tylenol, Advil, cough drops, prescription medications, etc. Please have your doctor sign this form, or they may sign their own form, and return it to the office as soon as possible.

We want to do all we can to make your child safe and well while they are at school. Thank you for entrusting your children to us each day. Each one is very special!

## Child Attending VCCS

Child's Name	Grade	
Medication to be taken as needed for <u>headaches</u>		
Medication to be taken as needed for <u>cough</u> (e.g., cough drops)		
Medication to be taken on a regular basis		
Any other medication to be taken as needed		
Parent/Guardian's Name	Phone Number	Date (MM/DD/YYYY)
<hr/>		
parent/guardian's signature		

Doctor's Name	Phone Number	Date (MM/DD/YYYY)
<hr/>		
doctor's signature		

# Ventura County Christian School

## Permission for Student Pick-Up 2025-2026

### Students

Name (Last, First, MI)	Grade	Teacher
Name (Last, First, MI)	Grade	Teacher
Name (Last, First, MI)	Grade	Teacher
Name (Last, First, MI)	Grade	Teacher
Name (Last, First, MI)	Grade	Teacher

As the parent/guardian of the student(s) listed above, I authorize Ventura County Christian School to release my child(ren) into the custody of the following person(s).

Last Name, First Name	Relationship	Phone Number	Alternate Phone Number
Last Name, First Name	Relationship	Phone Number	Alternate Phone Number
Last Name, First Name	Relationship	Phone Number	Alternate Phone Number
Last Name, First Name	Relationship	Phone Number	Alternate Phone Number
Last Name, First Name	Relationship	Phone Number	Alternate Phone Number

\_\_\_\_\_  
signature of parent/guardian

\_\_\_\_\_  
date

# Ventura County Christian School

## Family Email Address Request

Dear Parents and Guardians,

In order to effectively communicate to our families, we ask that you be added to our email list. This way, we are better able to keep you informed. Please fill in the information below and we will be glad to add you to our emailing list!

### Email Information

Student Name	
Parent/Guardian	
Email Address #1	Email Address #2

Please drop this by the office or send to:

Ventura County Christian School

Location:  
38 Teloma Dr.  
Ventura, CA 93003

Mail:  
PO Box 7568  
Ventura, CA 93006



0 5 8 5 5 1 4 1 8 0 8

**PLEASE ENTER FAMILY INFORMATION**

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER <input type="text"/>	LAST NAME OF PARENT/GUARDIAN/BILL PAYER <input type="text"/>	<b>2025-2026</b>
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY <input type="text"/>	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY <input type="text"/>	
STREET ADDRESS OR P.O. BOX <input type="text"/>		APT# <input type="text"/>
CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
HOME TELEPHONE NUMBER <input type="text"/>	MOBILE TELEPHONE NUMBER <input type="text"/>	
EMAIL ADDRESS (Smart emails reminders for upcoming payments) <input type="text"/>		



**SELECT A PAYMENT METHOD**

This is no longer an option - all payments must be automatic debit (see below):   Your school allows the following due dates (choose one): 10,20

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:   Your school allows the following due dates (choose one): 10,20

PLEASE DEBIT MY:  
9 DIGIT ROUTING NUMBER

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR  SAVINGS  
BANK ACCOUNT NUMBER

PLEASE CHARGE MY:  
CREDIT CARD NUMBER

AMEX  DISCOVER  MASTERCARD  VISA  
EXPIRATION DATE  /

A 2.65% convenience fee applies to all credit/debit card payments.

**SELECT A PAYMENT PLAN**

Plan M 11 Payments Aug - Jun	ENTER PLAN LETTER HERE <input type="text"/>
Plan N 10 Payments Aug - May	
Plan O 10 Payments Sep - Jun	

**ENTER STUDENT INFORMATION**

Choose from the following grades: K4, K, 1 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*OPTIONAL SCHOOL FAMILY ID:  \*OPTIONAL TYPE CODE:

**PLEASE READ AND SIGN**

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$60.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR SCHOOL OFFICE USE ONLY**

THIS FAMILY IS ENROLLING LATE:  
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN  
 COLLECT BALANCE IN FIRST MONTH

\*OPTIONAL STUDENT ID

STUDENT TUITION 1	\$	<input type="text"/>
STUDENT TUITION 2	\$	<input type="text"/>
STUDENT TUITION 3	\$	<input type="text"/>
STUDENT TUITION 4	\$	<input type="text"/>
<b>FAMILY TUITION SUBTOTAL</b>	\$	<input type="text"/>

**FEES & DISCOUNTS**

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

**ANNUAL TOTAL DUE** \$

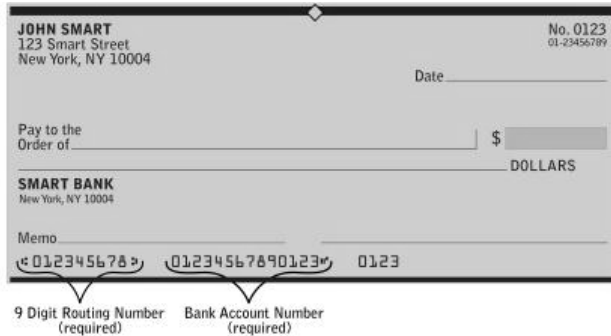




## PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.
2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.



JOHN SMART  
123 Smart Street  
New York, NY 10004

No. 0123  
01-23456789

Date \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_  
DOLLARS

SMART BANK  
New York, NY 10004

Memo \_\_\_\_\_

0123456789 01234567890123 0123

9 Digit Routing Number (required) Bank Account Number (required)

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.
4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.
5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

[www.parents.smarttuition.com](http://www.parents.smarttuition.com)

## TERMS AND CONDITIONS

Smart Tuition receives, processes and deposits your payments into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

**Late Enrollment:** If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

**Refunds:** Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

**Late Fees:** Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$40.00 as a result of this service. This fee is in addition to any late fees charged by your school.

**Dishonored Payments:** A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

**Auto-debit Terms (Applies to auto-debit enrollees only):** By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at **(888) 868-8828**.

### Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

### Smart Tuition Privacy Policy

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.



**SMART TUITION**  
Financial Solutions for Schools and Parents

## & Your School Have Formed A Partnership



## That Benefits Your School, Your Child, And You.

**Please return completed form  
to your school immediately.**

**If you have any questions regarding  
this form, contact Smart Tuition at:  
1-888-868-8828**