



# Admissions Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Legal Name \_\_\_\_\_ Goes by: \_\_\_\_\_  
*First Middle Last*

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_

Current School \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Current grade or (if applying in summer) last grade completed \_\_\_\_ Reason for desired transfer \_\_\_\_\_

Name of church your family attends \_\_\_\_\_ Denomination \_\_\_\_\_

Student e-mail address \_\_\_\_\_ I was referred to CCS by \_\_\_\_\_ Relationship \_\_\_\_\_

## Admissions Request

Elementary: K5 \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_

Middle/High: 6<sup>th</sup> \_\_\_\_ 7<sup>th</sup> \_\_\_\_ 8<sup>th</sup> \_\_\_\_ 9<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 11<sup>th</sup> \_\_\_\_ 12<sup>th</sup> \_\_\_\_

## Family Information

Please check all that apply:  Parents Married  Parents Separated  Parents Divorced  Father Deceased  Mother Deceased

Student lives with:  Both Parents  Father  Mother  Other \_\_\_\_\_

Financially responsible:  Both Parents  Father  Mother  Other \_\_\_\_\_

### Father / Guardian

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

May child be released to father? \_\_\_\_\_

(If NO, documentation is required for file.)

### Mother / Guardian

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

May child be released to mother? \_\_\_\_\_

(If NO, documentation is required for file.)

## Brothers and/or Sisters at CCS

Name & Grade

Name & Grade

## OFFICE USE ONLY

Re-Enrolling  New Student  Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewed  Referral  Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID \_\_\_\_\_ Entered: E \_\_\_\_ RW \_\_\_\_ C \_\_\_\_ Paid \$ \_\_\_\_\_ Csh/CC /Ck# \_\_\_\_\_ Coupon  SA \_\_\_\_ Other \_\_\_\_\_

## Authorized Emergency/Release Contact Information

Please add those who have permission to pick up your student from school (other than parents/guardians).  
Your student will **ONLY** be released to those listed below.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Relation \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

\_\_\_\_ Pick up Only \_\_\_\_ Emergency Contact Only \_\_\_\_ Both

## Additional Student Information

Has the student ever repeated a grade? **YES** **NO** Grade repeated \_\_\_\_\_ Reason for repeating: \_\_\_\_\_

Has the student ever been diagnosed with learning, social, physical, or emotional disorders which may affect activities or progress (i.e., attention or focusing issues, dyslexia, physical limitations, specific learning disorder, speech impairment, etc.)? **YES** **NO**

Please explain: \_\_\_\_\_

Has the student ever had a diagnostic psychological or educational evaluation (results must be furnished to CCS)? **YES** **NO**

Has the student ever attended a school or participated in a program designed for students who have special academic needs or abilities (including but not limited to speech and language therapy, occupational therapy, resource or collaborative services, gifted program)?

**YES** **NO** If yes, please list the type, location and dates of participation in these programs: \_\_\_\_\_

Does the student have any medical concerns of which CCS should be aware? **YES** **NO**

Please list: \_\_\_\_\_

**To the best of my knowledge, the information in this application is true and accurate. The applicant desires to be a student at CCS.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Community Christian School admits students of any race, color, national and ethnic origin to all 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 local programs, and athletic and other school-administered programs.**