

CCS Admissions Application

Date ____/____/____

Applicants age as of August 31 _____

Start Date _____

Applicant's Legal Name _____ Applicant's Preferred Name _____
First Middle Last

Birth date ____/____/____ Age _____ Sex _____ Race _____ Current Grade _____

Current School _____ City/State _____ Phone _____

Reason for desired transfer _____

Name of church your family attends _____ Denomination _____

I was referred to CCS by _____ Relationship _____

Admissions Request

Preschool: K4 Half Day (8:00-12:00) _____ K4 Full Day _____ K3 Half Day (8:00-12:00) _____ K3 3 Day Full Day _____ K3 Full Day _____

Nursery: 5-Day Full Day _____ 3-Day M/W/F _____ 2-Day T/TH _____

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	Mother/Guardian
Name _____	Name _____
Relationship to applicant _____	Relationship to applicant _____
Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Work Address _____	Work Address _____
Work Phone _____	Work Phone _____
May child be released to father? _____ (If No - Documentation is required for file)	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 Tested ____/____/____ Interviewed Referral Start Date ____/____/____

Teacher: _____ Student ID _____ Entered: E _____ RW _____ C _____ Paid: _____ Cs/Ck# _____ Initials _____

Authorized Emergency/Release Contact Information

Please add those who have permission to pick your student up from school (other than parents/guardians). Your student will ONLY be released to those listed below. Address information is required per state guidelines.

Name _____

Name _____

Relation _____ Phone _____

Relation _____ Phone _____

Address _____

Address _____

Pick up Emergency Contact Both

Pick up Emergency Contact Both

Name _____

Name _____

Relation _____ Phone _____

Relation _____ Phone _____

Address _____

Address _____

Pick up Emergency Contact Both

Pick up Emergency Contact Both

Name _____

Name _____

Relation _____ Phone _____

Relation _____ Phone _____

Address _____

Address _____

Pick up Emergency Contact Both

Pick up Emergency Contact 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 that CCS should be aware of? 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.