



COMMUNITY CHRISTIAN SCHOOL

Student Support Services

Initial Review Application

Please note: Community Christian School is not the right fit for every student. CCS is not a therapeutic school, nor does it have specialized programs for students with behavioral/psychiatric or social/emotional diagnoses.

Student's Legal Name _____

First

Middle

Last

Birthdate ____/____/____ Age ____ Sex ____ GSNS Estimate \$ _____

Current School _____ City/State _____

Current Grade ____ Reason for desired transfer _____

Parent(s)' Name _____ Cell _____

Email Address _____

Admissions Request

Elementary:	K5	1 st	2 nd	3 rd	4 th	5 th	
Middle/High:	6 th	7 th	8 th	9 th	10 th	11 th	12 th

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.

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

Parent Print Name

Parent Signature

Date

OFFICE USE ONLY

Paid: _____	(circle) Cash/Check/CC	Check# _____	Initials _____	Copied _____
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