COMMUNITY CHRISTIAN SCHOOL
Student Support Services

Initial Review Application

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 #**_____

Mailing Address _____

Email Address _____

Admissions Request

Elementary: **K5** ____ **1st** ____ **2nd** ____ **3rd** ____ **4th** ____ **5th** ____

Middle/High: **6th** ____ **7th** ____ **8th** ____ **9th** ____ **10th** ____ **11th** ____ **12th** ____

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 Name (please print)

_____
Parent Signature

_____
Date

OFFICE USE ONLY

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