



Christian Community Schools
Application for Admission
Grades K-5 - 12

For Office Use Only
Date rec'd:
Fee Paid:

This form is to be completed by a parent/guardian of the applicant and returned to the school before the applicant's interview and admissions test. A registration fee of \$200 must be attached. No part of this fee is applicable as advance payment of tuition fees. The registration fee is non-refundable.

Applicant

First Middle Last
Male Female Date of Birth Age Preferred Name

Home Address Street City State Zip

Mailing Address (if different) Street City State Zip

Applicant's Social Security Number Home Phone

Applying for Grade: (circle one) K5 1 2 3 4 5 6 7 8 9 10 11 12
Fall: 20 Spring: 20

Student lives with: Both Parents Mother Father Grandparents Other:
Custodial Arrangements: Mother Father Joint Grandparents

Church Affiliation of Family

Mother

Father

Name Street address City/ST/Zip Home Phone Cell Phone Social Security # Employer Business Phone
Name of Stepfather (if applicable) Business Phone of Stepfather (if applicable)
Email Address

Person authorized to care for child in emergency if Mother and/or Father cannot be reached:

Name Home Phone Cell Phone
Address

STUDENT INFORMATION

_____ (_____) _____
Last School Attended **Grade** **School Phone (including area code)**

Has applicant ever skipped or repeated a grade? _____ If yes, please state grade(s) and circumstances involved.

Has applicant ever been dismissed from any school for any reason? _____

Suspended? _____ Asked to withdraw? _____ Received severe disciplinary censure? _____
(If "yes" to any of these questions, please attach full details including name of school and year.)

Briefly describe any particular circumstances which may have adversely impacted the applicant's record in school (reading difficulties, learning styles, frequent change of schools). Please include dates whenever possible. _____

Does applicant have any diagnosed learning disabilities? _____ If yes, briefly describe. _____

Does applicant have Attention Deficit Hyperactivity Disorder? _____

Does applicant have any physical or emotional condition for which regular medication is taken? _____ If yes, describe.

Please use this space if you wish to give additional information. _____

Brothers/Sisters currently enrolled in CCS _____

REFERENCES

Name Phone Number

Name Phone Number

Christian Community Schools welcomes any student of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate in the administration of its educational and admissions policies, financial aid program, or other school programs. However, as a Christian school, we seek primarily to serve those students whose parents want a Christian education for their child.

Mission Statement

It is the mission and purpose of Christian Community Schools to join with parents to educate students in an environment that encourages individual academic excellence, personal development of a Biblical worldview and a life-long commitment of obedience to God.

Accredited by:
Association of Christian Schools International
and
Southern Association of Colleges and Schools