



*Application – 2010 - 2011*

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**STUDENT INFORMATION**

Student's Full Name: \_\_\_\_\_ Name Preferred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Requested Teacher: \_\_\_\_\_ Pre-School  Full Time  Part Time  
(2's – 9<sup>th</sup> Grade)

Home address: \_\_\_\_\_  T/TH  M/W/F

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**FAMILY INFORMATION**

MOTHER / GUARDIAN \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

\_\_\_\_\_ (if different from student) Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

FATHER / GUARDIAN \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

\_\_\_\_\_ (if different from student) Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there any custody issues of which we should be aware?  Yes  No (if Yes, please explain or attach a court order)

Siblings

DOB

_____	_____
_____	_____
_____	_____

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Referral Program - Family Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(if applies)

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Family's Church Home:

\_\_\_\_\_

**EDUCATIONAL INFORMATION**

Current School (or Daycare) Attending: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone #: \_\_\_\_\_

Most Recent Grade Completed: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ (2's - 9<sup>th</sup> Grade)

Has the student ever been asked to leave, suspended, or expelled from school?  Yes  No (if Yes, please explain)

\_\_\_\_\_

Has the student ever repeated a grade?  YES  NO What Grade? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the student ever been recommended for tutoring or remedial instruction?  YES  NO

Provided are dates and areas of remediation along with written evaluations.

Has the student ever been administered psychological, behavioral, or academic testing to determine if they are gifted, have a learning disability, ADD, ADHD, behavior or emotional disorder?  YES  NO

Provided are dates, test results, evaluations, etc.

Is the student presently taking any medications for any medical or learning problems?  YES  NO

If so, please provide kind of medication, dosage, and frequency. \_\_\_\_\_

Provided is a copy of students medical evaluation, which must be within the last 12 months.

Is there anything else CCS should be made aware of when considering this student for enrollment?

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Date Rec'd:	_____
Time:	_____
Taken By:	_____
Reg. Fee:\$	_____
Classroom:	_____