



STUDENT APPLICATION

Elementary Customized Enrollment Option (CEO)

(Please Print or Type)

Application Date _____

APPLICANT INFORMATION

Student's name:		
<i>last</i>	<i>first</i>	<i>middle</i>
Student prefers to be called:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	Date of Birth:	Grade:
<i>(Student must be 6 yrs old by Sept 1 for 1st grade enrollment; 7 yrs old by Sept 1 for 2nd grade enrollment; 8 yrs old by Sept 1 for 3rd grade enrollment; 9 yrs old by Sept 1 for 4th grade enrollment; 10 yrs old by Sept 1 for 5th grade enrollment)</i>		

FAMILY INFORMATION

Father or Guardian's Name: Mr. Dr. Rev. (circle one)		
Home Address:		
City/State:		Zip Code:
Home phone:	Work phone:	Cell phone:
Place of Employment:		Occupation:
Email address:		
Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-family		
Custody Type: <input type="checkbox"/> Parent/Custody <input type="checkbox"/> Guardian <input type="checkbox"/> None (legally)		
Mother or Guardian's Name: Ms. Miss Mrs. Dr. (circle one)		
Home Address:		
City/State:		Zip Code:
Home phone:	Work phone:	Cell phone:
Place of Employment:		Occupation:
Email address:		
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-family		
Custody Type: <input type="checkbox"/> Parent/Custody <input type="checkbox"/> Guardian <input type="checkbox"/> None (legally)		

Please list other children less than 18 years of age living with the family.

Name	Age	School currently attending	Grade

Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Official school mail should be sent to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both

CHURCH INFORMATION

What is the family's denominational affiliation?
What church does your family attend?
How long has your family attended this church?
Family attends church: <input type="checkbox"/> once/twice a week <input type="checkbox"/> once/twice a month <input type="checkbox"/> irregularly
Pastor's name:
Applicant attends: <input type="checkbox"/> Sunday School <input type="checkbox"/> Church Youth Group <input type="checkbox"/> Other church activities

By signing this document, I (we) give my (our) permission for Community Christian School to contact the supplied references for further information, understanding that all information provided concerning the application will remain confidential.

I (We) also agree that I (we) fully satisfy the home school laws of the state of Florida and have/will provide proof to CCS of our intent to home school. I (We) understand that I (we) are primarily responsible for my (our) child's education and that CCS is not responsible for this education.

I (we) understand that the atmosphere of Community Christian School is one of order, discipline and cooperation. I (we) understand that if my (our) student does not cooperate with these standards, they will be required to withdraw from the CEO program. There will be no refunds issued under these circumstances.

Father (or legal guardian) _____ date: _____

Mother (or legal guardian) _____ date: _____

CCS does not discriminate on the basis of sex, race, national or ethnic origin in any of its policies or programs.