



# STUDENT APPLICATION

(Please Print or Type)

Application Date \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Date to Enter \_\_\_\_\_

## APPLICANT INFORMATION

Student's Name \_\_\_\_\_  
*last first middle*

Student prefers to be called \_\_\_\_\_ [Male ] [Female ]

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Student's Current School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of Current School \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Current Grade \_\_\_\_\_ Number of Years at Current School \_\_\_\_\_

## FAMILY INFORMATION

**Father or Guardian's Name:** Mr. Dr. Rev. (circle one) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Home email Address \_\_\_\_\_ Work email Address \_\_\_\_\_

**Relationship:** Father Stepmother Grandfather Other Relative Non-family

**Custody Type:** Parent/Custody Guardian None (legally) *(check one in each category)*

**Mother or Guardian's Name:** Ms. Miss Mrs. Dr. (circle one) \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Home email Address \_\_\_\_\_ Work email Address \_\_\_\_\_

**Relationship:** Mother Stepmother Grandmother Other Relative Non-family

**Custody Type:** Parent/Custody Guardian None (legally) *(check one in each category)*

**Student Lives with:** Mother Father \_\_\_\_\_ **Official School Mail Should Be Sent to:** Mother Father

Preschool (8:15-12:00 PM): 5 day 3 day <i>(check one)</i>	Kindergarten (8:15-12:00 PM):
Lunch Bunch (12:00-3:00 PM): 5 day or 3 day M-W-F	<i>(check one, if applicable)</i>

We intend to apply for financial aid:

OFFICE USE ONLY: Application Fee \_\_\_\_\_ Date \_\_\_\_\_

Revised January 2005

**ACADEMIC INFORMATION**

Has the student ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ Which one? \_\_\_\_\_

Has the student ever been dismissed from any school for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ Asked to withdraw? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment \_\_\_\_\_

---

---

Have previous teachers recommended special educational testing for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment \_\_\_\_\_

---

---

If any special educational testing has been completed, please attach copies of the results. Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have an Individual Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach copies of the IEP.

Does the student have any learning difficulties/disabilities)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please comment \_\_\_\_\_

---

---

Has the student ever been diagnosed and/or received medication for Attention Deficit Disorder or Attention Deficit/Hyperactive Disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

At what overall grade level is the student performing in Language Arts?

Above grade level \_\_\_\_\_ At grade level \_\_\_\_\_ Below grade level \_\_\_\_\_

At what overall grade level is the student performing in Mathematics?

Above grade level \_\_\_\_\_ At grade level \_\_\_\_\_ Below grade level \_\_\_\_\_

Has the student ever experienced a major life-impacting event (death of parent or sibling; divorce or separation, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please comment \_\_\_\_\_

---

---

Does the student have any mental, emotional or physical condition that may affect his/her activities or progress?

If yes, please comment \_\_\_\_\_

---

---

Is the student under the care of a professional counselor/psychologist? Yes \_\_\_\_\_ No \_\_\_\_\_

**HOME/FAMILY INFORMATION**

Briefly describe the personality of the student. \_\_\_\_\_

---

---

---

What are his/her hobbies and interests? \_\_\_\_\_

---

---

---

What specific responsibilities does he/she have? \_\_\_\_\_

---

---

---

On the average, how much time per day does the student spend –  
watching television? \_\_\_\_\_  
playing video games? \_\_\_\_\_  
in non-academic computer use? \_\_\_\_\_  
exclusively doing homework? \_\_\_\_\_

Please describe the process followed in disciplining the student:

For minor infractions \_\_\_\_\_

---

---

For major infractions \_\_\_\_\_

---

---

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

Name	Age	School currently attending	Grade

**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      once or twice a week \_\_\_\_\_      once or twice a month \_\_\_\_\_      irregularly \_\_\_\_\_

Pastor’s name \_\_\_\_\_

Church telephone number \_\_\_\_\_ Church fax number \_\_\_\_\_

Applicant attends      Sunday School \_\_\_\_\_      Church Youth Group \_\_\_\_\_      Other church activities \_\_\_\_\_

**GENERAL INFORMATION**

From what source did you learn of Community Christian School? (Please be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_

For what reason would you select Community Christian School as opposed to a non-Christian private school?

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to share about the student and/or your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (or Legal Guardian)