

# Application for Enrollment

## STUDENT INFORMATION:

Full Legal Name \* (Last) \* (First) (Middle) Date of Birth Age \* Grade Entering

\* Home Address \_\_\_\_\_  
Number and Street City Zip

\* Home phone \_\_\_\_\_ Public School District \_\_\_\_\_

County \_\_\_\_\_ Do you want to be listed in the student directory? \_\_\_\_\_

*\* Information preceded by an asterisk will be printed in a student directory unless requested*

May CCS use photographs or video of this child for the purpose of advertising and promotion of the school?  Yes  No

FAMILY INFORMATION: \* E-mail Address \_\_\_\_\_

Parents are:  Married  Separated  Divorced  One parent deceased

If parents are divorced or separated, who has legal custody of the student? \_\_\_\_\_  
Attach a copy of custody papers

## FATHER OR LEGAL GUARDIAN INFORMATION:

\* Father's Name \_\_\_\_\_ \* Home Phone \_\_\_\_\_

\* Address \_\_\_\_\_  
Number and Street City State Zip

\* Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If guardian, relationship to student \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Does your employer have a matching gift program? \_\_\_\_\_

## MOTHER OR LEGAL GUARDIAN INFORMATION:

\* Mother's Name \_\_\_\_\_ \* Home Phone \_\_\_\_\_

\* Address \_\_\_\_\_  
Number and Street City State Zip

\* Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**MOTHER OR LEGAL GUARDIAN INFORMATION (CONTINUED):**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Does your employer have a matching gift program? \_\_\_\_\_

**CHURCH INFORMATION:**

Church attending \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ How long have you attended? \_\_\_\_\_

Does the student attend a different church? If so, which church \_\_\_\_\_

**PAYMENT INFORMATION:**

Billing Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street City State Zip

Signature of person responsible for paying bill \_\_\_\_\_

**GRANDPARENT INFORMATION:**

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you want grandparents to receive school mailings?  Yes  No

**EMERGENCY INFORMATION:**

Emergency phone numbers: Father \_\_\_\_\_ Mother \_\_\_\_\_

List a neighbor or nearby relative who will assume temporary care of your child if you cannot be reached in case of early school dismissal or building emergency.

\_\_\_\_\_  
Name Address Phone

**ACADEMIC INFORMATION:**

Please list schools previously attended:

School	Address	Dates	Grades Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has student ever been suspended?  Yes  No      Expelled?  Yes  No  
Asked to withdraw?  Yes  No      Failed a grade?  Yes  No  
Does child have any special needs?  Yes  No

If you answered yes to any of the questions above, please explain. \_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL INFORMATION:**

As a condition for admission, Calhoun Christian School requires that at least one parent and students entering middle school –12<sup>th</sup> grade, have a personal relationship with Jesus Christ. Please state your relationship below:

Father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL CONSENT\_20 -20 SCHOOL YEAR**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Employer \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies, Medications, Etc. \_\_\_\_\_

My child has my permission to go on all field trips/sporting events, which the school may sponsor for his/her group. I will be notified prior to each event with details concerning the trip.

In the event that during the school day or school sponsored activity, an accident or illness occurs which, in the opinion of the Calhoun Christian School authorities, requires a physician's attention and the school is unable to find either parent, the physician named above may be called to attend to our child named in this application.

In the event that the administration of an anesthetic or the performance of emergency surgery is necessary, and neither parent is available to give permission, we the parents or guardians, authorize and empower the administrator or faculty of Calhoun Christian School to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery to our child. We also agree to accept responsibility for the cost of above medical services. It is understood that the permission granted is in force from the date of this application for the entire school year unless a legal substitute or we revoke the permission in writing.

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

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

\_\_\_\_\_  
Date