



New Student Inquiry for K5-11th Students



Thank you for your inquiry to Community Christian School. Please fill out this form completely and return to the school office. Someone from the school will contact you for an appointment.

Student's Name (please print)

Grade (Going into in August)

Date of Birth

Parent's Name (please print)

Daytime contact numbers

Today's Date

How did you hear about us? _____

(For 1st-11th) What school is the child currently enrolled in? _____

List of previous schools (include name, address, dates attended) _____

Briefly state your reasons for desiring your child's enrollment in Community Christian School:

Has your child ever received diagnostic testing for learning disability (including ADD/ADHD)? ___Yes ___No

If yes, please explain – including diagnosis and treatment _____

Does your child require any special curricular or classroom modifications? ___Yes ___No

If yes, please explain _____

(For 1st-11th) Has student failed any grades/subjects or was retained? ___Yes ___No

If yes, please explain _____

(For 1st -11th) Has student had any problems in adjusting to school life? ___Yes ___No

(For 1st-11th) Has student been refused admittance, placed on academic or disciplinary probation, suspended or expelled from any school(s)? ___Yes ___No If yes, which one & please explain _____

Has student ever been placed in a grade instead of being promoted? ___Yes ___No **What grade?** _____

What church does your family attend? _____

Name & grade of sibling(s) not seeking enrollment at CCS: _____

Any other information that the school needs to know: _____

Would you like to be scheduled for a school tour? ___Yes ___No

What are the best times? ___Morning ___Midday ___Late Afternoon

Mission of Community Christian School

The mission of Community Christian School is to equip students to walk in truth, embrace excellence, and impact the world for Christ.

Administration Notes

