

Columbia County Christian School Student Application/Registration Card

Today's Date:	Childs Last Name:	MI:	Childs First Name:	Goes by Name:
Child's Gender: Male Female	Birth date: City of birth:	Grade Child Entering		Student resides with: Mother Father Stepparent Grandparents Guardian
School last attended:	District:	Who referred you to CCCS?		
Physical Address:	City: Zip:	Mailing Address:	City: Zip:	
Father/Guardian Name:	Cell Phone #:	Home Phone #:	Email Address:	
Father's Occupation:	Father's Employer Name:	Work/Alternative Phone #:	Church presently attending:	
Mother/Guardian Name:	Cell Phone #:	Home Phone #:	Email Address:	
Mother's Occupation:	Mother's Employer Name:	Work/Alternate Phone #:	Church presently attending:	
Family's church:	Pastor's Name:		Years of attendance:	
Family attends church regularly: Yes No	Circle all that apply: Student belongs to a youth group		Baptized Attends Sunday School	

** If I am unable to be reached, I authorize the following individuals to pick up my child*

Emergency Contact #1:	Relationship	Phone #
Emergency Contact #2:	Relationship	Phone #
Physician's Name:	Dentist's Name:	
Physician's Phone #:	Dentists Phone #:	
If I cannot be reached during an emergency, and school personnel believes immediate medical treatment is needed, I authorize them to get my child to the nearest doctor/hospital/dentist and authorize the doctor/hospital/dentist to perform necessary medical treatment. Circle one: Yes No	List any allergies: List any medication that needs to be administered at school:	

Why did you choose CCCS for your child?			
What two factors influenced applying at CCCS? Circle all that apply: Location Academic reputation			
Christian Philosophy Displeasure with public school Recommendation of CCCS families			
Desire to attend private school			
Siblings Names:	Ages:	Choose one: American Indian/Alaskan Native Hispanic Caucasian Asian Pacific Islander African American	May be use your child's photo on Facebook, Instagram, or website? Yes No Facebook PTF page ONLY: Yes No
Other individuals authorized to pick up my child: Name:		Phone #:	
		Equal Opportunity Information: This information is needed to insure equal educational opportunities for your child and may not be used to discriminate against him/her. The information is also needed for required federal and state reports regarding equal opportunities.	

Please share any other information about your child that you would like the staff at CCCS to know that would assist with their success.

List any academic supports:	
List any physical, social, or emotional supports:	

Has student ever been tested or received special help for reading or learning difficulty:	Yes	No	If yes, please explain:

Has student ever been disciplined in the classroom or had an office referral at school:	Yes	No	If yes, please explain:

I understand and agree that continued enrollment and re-enrollment of my child at CCCS is dependent on my child's behavior and my support of the school, its staff, and its policies.

Parent/Guardian Signature: _____ Date: _____

1. Briefly explain your students' academic background, achievements, and struggles:

2. What are your families' values? How do they align with the values of CCCS?

3. What are your expectations for your child's education?

4. How does your child handle new situations or challenges?

5. Tell us about your child's social skills and relationships with peers:

6. Do you have any questions for CCCS Administration?
