

# Columbia County Christian School

## Application for Admission / Student Registration Card 2022/2023

Today's Date	Child's Last Name	MI	Child's First Name	Goes by Name
Child's Sex: Male      Female	Birth date:  Place of birth:		Grade Child Entering	Student resides with circle:      Mother Father      Grandparent      Guardian Other
School last attended or coming from:	District:		Child's Interests:	
Physical Address:	City:  Zip Code:		Mailing Address:	City: Zip Code:
Father/Guardian:	Cell Phone #	Home Phone #	Email Address:	
Father's Occupation:	Father Employer Name:	Work/Alternative Phone #	Church presently attending:	
Mother/Guardian:	Cell Phone #	Home Phone #	Email Address:	
Mother's Occupation:	Mother Employer Name:	Work/Alternate Phone #	Church Presently Attending:	
Family's church:		Pastor's Name:	Year's attendance:	
Family attends church regularly:    Yes    No		Circle all that apply regarding student:    Confirmed      Baptized Student belongs to a youth group      Attends Sunday School		
• If I am unable to be reached, I authorized the following individuals to pick up my child				
Emergency Contact #1:		Relationship	Phone #	
Emergency Contact #2:		Relationship	Phone #	
Physician's Name:		Dentist's Name:		
Physicians Phone #:		Dentist's Phone #:		
If I cannot be reached during an emergency and school personnel believe 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 <input type="checkbox"/> No <input type="checkbox"/>				
Why did you choose CCCS for your child?				
What two factors influenced applying at CCCS? circle all that apply:    Location      Academic reputation      Christian Philosophy Displeased with public school      Recommendations of CCCS families      Desire to attend private school				
Sibling Names:		Ages:	Choose one: American Indian/Alaskan Native Hispanic Caucasian Asian Pacific Islander African American	May we use your child's photo on Facebook, Instagram, Website? Circle one: Yes    No
Other individuals authorized to pick up my child: Names:			Equal Opportunity Information: This information is needed to ensure equal educational opportunities for your child and may not be used to discriminate against him/her. Information is also needed for required federal and state reports regarding equal opportunities	
			Numbers:	

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In order to keep the grandparents of our current students informed, they will receive selected school mailings and invitations to special events:			
First name:	Last Name:		
Address:	City:	State:	Zip:
First name:	Last Name:		
Address:	City:	State:	Zip:

Has student ever been tested or received special help for reading or learning difficulty: Yes No If yes, please explain:
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Has student ever been disciplined in the classroom or had an office referral at school: Yes No If yes, please explain:
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Does student have an IEP? Yes No Please provide a copy if you can.	Are there any legal documents? Yes No If yes, please provide a copy.
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Invoice emailed to:	How do you prefer to be contacted in case of illness or accident? Text                  Email                  Messenger                  Phone call
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I understand and agree that continued enrollment and re enrollment of my child at CCCS is dependent on my support of the school, its staff, and its policies. By signing I agree:  Parent/Guardian Signature X
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