



# COMMUNITY CHRISTIAN SCHOOL

PO Box 780 • 2701 East Kenwood St • Siloam Springs, AR 72761

PHONE: (479) 549-4141 • FAX: (888) 349-8621

EMAIL: [info@ccs-nwa.com](mailto:info@ccs-nwa.com) • WEBSITE: [www.ccs-nwa.com](http://www.ccs-nwa.com)

## APPLICATION FOR ENROLLMENT

### Student/Family Information

Name of Student \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Re-enrolling  or New Student  Date (Re)Enrolling \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Custodial Parents \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Father's Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Father's Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Can receive messages via text? Yes  No

Who is able to pick up my child from school (and relationship):

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

### Scholastic Information

Has student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Has student ever had disciplinary difficulty at school? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Does student have a juvenile or arrest record? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Has student ever used tobacco or nonprescription drugs of any kind? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please indicate academic level of student's previous work: Excellent  Good  Average  Fair

Religious Information

Church \_\_\_\_\_ Attend regularly? Yes  No

Pastor \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has applicant ever made a profession of faith in Christ? Yes  No

General Information

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school? \_\_\_\_\_

Application must be filled out completely before it can be processed. Registration and Testing Fee must accompany Application and are not refundable.

“I understand that all students are subject to a nine-week probationary period. I also understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline (as described in the Student Handbook) or whose financial obligation remains unpaid.”

“I have received a current copy of the Parent/Student Handbook. In doing so, I have explained the content of this document to my child. I acknowledge and agree to the policies contained therein, and will require my child to comply with the policies which apply to students. I also agree to uphold my financial agreement with Community Christian School.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Father                      Signature of Mother                      Date

*If there are changes concerning emergency contacts, persons authorized to pick up your child, address, phone numbers, etc. please notify the school office at 479-549-4141, or speak to one of our staff. Thank you!*