



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-siloam.com • WEBSITE: www.ccs-siloam.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!