

Central Christian School – Enrollment Application

5801 Schwartz Road Fort Wayne Indiana 46835
www.centralchristianfortwayne.org 260-493-0193

..." CCS students will seek to serve God and others in the world where they live..."

Today's Date _____

Student Information (Please Print Clearly) **STN line is for office use only**

Student(s) Full Legal Name(s)	Date of Birth	Birth City & State (Country if not USA)	Gender	Entering Grade	Ethnicity * circle one	Race *see below	Previous School Name	Dates Attended
STN: _____ Name: _____					Hispanic? Yes No			
STN: _____ Name: _____					Hispanic? Yes No			
STN: _____ Name: _____					Hispanic? Yes No			
STN: _____ Name: _____					Hispanic? Yes No			
STN: _____ Name: _____					Hispanic? Yes No			

* Race-choose one: **white, Black, Asian, Pacific Islander, American Indian** (If Multi-racial , please indicate all that apply)

Guardian: _____ Both Parents _____ Father _____ Mother _____ Other

Student lives with:

_____ Both Parents _____ Mom & _____ Mom Only _____ One Parent Deceased
_____ Guardian _____ Dad & _____ Dad Only _____ Other

Release to Non-Custodial Parent: _____ Yes _____ No (If no, court documentation required upon acceptance.)

Student Home Address

Street Address _____
City/State _____ Zip _____

Primary Parental Contact

Name (First & Last) _____
Street Address _____
City/State _____ Zip _____
Drivers License Number _____
Relationship _____
Primary Phone _____
Work Phone _____
Cell Phone _____
Email Address _____
Employer/Occupation _____

Student Mailing Address, if different

Street Address _____
City/State _____ Zip _____

Secondary Parental Contact

Name (First & Last) _____
Street Address _____
City/State _____ Zip _____
Drivers License Number _____
Relationship _____
Primary Phone _____
Work Phone _____
Cell Phone _____
Email Address _____
Employer/Occupation _____

Sibling Information

Sibling Name	Age	School	Sibling Name	Age	School

Emergency Contacts (other than yourself)

Name/ Relationship		Name/Relationship	
Primary Phone		Primary Phone	
Cell/work Phone		Cell/work Phone	

Medical Information

Doctor's Name _____ Doctor's Number _____

Preferred Hospital _____

Insurance _____ Private _____ Medicaid/Hoosier Health Wise _____ No Insurance _____ Other

Academic Information

Please list name of student and any academic concerns, learning disabilities and if they have an IEP in place (if yes, with what school corporation)

Does your child have a current **IEP** or **ILP** (circle one)? _____ No _____ Yes (If yes, Please provide a copy with this application.)

Other Information

How did you hear about CCS? _____ Newspaper _____ Church _____ Radio
_____ Friend _____ CCS Family _____ Other

If you heard about CCS from a CCS family please list their name _____

If you heard about CCS from a source not listed, please tell us _____

What church do you currently attend? _____

If you do not attend a church at this time, place a check mark _____

Any other information you feel would be helpful for CCS to know about you, your student or your family _____

Student Pick-Up Authorization

List anyone who has permission to pick up your student (besides yourself):

Name and Relationship

Name and Relationship

Financial Obligations

- o I understand that the registration fee and book fee assure my child(ren) a spot at CCS, and are not refundable if I choose at a later time not to send my child(ren).
- o I understand that tuition payments are due through the FACTS program and will pay the tuition through this program.
- o I understand that CCS reserves the right to expel any child(ren) whose financial obligations remain unpaid, and that if this occurs, the current months charges are due and payable and will not be refunded.

Application Agreement

- o I agree to accept all regulations of the school on the applicant's behalf.
- o I agree to authorize the school to employ such discipline as it deems wise and expedient for my child(ren), as outlined in the Student/Parent Handbook.
- o I give permission for my child(ren) to participate in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child(ren) because of any injury at the school or school function.
- o I understand that CCS reserves the right to expel any child(ren) who fails to comply with the established regulations and discipline. If this occurs, the current month's charges are due and payable and will not be refunded.
- o I agree to uphold and support the high academic standards of CCS by providing a place at home for my child(ren) to study and by seeing that (s) he completes all assignments.
- o I understand that the standards of CCS do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school.
- o I understand that CCS does not discriminate on the basis of religion, race, color, sex, nationality or ethnic origin in its admission, education, financial or employment policies.
- o I give permission to use and/or copyright, personally identifiable information about the above named student(s) including photos, video, name, academic/athletic/attendance achievements, and/or art works for publication, advertising or other lawful purposes including but no limited to publication on any CCS web pages.

I have read the terms stated on the application and agree to them,

Signature of Parent/Guardian

Date