

# COMMUNITY CHRISTIAN SCHOOL

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P.O. BOX 447  
Westfield, MA 01086-0447  
[www.ccsfamily.org](http://www.ccsfamily.org)  
info@ccsfamily.org

Date: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Please attach recent photo  
Street Apt. No.

\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Cell Phone Father: \_\_\_\_\_

Cell Phone Mother: \_\_\_\_\_ Cell Phone Student: \_\_\_\_\_  
(if applicable)

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Year \_\_\_\_\_

## STUDENT EDUCATIONAL INFORMATION

Student is presently attending \_\_\_ Public School \_\_\_ Private School \_\_\_ Homeschooled  
\_\_\_ UMS

If student is attending a public, private or UMS School:

Present school  
name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Please describe the type of previous instruction that your child has received (ex. Home schooled, public schooled, etc.) Also include the length of instruction (in years) and the name of the public or private school.

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Is student eligible to return to all previously attended schools? \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain \_\_\_\_\_

Has student ever been expelled, suspended, reassigned or asked to leave any school for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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Has student ever skipped or repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Has student ever been bullied or been disciplined for bullying? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

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Student is changing schools: Voluntarily \_\_\_\_\_ Involuntarily \_\_\_\_\_ If involuntarily, please explain:

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Has student been tested for any of the following? \_\_\_\_ Yes \_\_\_\_ No (If yes, please give dates)

\_\_\_\_ Speech/language \_\_\_\_ Attention Deficit/Hyperactivity Disorder

\_\_\_\_ Attention Deficit Disorder \_\_\_\_ Dyslexia \_\_\_\_ Autism Spectrum Disorder

\_\_\_\_ Learning disabilities \_\_\_\_ Communication Delay \_\_\_\_ Occupational Therapy

\_\_\_\_ Neuropsychological Evaluation \_\_\_\_ Other

Is or has student been under the care of a Psychologist/Psychiatrist? \_\_\_\_ Yes \_\_\_\_ No

Has student ever been on an IEP? \_\_\_\_ Yes \_\_\_\_ No

Has student ever been on a 504 plan? \_\_\_\_ Yes \_\_\_\_ No

If you answered "yes" to any of the questions above, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: CCS is not presently equipped to give special help to students with learning disabilities, which would require help beyond what you are able to give at home or through other means (e.g., medication). How do you plan to meet those needs while your child is attending CCS?

**You must furnish any and all records in regards to, but not limited to, testing, school records, IEP, 504 plans, evaluations, or attendance.**

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### **FAMILY INFORMATION**

Parents:  Married  Separated  Divorced  Deceased (date: \_\_\_\_\_)  other

If divorced, with whom does the child live with: \_\_\_\_\_

If parents are separated or divorced, to whom should correspondence be sent?  
 Father  Mother

If parents are separated or divorced, to whom should billing/statements be sent?  
 Father  Mother

### **PARENT INFORMATION**

Please check:  Father  Step-Father  Guardian

Name \_\_\_\_\_

Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of hours worked outside of home (per week) \_\_\_\_\_

Number of hours per week you are willing to devote to supervising, tutoring, and/or instructing students(s)

\_\_\_\_\_

Please list any special skills, training, or certification

(optional) \_\_\_\_\_

Please check:  Mother  Step-Mother  Guardian

Name \_\_\_\_\_

Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of hours worked outside of home (per week) \_\_\_\_\_

Number of hours per week you are willing to devote to supervising, tutoring, and/or instructing students(s)

\_\_\_\_\_

Please list any special skills, training, or certification

(optional) \_\_\_\_\_

### **SIBLING INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_

School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_

School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_

School attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_

School attending \_\_\_\_\_

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Father's Attendance: \_\_\_\_ occasionally \_\_\_\_ frequent

Currently a Member: \_\_\_\_ yes \_\_\_\_ no

Mother's Attendance: \_\_\_\_ occasionally \_\_\_\_ frequent

Currently a Member: \_\_\_\_ yes \_\_\_\_ no

Please describe, in your own words, your relationship with Jesus Christ

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

These references should be current and should know the student personally. Please do not list family members as references.

### Personal

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Student \_\_\_\_\_

### Personal

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

### Church (i.e. Youth Pastor, Sunday School Teacher, Awana Leader)

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to student \_\_\_\_\_