

CHARITY CHRISTIAN SCHOOL

P.O. Box 276

Fallston, NC 28042

704-419-4574

1-877-748-2599 (FAX)

APPLICATION FOR ENROLLMENT

DATE _____

STUDENT'S NAME _____

PARENTS' NAMES _____

HOME ADDRESS _____

Street Address

City State Zip Code County

HOME PHONE _____ DATE OF BIRTH _____

CELL NUMBER _____ E-Mail Address _____

STUDENT'S BIRTHPLACE _____ SS# _____

NAMES AND AGES OF OTHER CHILDREN ATTENDING CCS _____

FATHER'S EMPLOYER _____

ADDRESS OF EMPLOYER _____

WORK PHONE# _____ FATHER'S SS# _____

MOTHER'S EMPLOYER _____

ADDRESS OF EMPLOYER _____

WORK PHONE# _____ MOTHER'S SS# _____

CHURCH MEMBER? _____ WHERE? _____

IN CASE OF EMERGENCY, NOTIFY

PHONE NUMBER _____ RELATIONSHIP _____

SPECIAL CHALLENGES OF THIS STUDENT

CHILD'S PHYSICIAN _____
ADDRESS _____ PHONE# _____
GRADE ENTERING _____ LAST SCHOOL ATTENDED _____

HAS THIS STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?

IF SO, PLEASE EXPLAIN:

HAS THIS STUDENT EVER FAILED A GRADE?

HAS THIS STUDENT EVER BEEN INVOLVED IN THE USE OF DRUGS,
ALCOHOL, OR ANY OTHER FORM OF INTOXICANT?

IS THE STUDENT PRESENTLY INVOLVED IN THE USE OF ANY OF THE
ABOVE MENTIONED ITEMS?

DOES THE STUDENT USE TOBACCO IN ANY FORM?

HAS THIS STUDENT EVER MADE A PROFESSION OF FAITH IN THE LORD
JESUS CHRIST?

Parents please read carefully and sign:

I will cooperate to the fullest extent with Charity Christian School in the education of my child. I agree to stand by the rules and policies as set forth in the Student Handbook, and I will cooperate with the faculty concerning any disciplinary actions taken against my child. I will take part, as much as possible, in Parent-Teacher meetings and activities sponsored by the school. I affirm that the information in this application is true to the best of my knowledge.

If emergency medical care should become necessary, I give permission for my child to receive such treatment as required by the physician.

Signed: _____

Date: _____

(Determined by the Administration)
Accepted or Denied _____