



STUDENT APPLICATION FORM

STUDENT INFORMATION

Student's Name: _____
Last First Middle

Student's Preferred Name: _____ Student's Age: _____

Date of Birth: _____ SSN: _____

Male / Female: _____

Grade Applying For: _____ Year Applying For: _____

PARENT / GUARDIAN'S INFORMATION

Parent: _____ Guardian: _____
Father's (or Guardian's) Name: _____
Last First Middle

Address: _____

E-mail Address: _____ Zip Code: _____
Phone: _____

Employer: _____ Occupation: _____

Mother's Name: _____
Last First Middle

Address: _____

E-mail Address: _____ Zip Code: _____
Phone: _____

Employer: _____ Occupation: _____

Student lives with: _____

APPLICANT'S SIBLINGS

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT INFORMATION

List all schools including Kindergarten or last Pre-K attended.

<u>Name of School</u>	<u>City, State</u>	<u>Grades Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing address of most recent school: _____

Has student been retained in a grade? _____ If yes, which grade? _____

Give a brief explanation: _____

If student is transferring, have previous educators expressed concern regarding attention, behavior, emotional, social or learning challenges? Has this student been suspended or asked to leave from a school? If yes, please explain:

Please describe the nature of any previous disciplinary problems: _____

Have you or others been concerned for or has this student been evaluated for any physical, mental, academic or emotional needs? If yes, please explain:

Does this student have physical, mental or emotional problems which require special medication?
_____ If yes, please give a brief explanation: _____

For information only:

Name of Child's Physician: _____

Physician's Contact Number: _____

Briefly describe any special extra-curricular interests, hobbies, talents, or aptitudes:

OTHER DATA

Do you consider your home a Christian home?

Which church do you attend?

Are you a member?

Which most accurately describes your church attendance?

Active in the church _____ The children attend Sunday School _____

Attend occasionally _____ Do not attend more than a few times a year _____

Explain briefly why you desire a Christian education for your child.

What are your expectations of Cabot Christian School for your child?

How did you hear about CCS? _____

If you have other children of school age that you will not be enrolling at CCS, please give a brief explanation:

TERMS AND CONDITIONS

- a. Applications are made to the governing authority of Cabot Christian School which reserves the right to accept or reject any application.
- b. Cabot Christian School admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. Cabot Christian School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.
- c. School policies are subject to change. Information on current policies will be made available at parent orientation meetings prior to enrollment.
- d. Applicants agree to abide by all school policies, rules, and regulations, including provisions for dress codes and discipline. Cabot Christian School has full discretion in the discipline of students while at the school.
- e. Applicants agree that their students will receive instructions in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
- f. Cabot Christian School provides priority enrollment for children with enrolled siblings. Space must be available, and the enrollment request must be exercised within the priority enrollment period. Information about priority enrollment may be obtained by contacting the Admissions Director.
- g. The school has policies designed to meet a reasonable standard of care for students who become ill or have an emergency situation at school. Parents are required to sign a medical release form each year allowing emergency medical care to be obtained in the case parents cannot be reached. Parents understand the school is not an insurer of student health. The school procedures governing health care plans and the storage and administration of medications are available from the Admissions Director.
- h. The school's Schedule of Charges provides information about financial terms and obligations. It is updated annually. Students are enrolled for the entire year and the parent or guardian is responsible for monthly tuition payments upon accepting enrollment. A non-refundable enrollment fee must be submitted with this Student Application Form. The enrollment fee is 1/2 month's tuition based on grade.

PARENT OR GUARDIAN AGREEMENT

I hereby certify that I have read this Student Application Form, including the Terms and Conditions Section. I do agree to comply with the terms and conditions stated therein and furthermore accept the conditions and requirements of all other official policies and procedures of Cabot Christian School, including the payment of all fees and charges according to the published schedule of the school.

This application cannot be processed until the enrollment fee is paid in full and the application is signed by the parents or guardian of the applicant.

Parent/Guardian Signature: _____ Date: _____

Parent Signature: _____ Date: _____