



COMMUNITY CHRISTIAN SCHOOL

-a ministry of Community Baptist Church

Student Registration Form

Please complete this form in its entirety. (front & back)

Revised 02.17.14

Please return application with Birth Certificate, Immunization/Health Form (DH-680), and School Entry Physical Form.

[STUDENT ONE SHOULD BE THE OLDEST CHILD CONTINUING TO THE YOUNGEST.]

STUDENT ONE

Last Name _____ First Name _____ Middle Name _____ Nickname _____

Birthplace _____ County _____ D-O-B (MM-DD-YYYY) _____ Age _____ Race _____ Sex _____

Home Phone _____ Grade Entering _____ Has the student repeated any grade? _____

Street Address _____ City _____ State _____ Zip _____

Extended Care Needed: Yes No Student's Cell Phone _____

STUDENT TWO

Last Name _____ First Name _____ Middle Name _____ Nickname _____

Birthplace _____ County _____ D-O-B (MM-DD-YYYY) _____ Age _____ Race _____ Sex _____

Home Phone _____ Grade Entering _____ Has the student repeated any grade? _____

Street Address (if different) _____ City _____ State _____ Zip _____

Extended Care Needed: Yes No Student's Cell Phone _____

STUDENT THREE

Last Name _____ First Name _____ Middle Name _____ Nickname _____

Birthplace _____ County _____ D-O-B (MM-DD-YYYY) _____ Age _____ Race _____ Sex _____

Home Phone _____ Grade Entering _____ Has the student repeated any grade? _____

Street Address (if different) _____ City _____ State _____ Zip _____

Extended Care Needed: Yes No Student's Cell Phone _____

For Office Use Only

Grades 1 _____
 2 _____
 3 _____
 3C _____
 Med _____
 Reg Pd _____
 Reg Billed _____

Testing _____
 T Fee _____
 CMF _____
 Tuition Billed _____
 Class Fee _____
 Ex Care _____
 Fin Agr _____

Enroll Date ___/___/___
 Start Date ___/___/___

Home of the CRUSADERS

I give my permission for the students listed above to be photographed for website and promotional material involving our school website, brochure, or presentations.

Parent 1 Signature _____
 Parent 2 Signature _____

In this agreement between CCS and **person(s) responsible for paying the account**, the following:

Financial Agreement

(K5-12th grades)

Name _____ Phone _____

Address _____
 (Street) (City) (State) (Zip)

Agrees to pay:

Student's Name	Grade	Tuition	Fees	Multi-Child Discount	4% Paid in Full Discount	Discounted Tuition

1. Tuition paid in full by September 1 will result in a 4% discount on the tuition charge only.

2. For the 10-month plan, payments are August 1 through May 1.

Capital Improvement Fee	
TOTAL DUE	

I choose the following payment plan: _____ Full
 _____ 10 Month

SSN# _____

 Signature of Parent/Guardian Responsible Date

- The registration fee must accompany the Enrollment Application. The registration fee is non-refundable once your child is accepted for enrollment.
- Tuition payments are due on the 1st of each month. If the payment is not **IN THE OFFICE ON OR BEFORE THE 10th OF THE MONTH**, a \$25.00 late fee will be added to your account. Extended care payments are also due on the first of each month.
- Any tuition not paid by the 15th of the month necessitates that the student not be permitted to attend school. The account must be paid up to date or firm arrangements made with the Administrator before the student may attend school.

5. A \$20.00 charge will be added to your account for each returned check. After two returned checks, your personal checks will not be accepted for payment on your account--only cash, money order, or cashier's check will be accepted. The student will not be allowed to attend school until the account is paid up to date.



PARENT ONE

FATHER MOTHER STEP-PARENT OTHER Marital Status: _____

TITLE (Mr. Mrs. ETC) LAST NAME FIRST NAME M.I.

MAILING ADDRESS CITY STATE ZIP CODE

() () () HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE

EMPLOYER OCCUPATION

Church Attending _____

Legal Custody belongs to: _____ Language Spoken in Home: _____

Email Address (Please print clearly): _____

PARENT TWO/GUARDIAN

FATHER MOTHER STEP-PARENT OTHER Marital Status: _____

TITLE (Mr. Mrs. ETC) LAST NAME FIRST NAME M.I.

MAILING ADDRESS CITY STATE ZIP CODE

() () () HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE

EMPLOYER OCCUPATION

Church Attending _____

Legal Custody belongs to: _____ Language Spoken in Home: _____

Email Address (Please print clearly): _____

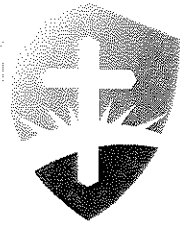
PARENTIAL AGREEMENT

We, _____ (Parent One) and _____ (Parent Two) want Community Christian School to partner with us in educating our children. We understand that if the school office contacts us about our child's behavior at any time, we will come to the school and deal with our child within one hour of being called. Failure to do so will result in the child possibly being suspended from school. This same policy also applies to medical needs and illness at school.

If a conference is requested by the administrator, we understand that the conference is the last step before expulsion.

Parent One Signature _____

Parent Two Signature _____



COMMUNITY CHRISTIAN SCHOOL

PLEASE COMPLETE ONE FORM FOR EACH STUDENT.

MEDICATIONS

No medications will be given to your child without parental consent.

Should your child need medication during the day, please submit proper dosages and instructions to the school office. The school will administer tylenol or ibuprofen as you indicate below.

_____ I DO NOT CONSENT TO MY CHILD BEING GIVEN ANY MEDICATIONS.

_____ PLEASE ADMINISTER **TYLENOL/IBUPROFEN** THAT I PROVIDE TO MY CHILD AS NEEDED

PARENT'S SIGNATURE

EMERGENCY INFORMATION

Emergency Contacts (EC)/Pick-Up Permitted (PU) (contacts listed here should not be parents)

EC PU
(check all that apply)

H= Home Phone Number

C= Cell Phone Number

1. _____
Name/Relationship
2. _____
Name/Relationship
3. _____
Name/Relationship

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

H () -	_____
C () -	_____
H () -	_____
C () -	_____
H () -	_____
C () -	_____

- List any physical disability:
- List any medications your child is currently taking
- List any medications to which your child is allergic
- List any known allergies (bee sting, food, etc.)

	STUDENT ONE	STUDENT TWO	STUDENT THREE

"Community Christian School has my permission in an emergency, when I cannot be contacted, to contact the physician listed below and/or take my child to the emergency room of the nearest hospital. I also extend further permission for the physicians and medical staff of the nearest hospital to provide treatment which is deemed necessary by said physicians and medical staff for the physical well-being of my child."

NAME OF PHYSICIAN

() _____
CONTACT NUMBER

PARENT/GUARDIAN SIGNATURE

DATE

MANUAL

CCS desires to train your child in activities that are Christ-centered. We believe that the Bible is the rule book. God has provided it for us to follow. However, many fall short in their reading of it and the application of it to their lives. Therefore, our manual outlines specific rules as to how things are to operate at CCS. We ask that a parent sign below, stating that he/she will read and understand the manual, and agree to abide by its' directive.

"I _____, will read the Parent-Student Handbook of Community Christian School
(Parent Signature) and will comply to all therein."

Student Evaluation Form



5500 18th Street E., Bradenton, FL 34203
941.756.8748 communitychristianfl.com

Applicants to Grades 3-12 are required to have a form filled out by the principal, and two teachers.

_____ (Child's Name) has applied for admission at Community Christian School. Please supply the requested information and return this form directly to the school office.

Please check those that apply.

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
<i>Attendance</i>					
<i>Written Expression</i>					
<i>Study Habits</i>					
<i>Willingness</i>					
<i>Initiative (Motivation)</i>					
<i>Participation in class</i>					
<i>Respect for authority</i>					
<i>Reaction to criticism</i>					
<i>Consideration of others</i>					
<i>Leadership</i>					
<i>Independence</i>					
<i>Sense of Responsibility</i>					
<i>Creativity</i>					
<i>Sense of Humor</i>					
<i>Self-Confidence</i>					
<i>Self-Discipline</i>					
<i>Conduct</i>					
<i>Peer Relationships</i>					
<i>Honesty/Integrity</i>					
<i>Emotional Maturity</i>					
<i>Emotional Stability</i>					
<i>Attitude</i>					
<i>Parent Cooperation</i>					

Please respond to the questions on the other side.

General Comments:

Please comment on any outstanding talents/achievements or reservations not covered on the preceding page.

Please share any thoughts regarding the applicant's prospects for success in an accelerated learning environment.

Do you know if the student has received professional counseling? If so, please describe.

Is this student currently a McKay student? Is the student on a 504 Plan, IEP, or receiving any classroom modifications? If yes, please describe the accommodations made for this student.

To the best of your knowledge, is the applicant now or has he/she ever been a disciplinary problem?

At Community Christian School, we have a strong desire for our students to do right. Do you believe this student can function within guidelines?

How long have you known the applicant? _____ Subject (s) taught _____

Would you be willing to discuss this further? If so, please provide a telephone number where you can be reached during the day. We appreciate your assistance.

Signature

School Name

Printed Name

School Address

Phone Number

Date



5500 18th Street E., Bradenton, FL 34203
941.756.8748 www.communitychristianfl.com

Student Record Release Form

It is necessary that the parent or guardian complete this form, so that the school office may obtain records. Please return this to us with the application.

STUDENT INFORMATION

Student Name _____ Grade Entering _____

Date of Birth ____/____/____ Home Address _____

SSN# _____

School Name _____ Years Attended _____

School Address _____
City State Zip

School Phone _____ School Fax _____

Information to be released (copies only):

1. Scholastic Records (Include current year's grades)
2. Standardized Test Records
3. Discipline Records
4. Health Records
5. IEP (Individual Educational Placement)

AUTHORIZATION STATEMENT AND SIGNATURE:

You are hereby authorized to furnish Community Christian School with the above information.

Date

Signature of Parent or Guardian

Please mail this information to: **Community Christian School**
5500 18th Street East
Bradenton, FL 34203

First Request _____
Second Request _____
Third Request _____