

# Central Christian School

3970 Kidron Road  
PO Box 9  
Kidron, Ohio 44636  
330.857.7311  
330.857.7331 (fax)  
www.ccscomets.org



Est. 1961

## Application for Enrollment (for new students)

### ► Visit

We extend a personal invitation for you and your family to visit the Central Christian School campus to experience our community atmosphere, to observe classroom activities and to meet the school principals. Arrangements can be coordinated through the Enrollment Office.

### ► Application Process

The student application process begins upon receipt of completed Application for Enrollment forms. (See Application Checklist in sidebar.) A Request for Transcript is required to complete the application process.

### ► Testing

Upon receipt of the application material, the Enrollment Office will arrange entrance testing and interview dates for each applicant. Testing will be administered to students to ensure placement in the grade and courses for which each individual student is qualified, to facilitate the maintenance of outstanding school standards, and to ensure that students with special needs which go beyond the school's scope of management will be directed to a more suitable environment.

### ► Registration

After completed Application for Enrollment forms are reviewed, the parent/guardian will be notified by the Enrollment Office to complete the registration process. (See Registration Requirements in sidebar.)

Central Christian School requires that each family complete a signed Financial Plan and a Health Emergency Parental Consent Form during the registration process.

The \$300 Registration Fee (refundable) must be paid before the registration process can be completed. Applications for tuition assistance may be submitted after the registration process is complete.

The State of Ohio requires the following items: copy of birth certificate, Social Security card, Immunization Records and the Sports Physical Examination (for participation in interscholastic sports).

### Application Checklist

- Application for Admission
- \$50 Application/Testing Fee (nonrefundable)
- Parent/Guardian and Student Commitment Forms
- Request for Transcript
- Copy of report cards from current and past year
- Copy of last standardized testing results, IEP if applicable

### Registration Requirements

- Financial Plan
- Health Emergency Parental Consent Form
- Payment of \$300 Registration and Student Activity Fee (refundable)
- Sports Physical Examination Form (for participation in interscholastic sports)
- Immunization Records
- Copy of student's Birth Certificate
- Copy of student's Social Security Card
- Transportation Commitment

Central Christian School welcomes all students and does not discriminate on the basis of race, sex, creed or ethnic background.

# Parent/Guardian Commitment Form

As a parent/guardian, I commit to

- planning and nurturing the faith development of my student;
- assist my student in becoming spiritually, physically and emotionally healthy;
- consistently strive to have my student in daily attendance at Central Christian School and promptly report any absences or tardiness to the school's office by 9:00 am;
- provide my student with the resources needed to complete class work, including an appropriate environment for homework;
- bring to the attention of Central Christian School any problem or condition which could affect my student or other students;
- discuss progress reports and work assignments with my student;
- maintain current contact information at the school, including home, work and emergency telephone numbers;
- volunteer at least 10 hours of service to Central Christian School;
- seek changes in an orderly and respectful manner;
- understand and support the school's standards, policies and behavioral expectations as stated in the *Student Handbook* ([www.ccscomets.org](http://www.ccscomets.org)).

Please state your beliefs in the following areas:

God \_\_\_\_\_  
\_\_\_\_\_

Your relationship with God \_\_\_\_\_  
\_\_\_\_\_

The church \_\_\_\_\_  
\_\_\_\_\_

Please list your reasons for seeking admission for your child at Central Christian School.

\_\_\_\_\_  
\_\_\_\_\_

I recognize that my child's success in school is directly affected by my interest and involvement in his/her education. As a parent/guardian, I commit to collaborating with Central Christian School in the education of my student.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Student Commitment Form

As a student, I commit to

- planning and nurturing my faith development;
- being respectful to God, others, self and property;
- refrain from any profane language, substance abuse or other inappropriate behavior;
- consistently strive to improve and strengthen my spiritual, physical and emotional health;
- conduct myself in a safe and responsible manner;
- abide by the behavioral expectations established at Central Christian School;
- abide by expectations and guidelines established by classroom teachers;
- seek changes in an orderly and respectful manner;
- understand and support the school's *Student Handbook* ([www.ccscomets.org](http://www.ccscomets.org)).

How would you describe your relationship with God? \_\_\_\_\_

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Why would you like to attend Central Christian School? \_\_\_\_\_

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What goals do you hope to reach as a Central Christian School student? \_\_\_\_\_

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How do you plan on accomplishing those goals? \_\_\_\_\_

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What do you enjoy doing outside of school? \_\_\_\_\_

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\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

# Request for Transcript

*In accordance with the Family Educational Rights and Privacy Act, it is necessary to obtain your written consent to have your child's scholastic records released to Central Christian School.*

*Please sign below and we will forward the request to your child's current school.*

Please send these records to: Central Christian School  
Attn Admissions Office  
3970 Kidron Road  
PO Box 9  
Kidron OH 44636

Name of student \_\_\_\_\_  
Last First Middle

Last grade completed \_\_\_\_\_

Name of school \_\_\_\_\_  
(parents of kindergarten students should give name of preschool if applicable)

Address \_\_\_\_\_  
Street City State Zip

School fax number (\_\_\_\_\_) \_\_\_\_\_ School phone (\_\_\_\_\_) \_\_\_\_\_

I hereby give my permission to have the following released to Central Christian School

- Scholastic records
- Health and Immunization records
- Birth Certificate
- Social Security Card
- ESL/ELL/ELP records
- OTELA scores
- Home Language Survey

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Enrollment

## STUDENT INFORMATION

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

Address \_\_\_\_\_  
Street City State Zip

Home telephone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Current grade \_\_\_\_\_ Applying for grade \_\_\_\_\_

Birth date \_\_\_\_|\_\_\_\_|\_\_\_\_ Age \_\_\_\_\_  male  female

Place of birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizenship  USA  Other \_\_\_\_\_ Visa type \_\_\_\_\_

Ethnic background (for reporting purposes)  African American  Hispanic  White/Caucasian  
 Asian  Native American  Multiracial

School district of residence \_\_\_\_\_

Current school \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Dates attended \_\_\_\_\_

## ACADEMIC INFORMATION

List subjects you enjoy most.

List academic awards or special recognitions you have received.

I anticipate needing academic intervention at Central Christian School.  no  yes Explain \_\_\_\_\_

If home schooled, curriculum used \_\_\_\_\_

## CHURCH INFORMATION

Does student attend church regularly?  yes  no

Church member?  yes  no

Does student's family attend church regularly?  yes  no

Church members?  yes  no

Congregation \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Pastor's name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Youth pastor or mentor \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

## FAMILY BACKGROUND

Mother/guardian \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ If CCS graduate, year of graduation \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/position \_\_\_\_\_

Employer \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

Father/guardian \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ If CCS graduate, year of graduation \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation/position \_\_\_\_\_

Employer \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

Marital status of student's parents  married  separated/divorced  widowed  single

Student resides with  parents  mother  father  other

Non-custodial parent if not listed above (optional)

Name \_\_\_\_\_

Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Information non-custodial parent should receive:

school newsletters       report cards/academic progress reports

Other \_\_\_\_\_

List the names and grades of student's brothers and sisters

Name	Grade	School attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's grandparents

	Name	If CCS graduate, year of graduation
Paternal grandfather	_____	_____
Paternal grandmother	_____	_____
Maternal grandfather	_____	_____
Maternal grandmother	_____	_____

**REFERENCES**

Please list name, complete address and phone number of an adult in each category who knows you well. Do not list immediate family members. Provide daytime phone numbers if possible.

Pastor/Sunday school teacher

Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Family friend

Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Current school teacher or guidance counselor

Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**FOR SCHOOL USE ONLY**

App received \_\_\_\_\_ Reg fee received \_\_\_\_\_ App accepted denied

Date of testing \_\_\_\_\_ Date of interview \_\_\_\_\_

Committee approved/declined \_\_\_\_\_ Notification of approval \_\_\_\_\_

Class assignment \_\_\_\_\_

Notes/Comments

# Learning Inventory

To be completed by parent/guardian

Student's name \_\_\_\_\_  
Last First Middle

Parent/Guardian name \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Student's Strengths (check the three most dominate ways of learning)

- Linguistic learns through use of words and sounds, uses words to communicate with others
- Logical-mathematical learns by reasoning, knows how things work, enjoys math
- Spatial learns with images and pictures, enjoys drawing and creating
- Bodily-kinesthetic learns through touching and moving, takes things apart and puts back together
- Musical learns through rhythms and melodies, sensitive to noises around him/her, hums tunes
- Interpersonal learns by talking over ideas with others, empathizes with others, enjoys teaching others
- Intra-personal learns by playing or working alone, good sense of who they are, self confident
- Naturalistic learns through nature, loves to be outside, collects things from nature, sees patterns in nature

Central Christian School has limited resources for meeting the needs of special needs students. In order to assess whether Central Christian School can meet the needs of your student, it is important that our staff be made aware of the nature of these needs before the student enrolls. This allows us to lay a good foundation as we begin to work with the student. Please do not limit your answers to the questions below. The items listed are intended to prompt sharing any information that can assist us as we work with you to help your student succeed. Please feel free to use any additional space provided to elaborate or make note of any question.

Has your student repeated any grade(s)?  yes  no If yes, what grade(s)? \_\_\_\_\_  
Has your student had special testing?  yes  no If yes, please provide test results.  
Has your student had an IEP?  yes  no If yes, please provide a copy.  
(Individual Education Plan)

Has your student received English Language Learner Services (ELL,ESL)  yes  no

Has your student been placed in a learning program? (gifted, behavioral, Title I, etc.)  yes  no

If yes, please name the program(s) \_\_\_\_\_

Has your student received tutorial support?  yes  no

Has your student ever received counseling?  yes  no

What language did your student speak when he/she first learned to talk?

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What language does your student use most frequently at home?

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What language do you most frequently speak to your student?

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What language do the adults at home most often speak?

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How long has your student attended school in the United States?

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Has your student been involved in any disciplinary actions?

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| In-school suspension?     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Out-of-school suspension? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Expulsion?                | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Other?                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If yes to any disciplinary actions, please explain \_\_\_\_\_

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What educational challenges does your student have that could influence his/her success? Please submit test results with application.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Headaches                | <input type="checkbox"/> Reading difficulties      |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Hearing                  | <input type="checkbox"/> Short-term memory deficit |
| <input type="checkbox"/> Aspergers           | <input type="checkbox"/> Long-term memory deficit | <input type="checkbox"/> Shyness                   |
| <input type="checkbox"/> Autism spectrum     | <input type="checkbox"/> Math challenges          | <input type="checkbox"/> Slow processing speed     |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> OCD                      | <input type="checkbox"/> Speech/Language           |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> ODD                      | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Occupational Therapy     | <input type="checkbox"/> Other _____               |

What difficulties, if any, would you like your student to overcome?

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If the student is physically challenged, what accommodations could Central Christian School provide to allow fair evaluation for admission?

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What are the student's special talents, interests and/or strengths?

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## Fine Arts Interest – HIGH SCHOOL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

I am interested in the following fine arts activities *(please check all that apply)*:

- Drama productions
  - Worship Team
  - Vocal Music
  - Instrumental Music
- 

## Athletic Interest – HIGH SCHOOL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

I am interested in the following athletic activities *(please check all that apply)*:

- |  |   |
|--|---|
| <input type="checkbox"/> Girls Volleyball    | <input type="checkbox"/> Boys Soccer        |
| <input type="checkbox"/> Girls Tennis        | <input type="checkbox"/> Boys Golf          |
| <input type="checkbox"/> Girls Cross Country | <input type="checkbox"/> Boys Cross Country |
| <input type="checkbox"/> Girls Basketball    | <input type="checkbox"/> Boys Basketball    |
| <input type="checkbox"/> Girls Softball      | <input type="checkbox"/> Boys Baseball      |
|  | <input type="checkbox"/> Boys Tennis        |

## Fine Arts Interest – MIDDLE SCHOOL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

I am interested in the following fine arts activities *(please check all that apply)*:

- Drama productions
  - Vocal Music
  - Instrumental Music
- 

## Athletic Interest – MIDDLE SCHOOL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Home telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

I am interested in the following athletic activities *(please check all that apply)*:

- |  |   |
|--|---|
| <input type="checkbox"/> Girls Volleyball    | <input type="checkbox"/> Boys Soccer        |
| <input type="checkbox"/> Girls Cross Country | <input type="checkbox"/> Boys Cross Country |
| <input type="checkbox"/> Girls Basketball    | <input type="checkbox"/> Boys Basketball    |