

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 homeschool 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 may be required to complete the application process.

► 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 \$75 Registration Fee (refundable) must be paid before the registration process can be completed. This fee covers athletic events and the yearbook.

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 (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 \$75 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

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;
- 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).

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).

How would you describe your relationship with God? _____

Why would you like to attend Central Christian School? _____

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

How do you plan on accomplishing those goals? _____

What do you enjoy doing outside of school? _____

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 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?

What language does your student use most frequently at home?

What language do you most frequently speak to your student?

What language do the adults at home most often speak?

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

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 _____

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?

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

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

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 |