



# Admission Application

## STUDENT INFORMATION

<input type="checkbox"/>	Initial Contact	Date: _____
<input type="checkbox"/>	Interview	Date: _____
<input type="checkbox"/>	References	Date: _____
<input type="checkbox"/>	Board Approved	Date: _____

### CHILD #1

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

What school is your child currently attending? \_\_\_\_\_

### CHILD #2

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

What school is your child currently attending? \_\_\_\_\_

Please list a personal reference and a phone number where they may be reached:

How many years do you anticipate sending your child(ren) to CCS? \_\_\_\_\_

## FAMILY INFORMATION

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street*

*City, State, Zip*

*County*

Best phone number to reach you: \_\_\_\_\_

Is your family active in a local church? \_\_\_\_\_ If yes, please complete the following:

Church \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

City: \_\_\_\_\_ Pastor's Phone # \_\_\_\_\_

Please share how you heard about / became interested in Celeryville Christian School:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To the best of our knowledge, the information in this application is accurate. We also understand that misrepresentation will invalidate the application process. I give the school permission to check the above references.*

\_\_\_\_\_  
Mother, Father or Guardian Signature

\_\_\_\_\_  
Date