

<p>ACSI/State of Indiana requires the following fields to be known of student:</p> <p>M/F _____ Range of Income: _____ D.O.B. _____ \$0 - \$25,000 _____ Race _____ 25,000 - 49,999 _____ Grade _____ 50,000 - 99,999 _____ Church Affiliation _____ Over 100,000 _____ SS# _____ Have you ever filed _____ Years @ CCS _____ for bankruptcy? _____ #of children in home _____</p>	<p><i>For Office Use Only</i></p> <p>Release Form _____ Evaluation _____ P.E./Tech Form _____ Eval. Fee _____ Imm. Record _____ Admit. Mtg. _____ Physical (K&6th) _____ Application _____ Parent Sponsor _____ App. Fee _____ Birth Cert. _____ Fin. Contract _____ STN: _____</p>
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COMMUNITY CHRISTIAN SCHOOL
500 Elks Road; Richmond, IN 47374
(765) 935-3215; 765-598-5152 Fax
www.ccsrichmond.com

APPLICATION FOR ADMISSION INFORMATION UPDATE
All information is considered confidential.

Date of Application _____ Applying for grade _____ For term beginning _____

STUDENT'S LEGAL NAME _____

Student's Address _____ *First* _____ *Middle* _____ *Last* _____
Phone Number _____

Place of Birth _____

1. Father's Name _____

Father's Address _____ *Race* _____
Street _____ *City* _____ *State* _____ *Zip Code* _____

Father's Telephone _____
Home _____ *Work* _____ *Cell* _____

Father's Email _____

Father's Occupation _____
Company _____ *Position* _____ *Income* _____

2. Mother's Name _____

Mother's Address _____ *Race* _____
Street _____ *City* _____ *State* _____ *Zip Code* _____

Mother's Telephone _____
Home _____ *Work* _____ *Cell* _____

Mother's Email _____

Mother's Occupation _____
Company _____ *Position* _____ *Income* _____

3. Please describe this student's living arrangement. This student's parents are:
a. Married and living together _____ Single Parent _____ Separated _____ Divorced _____
b. Living with at least one parent? Yes _____ No _____ If no, who has legal custody of the student? (Please attach related information.) _____
4. What is the native language of student? _____ Predominant language of student? _____
What language is most often spoken by student in the home? _____

5. Emergency Information

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to each off-campus field trip. In the event the Community Christian School Physical plant located at 500 Elks Road, should sustain a disaster, I give my permission to move my child to a safe haven at The Hayes Regional Arboretum Nature Center at 801 Elks Road. I understand that this measure will be used only as necessary and every effort will be made to shelter in place. I will be notified at the earliest possible time that this move has occurred, but understand that my notification may not be possible under certain circumstances. I further understand that my child will not be released to any individual or group, which has not been pre-approved by me. (**Below**, please list those to whom we may release your child).

I give my permission for _____, grade _____; to participate in all sports and school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume to assume responsibility for those ordinary and reasonable risks associated with the travel activities. I/we agree to hold harmless **Community Christian School**, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Insurance Carrier: _____ Policy _____
Insurance Phone: _____ Other: _____
Under the Name _____ Relationship: _____ SS# _____

Consent for Emergency Medical Treatment

In the event that my child becomes ill or sustains injury as to require medical care, I hereby give my consent to Community Christian School or it's designees to seek emergency medical care through a licensed clinic, hospital, or physician. I understand that I shall assume financial responsibility if such measures are deemed necessary. Community Christian will not assume responsibility for any further injury received during treatment or transport fees, which result from obtaining such medical treatment.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Communicable Diseases:

Chicken Pox Diphtheria Measles Whooping Cough (Pertussis) Scarlet Fever Influenza Pneumonia

Other Conditions:

Asthma Hay Fever Skin Allergy Colds (frequent) Coughs (frequent) Tonsillitis Ear Infections Polio

 Permanent Paralysis Rheumatic Fever Heart Damage Convulsions or Fainting Spells Other Exposure to
Tuberculosis Accidents (give dates) Operations (give dates) Subject to headaches Other serious illness or injuries

List any hearing or vision problems _____

Wear glasses (if so, date of last eye exam) _____

Allergies or other difficulties (including reactions to medications) _____

Current medication(s) being taken _____

Preferred hospital _____ Date of last tetanus

shot: _____ Other information, which may be helpful to your child in a medical emergency _____

In case of an emergency, the following individuals may be contacted if I am unavailable. These individuals have my approval and permission to pick-up or retrieve my child from CCS or it's alternate site(s). Please give at least two (2).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

6. **CCS Statement of Faith**

If you are personally in agreement with the following please sign below:

- a. We believe the Bible to be the inspired and only infallible, authoritative Word of God. (II Timothy 3:16-17)
- b. We believe that there is one God, eternally existent in three persons--Father, Son, and Holy Spirit. (I John 5:4-8)
- c. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (I Cor. 15:3; I Peter 2:24; John 3:16)
- d. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Romans 3:21-30)
- e. We believe in the resurrection of both the saved and the lost; those that are saved unto the resurrection of life, and those that are lost unto the resurrection of damnation. (John 17:21-23)
- f. We believe in the spiritual unity of believers in our Lord Jesus Christ. (John 17:20-26)
- g. We believe in the creation of man by the direct act of God. (Genesis 1:1-31; 2:1-2)

7. I do/do not (*please circle*) agree with the above doctrines of the school, but I agree to allow my student to be instructed in these doctrines in order for my student to be enrolled at CCS. Further, I will personally commit my respect and will instruct my student to be respectful of the above doctrines and those who are in charge of teaching them.

Father's Signature

Mother's Signature

8. Which church or parish do you attend?

Name _____ Denomination _____

Telephone Number for Contact _____ Pastors Name _____

We attend: Regularly _____ Occasionally _____ Seldom _____ Never _____

9. **Statement of Cooperation** (Please Initial beside each line.)

____ I agree that God specifically commands that parents educate their children; that they bring them up in "the nurture and admonition of the Lord." Great care must be taken in delegating this responsibility. Christian schools are provided to work with the parents in the education of their children. The Christian school gains its authority from the parent and has been created to provide a Bible-centered philosophy of education to compliment what is being taught in the home and local church.

____ CCS exists to train up this generation for Jesus Christ, spiritually, academically, socially and morally. Therefore, it should be understood by every parent and guardian that students of CCS will be engaged in a rigorous course of study that includes teaching from the Holy Scripture that Jesus Christ said, "I am the way and the truth and the life. No one comes to the Father except through me." John 14:6

____ I have read and will abide by the terms of the **CCS Parent/Student Handbook, including 'Giving A Good Report.**

____ I understand that the school upholds scriptural principles of discipline. Positive forms of discipline are employed in all classrooms according to school policy. (See Student Handbook) I will cooperate with the school in areas relating to the discipline of my child.

____ If my child is sick (fever of 100 degrees or above, pinkeye, vomiting, diarrhea or other infectious disease), I will not bring him/her to school or Extended care. If my child should become sick while at school I will make arrangements to pick him/her up immediately. I understand that my child should be symptom free (i.e., without fever

of 100 degrees or above, pinkeye, vomiting, diarrhea or other infectious disease) **for 24 hours before returning to school.**

____ I give permission for my child to take part in all extra-curricular school day activities, including P.E. & Recess on the school premises, and absolve the school from liability to me or my child because of any injury to my child at school during any school activity.

____ I agree to uphold and support the high academic standard of the school by providing a place at home for my child to study and by giving my child encouragement in the completion of any homework or assignments.

____ I appreciate the moral standards of the school and will not tolerate the use of alcohol, drugs, or tobacco, and profanity or obscenity in word or action by my child. I will expect my child to show honor to the Godhead, Word of God and country. I will expect my child to respect the personnel and property of Community Christian School. I hereby agree to support all regulations of the school on my child's behalf, and understand the school disciplinary policy as stated in the Student Handbook.

I understand the terms stated on this application and agree thereto.

Father/Guardian Signature _____

Mother/Guardian Signature _____

Student's Signature _____

The registration fee must accompany application and is not refundable.

Date Received: _____ Reviewed by: _____

Authorization Check List Completed _____

Community Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, financial assistance program, athletic and other school administered programs.

C.C.S. Mission Statement:

"To assist students in partnership with their families, to successfully prepare for high school through excellence in a Christ-centered, academic environment."

Records Transfer Request

Previous School _____

Address: _____

City _____ State _____ Zip _____

I give my permission to send the complete records of my child(ren) to:

Community Christian School
P.O. Box 1393
Richmond, IN 47375
Fax: 765-535-0149

Signature of Parent or Legal Guardian

Date