



Cypress Christian Schools

Rec'd:	_____
By:	_____
Pd:	_____
cc to	_____
bus office	_____

### 2017/18 Application for Admission

*\$100 Application Fee (non-refundable) and Birth Certificate required at the time of application*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade Entering 17/18: \_\_\_\_\_ (K Full / Half)

Local Public School District: \_\_\_\_\_

Last School/Preschool) Attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Has the applicant ever experienced disciplinary problems in school? Yes No

Has the applicant ever been recommended for special education or been diagnosed with a reading, learning disability, ADD, or ADHD? Yes No Is an IEP in Place? Yes No

Academic concerns: \_\_\_\_\_

Please list school-aged siblings under 18 years of age: name, grade, and school attending:

Name of church currently attending: \_\_\_\_\_

Does the student speak another language other than English? Yes No

Please list any languages spoken in the home other than English: \_\_\_\_\_

Has either parent/guardian ever been convicted of a felony? Yes No

#### PARENT/GUARDIAN INFORMATION

**Guardian Name:** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please indicate adult(s) student lives with: \_\_\_\_\_

*I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsified statements on this application may be grounds for dismissal of my student from CCS.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date