



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