

For Office Use Only

Screening \_\_\_\_\_ Admit Mtg. \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Ins. Fee \_\_\_\_\_ Birth Cert. \_\_\_\_\_ Imm. Record \_\_\_\_\_ Physical (K&6) \_\_\_\_\_  
Application \_\_\_\_\_ Fin. Con. \_\_\_\_\_ AUP \_\_\_\_\_ PE con. \_\_\_\_\_ Photo rel. \_\_\_\_\_ Field trip perm. \_\_\_\_\_  
Med/Emergency Plan \_\_\_\_\_ Referral \_\_\_\_\_ STN: \_\_\_\_\_

**COMMUNITY CHRISTIAN SCHOOL**

500 Elks Road; Richmond, IN 47374

(765) 935-3215; 765-598-5152 Fax

[www.ccsrichmond.com](http://www.ccsrichmond.com)

**APPLICATION FOR ADMISSION**

**All information is considered confidential.** ACSI/State of Indiana requires the following fields to be known of student:

Date of Application \_\_\_\_\_ Applying for grade \_\_\_\_\_ For term beginning \_\_\_\_\_ Years at CCS \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_  
*First Middle Last*

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ *Y / N*  
*Gender Race Hispanic/Latino*

1. Father's Name \_\_\_\_\_ *Y / N*  
*Race Hispanic/Latino*

Father's Address \_\_\_\_\_  
*Street City State Zip Code*

Father's Telephone \_\_\_\_\_  
*Home Work Cell Carrier*

Father's Email \_\_\_\_\_

Father's Occupation \_\_\_\_\_  
*Company Position Income*

2. Mother's Name \_\_\_\_\_ *Y / N*  
*Race Hispanic Latino*

Mother's Address \_\_\_\_\_  
*Street City State Zip Code*

Mother's Telephone \_\_\_\_\_  
*Home Work Cell Carrier*

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.)  
c. Number of children living in home \_\_\_\_\_

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 \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

6. **CCS Statement of Faith** (All references are taken from the NIV)

- We believe the Bible to be the inspired and only infallible, authoritative Word of God. (II Timothy 3:16,17).
- We believe that there is one God, eternally existent in three persons, Father, Son and Holy Spirit. (Matthew 28: 18-20 and 2 Cor. 13:14)
- 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 His personal return in power and glory (I Cor. 15:3-8, I Peter 2:24, John 3:16).
- We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (Romans 3:21-30).
- 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 resurrection of damnation (John 5:28-29)
- We believe in the spiritual unity of believers in our Lord Jesus Christ (John 17:20-26).
- 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. Range of income: \$0 - \$25,000 \_\_\_\_\_ \$25,000 – \$49,999 \_\_\_\_\_ \$50,000 – \$99,999 \_\_\_\_\_ Over \$100,000 \_\_\_\_\_

Have you ever filed for bankruptcy?   Y/N  

10. **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, gender 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, gender, 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:  
"Christ First, Academics Second To None"*

**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  
500 Elks Road  
P.O. Box 1393  
Richmond, IN 47375  
Fax: 765-598-5152

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*