



CONROE CHRISTIAN SCHOOL

PREPARING YOUTH FOR THIS WORLD
AND THE WORLD TO COME

'10- '11 ENROLLMENT APPLICATION

Child _____
(Last) (First) (Middle)

Date of Birth ____/____/____ SS# _____ Gender _____

Full names of parents / guardians with whom the child resides

Contact email _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Father's Place of Employment _____

Mother's Place of Employment _____

Father's Business # _____ Mother's Business # _____

Emergency Contact _____

Phone # _____ Relationship _____

Emergency Contact _____

Phone # _____ Relationship _____

Name of Natural Father (if child does not reside with him)

Name of Natural Mother (if child does not reside with her)

Other children in family not attending CCS

Name	Age	Grade
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In which public school district do you reside? _____

Church student attends _____

Pastor _____

Only the following individuals may receive/give financial and academic information regarding your child.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

General conditions of child's health	Excellent	Good	Fair	Poor
Height _____		Weight _____		

Does child have any diseases, physical maladies, or conditions requiring special medical attention? _____ If yes, explain _____

Are there any physical, mental, or emotional handicaps which may affect the child's activities or progress? _____ If yes, explain _____

Has the child ever received a psychological or psychiatric evaluation? _____ If yes, explain _____

Non-prescription medication the child may be able to take at school without parental consent (Parent must supply)

Child's physician _____ Phone number _____

Name of Insurance: _____ Policy #: _____

Group#: _____ Phone #: _____

Has the child ever been expelled, dismissed, suspended, or denied readmission to another school? _____ If yes, explain _____

Name of school _____

Has the child ever been diagnosed with a learning disability or been classified in a special education category? _____ If yes, explain _____

Name of school _____

Has the child ever had disciplinary difficulties? _____ If yes, explain _____

Name of school _____

Has the child ever had academic difficulties? _____ If yes, explain _____

Name of school _____

Has the child ever been arrested or detained by the law? _____
If yes, explain _____

Has the child ever used any form of alcohol, tobacco or drugs? _____
If yes, explain _____

Rate the child's attitude toward

God	_____ positive	_____ ambivalent	_____ negative
Parent's	_____ positive	_____ ambivalent	_____ negative
Authority figures	_____ positive	_____ ambivalent	_____ negative

Father - What are your reasons for selecting CCS?

Mother - What are your reasons for selecting CCS?

Father - What is your general attitude toward correction behavior modifications?

Mother - What is your general attitude toward correction behavior modification?

Any other area of concern that would like to apprise the administration of CCS

List all schools ever attended by the child

SCHOOL	City	Years	Grades	Reason left
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Registration, Tuition, and Curriculum usage fees are non-refundable. I realize that in the event I withdraw my child during the school year, all textbooks, workbooks, and etc. are the property of CCS and will not be released to me.

Tuition is due on the first day of each month and considered late after the 15th day of each month. A \$40.00 late fee per student will be assessed on the 16th of each month to all delinquent accounts. The final payment is due on May 1st.

I hereby give my permission for my child to participate in all school activities, including field trips. I understand that I will be informed of the specific date, time, location and any additional fees for these excursions.

Signature of Father

Signature of Mother

Date

Date