

# STUDENT APPLICATION

## 2011-2012 School Year

### CHRISTIAN CENTER SCHOOL

1210 Stoneman Avenue

Pittsburg, CA 94565

(925) 439-2552 PHONE

(925) 439-2555 FAX

www.ccenterschool.org



**THIS FORM MUST BE FULLY COMPLETED**

Please Print Answers

School Office Use Only

Date rec'd \_\_\_\_\_

Rec'd by \_\_\_\_\_

Amt. Check \_\_\_\_\_

Check # \_\_\_\_\_

Amt. Cash \_\_\_\_\_

Charge:  VISA  MC

Comp. Entered \_\_\_\_\_

Student I.D. # \_\_\_\_\_

### STUDENT INFORMATION

	<b>(Last) Student Legal Name</b>	<b>(First)</b>	<b>(Middle)</b>	<b>(Grade entering)</b>	<b>Race/ Ethnicity *Optional</b>
					<input type="checkbox"/> African American
					<input type="checkbox"/> Asian
					<input type="checkbox"/> Caucasian
					<input type="checkbox"/> Hispanic
					<input type="checkbox"/> Other —
	<b>(Address)</b>	<b>(City)</b>	<b>(Zip)</b>	<b>(MAIN contact phone number)</b>	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
	/ /	<b>(Birth date)</b>	<b>(Birthplace city/state)</b>	<b>Parents e-mail address (used for teacherease - Jr/Sr High only)</b>	
	<b>(School last attended)</b>	<b>(Phone number)</b>	<b>(Address of previous school)</b>		

### PARENT INFORMATION

<b>(Last name) Person legally responsible for this student</b>	<b>(First name)</b>	<b>(Relationship)</b>
<b>Address</b>	<b>City</b>	<b>Zip</b> <b>Home phone number</b>
<b>(Place of employment)</b>	<b>(Occupation)</b>	<b>(Work phone number)</b> <b>(Personal Cell phone number)</b>
<b>(Spouse Last name)</b>	<b>(First name)</b>	<b>(Relationship)</b>
<b>Address</b>	<b>City</b>	<b>Zip</b> <b>Home phone number</b>
<b>(Place of employment)</b>	<b>(Occupation)</b>	<b>(Work phone number)</b> <b>(Personal Cell phone number)</b>

STUDENT LIVES WITH: BOTH PARENT'S SAME HOME  FATHER ONLY  MOTHER ONLY   
 GRANDPARENTS  FOSTER HOME  OTHER  \_\_\_\_\_

**GENERAL INFORMATION: Parents/Students please answer each question completely.**

1. If child is transferring from another school, state reason.

2. State briefly why you wish your child to attend Christian Center School.

3. Has your child had any problems with regard to any of the following?

**(CHECK ANY WHICH APPLY)**

**Peer relationships**  **Academics**  **Truancy**  **Absences/Tardies**  **Behavioral Difficulty**

If any are checked, please explain:

4. Has your child been tested for any of the following?

**(CHECK ANY WHICH APPLY)**

**Academics**  **Learning Problems**  **Emotional Problems**  **Attention Deficit**  **Gifted**

If any are checked, please state WHEN tested, by WHOM, and RESULTS if known: (on ADD or ADHD, add information on medication)

5. Has your child ever been suspended or expelled from school?

**YES**  **NO**  If yes, please state WHEN and FOR WHAT REASON(S):

6. Has your child ever been in any difficulty with civil or juvenile authorities?

**YES**  **NO**  If yes, please state WHEN and FOR WHAT REASON(S):

7. To your knowledge, has your child been involved or experimented with any type of drugs, alcohol, or tobacco?

**YES**  **NO**  If yes, explain:

8. Does your child have any outstanding talents or abilities?

**YES**  **NO**  If yes, describe:

9. Does your child play any musical instruments?

**YES**  **NO**  If yes, what instrument?

How many years? \_\_\_\_\_

Any Vocal or Drama Abilities? **YES**  **NO**

How many years? \_\_\_\_\_

**STUDENT/FAMILY CHURCH AFFILIATION AND RELIGIOUS PRACTICES**

FATHER OR MALE GUARDIAN ARE YOU A CHRISTIAN? **YES**  **NO**  WHAT DOES THE WORD "CHRISTIAN" MEAN TO YOU?

DO YOU ATTEND CHURCH? **YES**  **NO**  HOW OFTEN DO YOU ATTEND NAME OF CHURCH/ADDRESS DENOMINATION

\_\_\_\_ 1x PER WEEK OR MORE

\_\_\_\_ 1x PER MONTH

\_\_\_\_ SPECIAL HOLIDAYS ONLY

MOTHER OR FEMALE GUARDIAN **YES**  **NO**  HOW OFTEN DO YOU ATTEND NAME OF CHURCH/ADDRESS DENOMINATION

\_\_\_\_ 1x PER WEEK OR MORE

\_\_\_\_ 1x PER MONTH

\_\_\_\_ SPECIAL HOLIDAYS ONLY

DOES YOUR CHILD ATTEND SUNDAY SCHOOL, CHURCH SERVICES, OR YOUTH GROUP? **YES**  **NO**

IF SO, DOES YOUR CHILD ATTEND REGULARLY? **YES**  **NO**

PASTORAL REFERENCE:

NAME:

PHONE:

**PERSONAL REFERENCES**

1.					
	Name _____	Address _____	Phone _____	Relationship _____	Yrs Known _____
2.					
	Name _____	Address _____	Phone _____	Relationship _____	Yrs Known _____
3.					
	Name _____	Address _____	Phone _____	Relationship _____	Yrs Known _____

CHRISTIAN CENTER SCHOOL HAS CERTAIN ACTIVITIES WHICH REQUIRE STUDENTS TO ATTEND OFF-CAMPUS AND OVERNIGHT EVENTS. ARE THERE CIRCUMSTANCES OTHER THAN ILLNESS OR INJURY THAT WOULD PREVENT YOUR CHILD'S PARTICIPATION IN ANY OF THESE ACTIVITIES?

Study Trips     
  Spiritual Emphasis Retreats Grades (7 — 12)     
  Outdoor Education (Grades 4 — 6)

If any are checked, please explain:

Relative(s) working on Campus / Church / Preschool  
 Full Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Full Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**Siblings attending Christian Center School or Little Promises Preschool**  
 Full Name \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT OF FAITH**

We believe...

**There is one God, eternally existent in three persons: Father, Son and Holy Spirit.**

**The Bible is the inspired, infallible and authoritative written Word of God.**

**We affirm the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, atoning death, bodily resurrection and ascension to the Father.**

**NOTE:** All fees stated on the *Financial Information and Tuition Contract Forms* are non-refundable. Our signature on this application attests our understanding of this school policy.

**SIGNATURES**

<b>FATHER'S SIGNATURE</b>	<b>DATE</b>	<b>MOTHER'S SIGNATURE</b>	<b>DATE</b>
<b>4<sup>TH</sup> — 12<sup>TH</sup> GRADE STUDENT SIGNATURE</b>	<b>DATE</b>	<b>GUARDIAN'S SIGNATURE</b>	<b>DATE</b>