

School Office Use Only	
Date rec'd	_____
Rec'd by	_____
Amt. Check	_____
Check #	_____
Amt. Cash	_____
Amt. Charge	_____
Charge	<input type="checkbox"/> VISA <input type="checkbox"/> MC
Comp. Entered	_____
Student I.D. #	_____

RE-ENROLLMENT APPLICATION

2011-2012 School Year

CHRISTIAN CENTER SCHOOL
 1210 Stoneman Avenue
 Pittsburg, CA 94565
 (925) 439-2552PHONE (925) 439-2555 FAX
www.ccenterschool.org
THIS FORM MUST BE FULLY COMPLETED
 Please Print Answers



STUDENT INFORMATION

				Race/ Ethnicity *Optional <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
(Last)	Student Legal Name	(First)	(Middle)	(Grade entering)
(Address)	(City)	(Zip)	(MAIN contact phone number)	
(Birth date)	(Birthplace city/state)			
Parents e-mail address (used for teacherease - Jr/Sr High only)				
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> SEX <input type="checkbox"/> Female <input type="checkbox"/> Male </div>				

PARENT INFORMATION

(Last Name) Person legally responsible for this student	(First name)	(Relationship)	
Address	City	Zip	Home phone number
(Place of employment)	(Occupation)	(Work phone number)	(Personal cell phone number)
(Spouse Last Name)	(First name)	(Relationship)	
Address	City	Zip	Home phone number
(Place of employment)	(Occupation)	(Work phone number)	(Personal cell phone number)

STUDENT LIVES WITH: BOTH PARENT'S, SAME HOME <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> FOSTER HOME <input type="checkbox"/> OTHER <input type="checkbox"/> _____			
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