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In making this application, it is my intention to have my child complete the school year at CCCS.

I recognize that I am fully responsible for transportation to and from school.

My child will participate in school activities.

I authorize CCCS to seek the services of a physician should an emergency arise and I cannot be reached. I hereby release CCCS from any liability which might result from such emergency treatment.

CCCS has my support in developing Christian character, the teaching of Bible truths, and in producing academic progress in my child.

I will cooperate with the school in regard to its standards and its policies of discipline.

I will attempt to attend all Parent-Teacher conferences and school programs this school year.

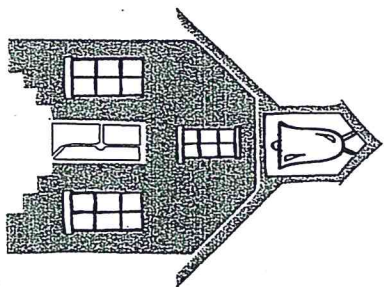
I understand that constructive suggestions are appreciated while destructive complaining cannot be tolerated.

The school may dismiss students who are disrespectful to its spiritual values, uncooperative with its educational goals, and erratic in school attendance.

Signature of Parents: \_\_\_\_\_

**CEDAR CREEK CHRISTIAN SCHOOL**

9213 Cedar Creek Road  
Delton, MI 49046  
Phone: 623-5543



**ADMISSIONS PROCEDURE**

1. Read the handbook thoroughly.
2. Submit Application accompanied by Application fee and previous report card.
3. Our office will call you and schedule an interview for the Parents and Child/Children with the School Administrator.
4. Parents will be notified of acceptance or refusal.
5. Intention slips for the next school year will be handed out in the Spring. Those not signing these slips will be placed at the end of the list for the coming year.

# APPLICATION FOR ADMISSION

## Student Information

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Name \_\_\_\_\_  
 Last First Middle

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender: M or F  
 (Circle One)

Address \_\_\_\_\_  
 Street \_\_\_\_\_

City State Zip Code

Student's Physician \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_

City State Zip Code

Relative or Friend we can call in an emergency \_\_\_\_\_  
 City State Zip Code

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

Last school attended \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_

City State Zip Code

Suspended? Yes No Expelled? Yes No

Describe \_\_\_\_\_

Academic strengths \_\_\_\_\_  
 Describe \_\_\_\_\_

Academic weaknesses \_\_\_\_\_  
 Describe \_\_\_\_\_

Does student play sports? \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_  
 \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City State Zip Code

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_  
 Separated \_\_\_\_\_ Deceased \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Does student live with you full time? \_\_\_\_\_ Explain \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City State Zip Code

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_  
 Separated \_\_\_\_\_ Deceased \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Does student live with you full time? \_\_\_\_\_ Explain \_\_\_\_\_

Person(s) responsible to pay for student(s) attending CCCS? \_\_\_\_\_

Names of sibling(s) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church you now attend \_\_\_\_\_

Attend Sunday School? \_\_\_\_\_

Reason for selecting this school? \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$15 Application Fee due with Application PAID \_\_\_\_\_ Date \_\_\_\_\_