

Student Information

- General Information**

Name: Last _____ First _____ M.I. _____ Nickname: _____

Sex: Female _____ Male _____ Date of Birth: _____ Place of Birth: _____

Grade Entering: _____ Home Phone: _____ Student Cell Phone: _____

Race (IN Req.): White Black Hispanic Asian Multiracial Other _____

Student resides with: Both parents Mother Father Guardian Primary Language _____

Complete Address _____

Last grade attended: _____ Previous School and Location (if not CCS) _____

Has the applicant ever repeated a grade? Yes _____ No _____ If yes, state the grade repeated and the reason for repeating.

Has the applicant been suspended from school? Yes _____ No _____ If yes, please explain: _____

Has the applicant been expelled from school? Yes _____ No _____ If yes, please explain: _____

- Physical Information**

Does the applicant have any mental, emotional, or physical disabilities which would require special teachers and/or accommodations? Yes _____ No _____ If yes, please explain: _____

Did the applicant miss more than ten days of school last year? Yes _____ No _____ If yes, please explain: _____

Does the applicant currently take medication? Yes _____ No _____ If yes, please indicate the name of the medicine, dosage, frequency, and side effects.

- Social/Emotional Information**

Has the applicant experienced any social, emotional, or disciplinary problems at a previous school? Yes _____ No _____ If yes, please explain. _____

Has the applicant ever received Special Ed or IEP Services? Yes _____ No _____ If yes, please explain: _____

- Academic Information (check the appropriate response)**

The applicant's attitude toward learning in school _____Very good _____Good _____Fair _____Poor

The applicant's level of self-motivation _____Very good _____Good _____Fair _____Poor

The level of applicant's overall academic ability _____Very good _____Good _____Fair _____Poor

How would you rate the applicant in reading? _____Very good _____Good _____Fair _____Poor

How would you rate the applicant in mathematics? _____Very good _____Good _____Fair _____Poor

- Religious Information**

Church Attendance: Full Time _____ Frequently _____ Sometimes _____ Looking for a Church _____

Name of your Church _____ Church Phone # _____

Parent / Guardian Signature: _____ **Date:** _____