

## Student Information

2019-20

- General Information**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ 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 \_\_\_\_\_

Primary Language \_\_\_\_\_ **Student resides with:**  Both parents  Mother  Father  Guardian

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:** \_\_\_\_\_