CCS 2024-2025 Enrollment Form

STUDENT LEGAL INFORMATION

STUDENT 1			M or F
ast Name, First Name, MI	Grade Enrolling	Date of Birth	Gender
Student Cell Phone	Student Email		
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: Yes to any, please explain.	O Learning Disability: YES YES or NO (ALL medication req		horization form
STUDENT 2			M or F
Last Name, First Name, MI	Grade Enrolling	Date of Birth	Gender
Student Cell Phone	Student Email		
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: 'If yes to any, please explain.	O Learning Disability: YES YES or NO (ALL medication req		horization form
STUDENT 3			M or E
Last Name, First Name, MI	Grade Enrolling	Date of Birth	M or F Gender
Student Cell Phone	Student Email		
Allergies: YES or NO Medical Condition: YES or NO			horization form
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen:	O Learning Disability: YES		
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: Yes to any, please explain.	O Learning Disability: YES		thorization forn M or F Gender
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: Yes to any, please explain.	O Learning Disability: YES YES or NO (ALL medication req	uires an on file au	M or F
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO Prescriptio	O Learning Disability: YES YES or NO (ALL medication req Grade Enrolling Student Email	Date of Birth	M or F
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: YES STUDENT 4 Last Name, First Name, MI Student Cell Phone Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: YES	O Learning Disability: YES YES or NO (ALL medication req Grade Enrolling Student Email O Learning Disability: YES	Date of Birth	M or F Gender
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: Yes to any, please explain. STUDENT 4 Last Name, First Name, MI Student Cell Phone Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: Yes to any, please explain.	O Learning Disability: YES YES or NO (ALL medication req Grade Enrolling Student Email O Learning Disability: YES	Date of Birth	M or F
Allergies: YES or NO Medical Condition: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO Prescription EpiPen: YES or NO Prescription EpiPen: YES or NO Prescription Inhaler: YES or NO Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO Prescript	O Learning Disability: YES YES or NO (ALL medication req Grade Enrolling Student Email O Learning Disability: YES YES or NO (ALL medication req	Date of Birth Or NO uires an on file aut	M or F Gender Thorization form

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PARENT/GUARDIAN INFORMATION

Name:	PARENT/GUARDIAN #2	
	Name:	
Relationship to Student:	Relationship to Student:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Work Phone:	Work Phone:	
Address:	Address:	
Email:	Email:	
Church:	Pastor:	
If applicable, CCS can send correspondence to non-custodial parent.		
Name	Relationship to Student	
Email	Phone Please CIRCLE one: HOME / CELL / WORK	
List people (including carpool) who have permission to pick up y	your child(ren) from CCS.	
Name	Phone Please CIRCLE one: HOME / CELL / WORK	
Name	Phone Please CIRCLE one: HOME / CELL / WORK	
Name	Phone Please CIRCLE one: HOME / CELL / WORK	
Name	Phone Please CIRCLE one: HOME / CELL / WORK	
List people who are considered an emergency contact for your ch	nild(ren) NOT A PARENT/GUARDIAN.	
(1) Name		
Phone Please CIRC	CLE one: HOME / CELL / WORK	
Relationship to Student	FOR OFFICE USE ONLY	
	Date received Financial form	
(2) Name	Please CIRCLE one: HOME / CELL / WORK Student Agreement Parental Agreement Technology Policy	
(2) Name Please CIRC	CLE one: HOME / CELL / WORK Parental Agreement	