

CCS 2024-2025 Enrollment Form

STUDENT LEGAL INFORMATION

STUDENT 1

_____ Grade Enrolling _____ Date of Birth M or F
Last Name, First Name, MI Gender

_____ Student Email
Student Cell Phone

Allergies: YES or NO Medical Condition: YES or NO Learning Disability: YES or NO
Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO (ALL medication requires an on file authorization form)
If yes to any, please explain.

STUDENT 2

_____ Grade Enrolling _____ Date of Birth M or F
Last Name, First Name, MI Gender

_____ Student Email
Student Cell Phone

Allergies: YES or NO Medical Condition: YES or NO Learning Disability: YES or NO
Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO (ALL medication requires an on file authorization form)
If yes to any, please explain.

STUDENT 3

_____ Grade Enrolling _____ Date of Birth M or F
Last Name, First Name, MI Gender

_____ Student Email
Student Cell Phone

Allergies: YES or NO Medical Condition: YES or NO Learning Disability: YES or NO
Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO (ALL medication requires an on file authorization form)
If yes to any, please explain.

STUDENT 4

_____ Grade Enrolling _____ Date of Birth M or F
Last Name, First Name, MI Gender

_____ Student Email
Student Cell Phone

Allergies: YES or NO Medical Condition: YES or NO Learning Disability: YES or NO
Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO (ALL medication requires an on file authorization form)
If yes to any, please explain.

STUDENT 5

_____ Grade Enrolling _____ Date of Birth M or F
Last Name, First Name, MI Gender

_____ Student Email
Student Cell Phone

Allergies: YES or NO Medical Condition: YES or NO Learning Disability: YES or NO
Prescription Inhaler: YES or NO Prescription EpiPen: YES or NO (ALL medication requires an on file authorization form)
If yes to any, please explain.

ADDITIONAL STUDENT(S) INFORMATION HERE: _____

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PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

Church: _____

If applicable, CCS can send correspondence to non-custodial parent.

Name

Email

PARENT/GUARDIAN #2

Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

Pastor: _____

Relationship to Student

Phone Please **CIRCLE** one: HOME / CELL / WORK

List people (including carpool) who have permission to pick up your child(ren) from CCS.

Name

Name

Name

Name

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

List people who are considered an emergency contact for your child(ren) NOT A PARENT/GUARDIAN.

(1) Name _____

Phone _____ Please **CIRCLE** one: HOME / CELL / WORK

Relationship to Student _____

(2) Name _____

Phone _____ Please **CIRCLE** one: HOME / CELL / WORK

Relationship to Student _____

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | |
| Date received | _____ |
| Financial form | _____ |
| Student Agreement | _____ |
| Parental Agreement | _____ |
| Technology Policy | _____ |

Parent/guardian Signature

Date