



# Country Christian School 2017-2018 Enrollment Form

**STUDENT INFORMATION CONT.**

Mailing Address, City, State and Zip Code (If 911 address is different from mailing address, please note.)

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

*PARENT / GUARDIAN 1*

*PARENT / GUARDIAN 2*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

List people who are considered an emergency contact for your child(ren) if the parent/guardians cannot be reached.

(1) Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

(2) Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

FOR OFFICE USE ONLY	
Date received	_____
Reg. fee paid	_____
Comp. fee paid	_____
Financial form	_____
Student Agreement	_____
Parental Agreement	_____
SFA	_____
Immunizations	_____

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_