

CCS 2022-2023 Enrollment Form

FAMILY Name: _____

Parents/Guardians: _____

Students Re-enrolling:

| <u>Student Name</u> | <u>Grade Next Year</u> |
|---------------------|------------------------|
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| | |
| | |

Siblings to enroll IF capacity is available AND admission/testing process is satisfied:

| <u>Sibling Name</u> | <u>Grade Next Year</u> |
|---------------------|------------------------|
| | |
| | |
| | |
| | |

OFFICE USE ONLY

| DONE | TASK | NOTES |
|------|---|-------|
| | Pre-Enroll in Renweb | |
| | Financial form to Records | |
| | Enter on Registration Graphs (Excel & Word) | |
| | Permanent File | |
| | Family Folder/Label | |
| | Immunization from Alertis | |
| | Entered in Shotcare | |
| | Records Request Faxed | |
| | Update Medical | |
| | Emergency Contacts/Carpools | |
| | Assessment | |
| | Interview | |

CCS 2022-2023 Enrollment Form

STUDENT LEGAL INFORMATION

STUDENT 1

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 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

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 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

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 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

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 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

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 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.

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

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 _____ |
| ** Administration Approval _____ |

**** Administration of CCS reserves the right to refuse admission to anyone. Therefore, admission for the 2022-2023 school year must be approved.**

Parent/guardian Signature

Date