Parent Application Cornerstone Christian Elementary School 3211 Spring Avenue, SW • Decatur, Alabama 35603 • 256-340-9516 • Fax: 256-340-9517

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	Last	First		M	liddle		_	
Male	Female • Birth Date			_ SS# _				
Acilina	addraga	Month	Day	Year				
viaiiiig	addressStreet				City			State
Zip					•			
Phone	()	_ Place of Birth			Rad	ce		
Rank o	f child in family • Firstb	orn 2 nd 3 rd	• No. o	f brother	's si	sters		
Par	ent / Guard	ian Informa	ation					
ather				n Door	eased • With	- Eamily	Voc	No
alliei_	First	Last	LIVIIIŲ	j Dece	aseu • wili	ГГанну	165	INO
	Occupation			• 9	Salvation `	Yes No	Unk	nown
Mother			Living	Dece	ased • With			
	First	Last						
	Occupation			• {	Salvation `	Yes No	Unk	nown
Other_			Livin	g Dece	eased • Witl	h Family	Yes	No
	Occupation			• 5	Salvation '	Yes No	Unk	nown
Why do	you want your child(ren) to attend CCS?						
s vour	church attendance vitally	important in the unbri		ur abild'e	s Christian e	education	? Ye	s No
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Has the student ever failed a grade or been held back for any reason? No Yes
Reason
Subject Grade level • Subject Grade level
Has the student ever been tutored by someone? Yes No
Confidential
Since CCS works under the principles of God's word in the area of accountability (Romans 14:12) and as an
extention of the home, which is given the responsibility of training the child (Deut. 6:4-9), we find it necessary
ask questions which will inform us more about the home of the prospective student.
HAS THE APPLICANT:
Yes No trusted Jesus Christ as his/her Savior? When?
Yes No been suspended or expelled from school?
Yes No received a paddling, being called into the office, etc., at his/her previous school?
Yes No taken any medication for "hyperactivity" or "ADD"?
Yes No used alcoholic beverages? Yes No taken nonprescription drugs?
Yes No taken nonprescription drugs? Yes No used tobacco products?
If any answer is affirmative, please give complete details :
If the public school had no drug, alcohol, or violence problems, would you still be willing to pay for a Christian education? Yes No Do your child(ren) watch television without restraint or monitoring the channels? Yes No Do your child(ren) listen to the radio/tapes/CD's unrestrained while at home? Yes No Do either of the parents smoke? Yes No If yes, please indicate father mother guardian Do either of the parents drink alcoholic beverages of any kind? Yes No What forms of discipline do you use in the home?
What is your child's favorite: TV program
Fun activity
Place to go Person to be with Person to be with Please give two references who are qualified to speak of your home background and Christian life. (No
relatives, please) You may use a pastor or church worker.
1 relationship 2 relationship
This application does not assure final enrollment, but does provide information upon whi decision will be based. "I certify that the information given on this application is complete accurate. I also understand that I am financially responsible for the payment of this account the student listed above is accepted for enrollment."
Parent or Guardian Signature