Parent Application

Cornerstone Christian High School

3211 Spring Avenue, SW • Decatur, Alabama 35603 • 256-340-9516 • Fax: 256-340-9517

General Information

Name_						Grade applying	for
	Last		First		Middle		
Male	Female	Birth Date			SS#		
			Month	Day	Year		
Mailing	address						
		Street				City	State
Zip Phone							
Phone	()		Place of Birth			Race	
Rank of	f child in far	nily • Firstbo	orn 2 nd 3 rd _	• No. c	of brothers	sisters	

Parent / Guardian Information

Father_			Living	Deceased • With Family Yes No
	First	Last	•	
	Occupation			• Salvation Yes No Unknown
Mother_			Living	Deceased • With Family Yes No
	First	Last	-	-
	Occupation			• Salvation Yes No Unknown
Other_			Living	Deceased • With Family Yes No
	Occupation		-	 Salvation Yes No Unknown
Why do	you want your ch	ild(ren) to attend CCS?		

How did you hear about Cornerstone Christian School?

Church Information

Is your church attendance vitally important in the upbrin	iging of you	ur chil	d's Christian e	ducation?	Yes No
CHURCH NOW ATTENDING	MEMBER		FREQUENCY	OF ATTE	ENDANCE
Father	_ Yes	No	regular	seldom	rarely
Mother	Yes	No	regular	seldom	rarely
Guardian	_ Yes	No	regular	seldom	rarely
Student	_ Yes	No	regular	seldom	rarely

Explanation for non-members or non-regular attendees:

Do you require your child(ren) to attend church unless there is a justifiable reason such as sickness or emergency? Yes No

Does either parent perform some duty in the church such as Sunday School teacher, choir, etc.? Yes No If so, which one?

[over]

Academic Information

School Last Attended	Grade(s)
Reason For Leaving	
List the student's average letter grade in each of the following s	ubject areas for the past year.
MathEnglishHistory	Science
Has the student ever failed a grade or been held back for any r	eason? No Yes
Reason	
If there have been any F's in classes since the 9 th grade, please	e list those classes below.
Course	Made up Yes No
Course	Made up Yes No

Confidential

Since CCS works under the principles of God's word in the area of accountability (Romans 14:12) and as an extension of the home, which is given the responsibility of training the child (Deut. 6:4-9), we find it necessary to ask questions which will inform us more about the home of the prospective student.

HAS THE APPLICANT:

- 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 Yes No taken any medication for "hyperactivity" or "ADD"? used alcoholic beverages? Yes No taken nonprescription drugs? Yes No used tobacco products?
- No Yes
- Yes No been pregnant or caused a pregnancy?

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

This application does not assure final enrollment, but does provide information upon which a decision will be based.

I certify that the information given on this application is complete and accurate. I also understand that I am financially responsible for the payment of this account if the student listed above is accepted for enrollment.

Parent or Guardian Signature