



## Cornerstone Christian School Application

Child's Legal Name: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_ Child Prefers to be Called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Grade level applying for: \_\_\_\_\_

**Father's** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Current church you attend: \_\_\_\_\_

**Mother's** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Current church you attend: \_\_\_\_\_

Parent Information (check all that apply):

married \_\_\_ single \_\_\_ separated \_\_\_ divorced \_\_\_ father remarried \_\_\_ father deceased \_\_\_  
mother remarried \_\_\_ mother deceased \_\_\_

Child lives with: parents \_\_\_ father \_\_\_ mother \_\_\_ other (please specify): \_\_\_\_\_

Siblings:

Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous school attendance (beginning with most recent school):

School	Name	Dates	Grade(s)	Days absent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Has your child ever received a Special Educational Diagnosis? Yes: \_\_\_\_ No: \_\_\_\_

If yes, what is the date of the last evaluation? \_\_\_\_\_

Diagnosis:

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Any Additional Comments:

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Has your child ever received detention or been expelled from any school? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, explain:

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Why would you like your child to attend CCS?

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Does your child want to attend CCS? Why/why not?

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\*Cornerstone Christian School reserves the right to retract an offer of admission to a student if the final process of admission reveals academic, behavioral, or other concerns that were not identified earlier in the steps of admission, or if information provided is found to be false.