



# Coastal Christian School Student Registration

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

Parents: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

DOB: \_\_\_\_\_

Grade entering: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medication: \_\_\_\_\_

Has any form of academic testing been done for the student in the past year? ( Y ) ( N )

Is student currently involved in any special programs or receiving any special services from your school district or private source? ( Y ) ( N )

Please list any previous schools attended: \_\_\_\_\_

\_\_\_\_\_

Please list 3 Emergency Contacts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If these contacts cannot be reached in an emergency, the teacher in charge will seek professional help as deemed best under the circumstances. \_\_\_\_\_
- I have completed this application truthfully, to the best of my knowledge and give permission to CCS to call all past and current teachers, tutors and administrators. \_\_\_\_\_
- \_\_\_\_\_ has my permission to participate in all CCS field trips and activities. \_\_\_\_\_
- I have carefully read and agree to abide by the philosophy and policies of CCS as stated in the handbook. \_\_\_\_\_
- I give permission for my child's picture to be used on social media, advertisements, flyers, etc. \_\_\_\_\_

Parents, please describe why you would like your child to attend CCS:

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How did you hear about CCS? \_\_\_\_\_

Home Church: \_\_\_\_\_

**In the event of withdrawal, transfer, or expulsion, parents are responsible for full payment of tuition for the remainder of the year. The school reserves the right to withhold report cards and student records until tuition and other fees have been paid in full.**

**My signature certifies my understanding of and agreement with the above policy.**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

First Time Registration Fee: \$35 ( ) Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Certificate on file ( )

Immunization Records on file ( )