

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <b>Grade Completed:</b>               |                                 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Third  |
| <input type="checkbox"/> First        | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Second       | <input type="checkbox"/> Fifth  |

**2025 Elementary Summer Student Application**

**Applicants will be considered for admission upon receipt of the following:**  
 Register online     Completed Application & Emergency Form     Immunization Records & Latest Report Card  
 \$75 Application Fee (**non-refundable**) by April 17<sup>th</sup>  
 \$150 after April 17<sup>th</sup> (**non-refundable**)

**Student Information**

**First Name** \_\_\_\_\_ **Last** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_  Boy  Girl    **Language(s) spoken at home:** \_\_\_\_\_

**Ethnicity:** Check One (Note: An ethnic designation is required by the Federal Government)  
 Hispanic     Asian     Native American     Pacific Islander     White (Not of Hispanic Background)  
 Black     Indian     Filipino     Other: \_\_\_\_\_

**Parent/Guardian Signature Required Here:** \_\_\_\_\_

**Name and Address of School Last Attended:** \_\_\_\_\_ **Home School District: (required)** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Principal or Last Teacher** \_\_\_\_\_

Has Student ever had Psychological Testing or been Screened for Academic Difficulties or Learning Disabilities?  Yes  No If yes, please explain: \_\_\_\_\_

Has Student ever been Enrolled in a Special Education Program, 504 Plan or IEP?  Yes  No If yes, please explain: \_\_\_\_\_

**Parent Information**

**Marital Status:**  Parents Married     Parents Separated     Parents Divorced     Single     Other \_\_\_\_\_

**Advise of any Custodial Arrangements and Who Student Lives With:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Home Address (if different than student)** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_ **Father's Occupation** \_\_\_\_\_ **Father's Social Security Number** \_\_\_\_\_

**Work Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Home Address (if different than student)** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Mother's Occupation** \_\_\_\_\_ **Mother's Social Security Number** \_\_\_\_\_

**Work Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Person Financially Responsible (if different than Parent)**  
**First and Last Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Additional Information**

List any siblings currently attending CCS: \_\_\_\_\_ List any other siblings and ages not attending CCS: \_\_\_\_\_

How were you referred to Campbell Christian Schools: \_\_\_\_\_ Name of Church Attending: \_\_\_\_\_

Briefly state your reason for applying to Campbell Christian Schools:  
 \_\_\_\_\_  
 \_\_\_\_\_

**2025 ELEMENTARY SUMMER EMERGENCY FORM**

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

Mailing Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIMARY PARENT/GUARDIAN INFORMATION**

|                         |             |             |
|-------------------------|-------------|-------------|
| Parent/Guardian Name    | Home Number | Cell Number |
| Employer Name           | Occupation  | Work Number |
| Relationship to Student | E-mail      |             |
| Parent/Guardian Name    | Home Number | Cell Number |
| Employer Name           | Occupation  | Work Number |
| Relationship to Student | E-mail      |             |

**SECONDARY PARENT/GUARDIAN INFORMATION (This is only required if the student has a step-parent)**

|                         |             |                              |
|-------------------------|-------------|------------------------------|
| Parent/Guardian Name    | Home Number | Cell Number                  |
| Employer Name           | Occupation  | Work Number                  |
| Relationship to Student | E-mail      | Emergency Contact __Yes __No |
| Spouse's Name           | Home Number | Cell Number                  |
| Employer Name           | Occupation  | Work Number                  |
| Relationship to Student |             | Emergency Contact __Yes __No |

**EMERGENCY CONTACT INFORMATION (list two individuals, other than those listed above, who can immediately pick up your child in the event of illness or an emergency and who are able to authorize emergency care).**

|      |             |              |
|------|-------------|--------------|
| Name | Cell Number | Relationship |
| Name | Cell Number | Relationship |

**DISMISSAL AUTHORIZATION (list individuals other than parent, guardian, and emergency contact).**

|    |    |    |
|----|----|----|
| 1. | 4. | 7. |
| 2. | 5. | 8. |
| 3. | 6. | 9. |

**MEDICAL INFORMATION (This information is required in case of a medical emergency)**

|   |                            |        |
|---|----------------------------|--------|
| Doctor's Name   | Phone Number               |        |
| Dentist's Name  | Phone Number               |        |
| Medical Insurance Carrier   | Medical Insurance Policy # | Group# |
| List any allergies: (if additional space is needed, write on reverse) | List allergic reactions:   |        |
|   |                            |        |
| List any ongoing medication administered:                             |                            |        |
| Does your child have any physical limitations? If yes, please explain |                            |        |
| Does your child have any health conditions? If yes, please explain    |                            |        |

**EMERGENCY DISMISSAL AND CARE PROCEDURES:** I understand that, in case of a major disaster during the school day, students will be kept at school or at an alternate site and will be released only to parents/legal guardians, or to an authorized adult. If emergency medical or dental treatment is needed, 911 will be called. I realize that Campbell Christian Schools cannot assume responsibility for the payment of medical fees for expenses incurred. I understand that it is my responsibility to inform the school of any changes regarding the information on this form. I have read and understand this form.

**PARENT/GUARDIAN SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE** \_\_\_\_\_