

Capital Christian School

310 Sheep Davis Road - Concord, NH - 03301-5736

2020-2021

(603) 224-3641

Application for New Student

Applicant Name

Last First Middle

Grade Entering for 2020-2021 (circle one) 1 2 3 4 5 6 7 8 9 Sex (circle one) Male Female

Date of Birth _____ Denominational membership _____

Place of Birth _____

Citizenship _____ Date of baptism _____

Where did the applicant attend school? Where did the applicant attend church?

School Name _____ Church name _____

Address _____ Address _____

Note: Please have the transcript and immunization record for your student forwarded to us immediately from the previous school. The absence of this information could affect the student's ability to complete registration.

Parent(s)/Guardian Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers, Email Address, Religious/Church Affiliation

Parent/Guardian #1 Name _____

Cell _____ Home _____ Work _____

Email _____ Denominational Membership _____

Parent/Guardian #2 Name _____

Cell _____ Home _____ Work _____

Email _____ Denominational Membership _____

Please give your reasons for wanting to enroll your child(ren) in Capital Christian School.

Fees

A non-refundable application fee of \$25.00 is due with this application. This amount will be applied to the registration fee if the applicant is accepted for enrollment.

References

Please list three people who would help us know more about your child. No more than one relative should be listed.

1. Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

2. Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

3. Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Questionnaire

1. Has your student ever been with-drawn or suspended from school? Yes No

If yes, please explain. _____

2. Does your student have any special needs or behavioral issues? Yes No

If yes, please explain. _____

Agreements

Student

I am aware of the student behavior expectations as presented in the CCS Handbook. I pledge to obey all printed and announced regulations of CCS. I realize that I am subject to disciplinary action if I violate this pledge. Furthermore, I solemnly pledge to uphold the Christian principles upon which CCS is founded and to perform to the best of my ability all curricular and extracurricular activities assigned to me.

Parent/Guardian

If my child(ren) is/are accepted for enrollment in Capital Christian School, I understand that continuing enrollment is contingent upon complying with the policies and procedures stated in the CCS Handbook and that my child is subject to disciplinary action if he/she fails to fulfill this agreement. By signing this application I acknowledge that I have received a copy of the Handbook and agree to abide by the policies and procedures stated therein.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Thank you for considering Capital Christian School for your student. As noted in the School Handbook, final action on all applications for admission is subject to acceptance by the School Board. We will inform you as soon as possible after the decision has been made.