

**School Office Use Only**

Date rec'd \_\_\_\_\_

Rec'd by \_\_\_\_\_

Amt. Check \_\_\_\_\_

Check # \_\_\_\_\_

Amt. Cash \_\_\_\_\_

Charge:  VISA  MC

Comm. Entered

# STUDENT APPLICATION

2010-2011 School Year  
CHRISTIAN CENTER SCHOOL  
1210 Stoneman Avenue  
Pittsburg, CA 94565  
(925) 439-2552

[www.christiancenterschool.org](http://www.christiancenterschool.org)

**THIS FORM MUST BE FULLY COMPLETED**  
Please print answers



## STUDENT INFORMATION

_____				Race/ Ethnicity *optional
(Last)	Student Legal Name	(First)	(Middle)	(Grade entering)
_____				<input type="checkbox"/> African American
_____				<input type="checkbox"/> Asian
(Address)	(City)	(Zip)	(MAIN contact phone number)	
_____				<input type="checkbox"/> Caucasian
_____				<input type="checkbox"/> Hispanic
/	/	_____		
(Birth date)	(Birthplace city/state)		Parents e-mail address (used for teacherease - Jr./Sr. High only)	
_____				<input type="checkbox"/> Other —
(School last attended)	(Phone number)	(Address of previous school)		
_____				SEX
_____				<input type="checkbox"/> Female
_____				<input type="checkbox"/> Male

## PARENT INFORMATION

_____			
(Last name) Person legally responsible for this student	(First name)	(Relationship)	
_____			
Address	City	Zip	Home phone number
_____			
(Place of employment)	(Occupation)	(Work phone number)	(Personal Cell phone number)
_____			
(Spouse Last name)	(First name)	(Relationship)	
_____			
Address	City	Zip	Home phone number
_____			
(Place of employment)	(Occupation)	(Work phone number)	(Personal Cell phone number)
_____			

STUDENT LIVES WITH: BOTH PARENT'S SAME HOME  FATHER ONLY  MOTHER ONLY   
GRANDPARENTS  FOSTER HOME  OTHER  \_\_\_\_\_

**GENERAL INFORMATION: Parents/Students please answer each question completely.**

1. If child is transferring from another school, state reason.

2. State briefly why you wish your child to attend Christian Center School.

3. Has your child had any problems with regard to any of the following?

**(CHECK ANY WHICH APPLY)**

**Peer relationships**  **Academics**  **Truancy**  **Absences/Tardies**  **Behavioral Difficulty**

If any are checked, please explain:

4. Has your child been tested for any of the following?

**(CHECK ANY WHICH APPLY)**

**Academics**  **Learning Problems**  **Emotional Problems**  **Attention Deficit**  **Gifted**

If any are checked, please state WHEN tested, by WHOM, and RESULTS if known: (on ADD or ADHD, add information on medication)

5. Has your child ever been suspended or expelled from school?

**YES**  **NO**  If yes, please state WHEN and FOR WHAT REASON(S):

6. Has your child ever been in any difficulty with civil or juvenile authorities?

**YES**  **NO**  If yes, please state WHEN and FOR WHAT REASON(S):

7. To your knowledge, has your child been involved or experimented with any type of drugs, alcohol, or tobacco?

**YES**  **NO**  If yes, explain:

8. Does your child have any outstanding talents or abilities?

**YES**  **NO**  If yes, describe:

9. Does your child play any musical instruments?  
**YES**  **NO**  If yes, what instrument?

How many years? \_\_\_\_\_

Any Vocal or Drama Abilities? **YES**  **NO**   
How many years? \_\_\_\_\_

**STUDENT/FAMILY CHURCH AFFILIATION AND RELIGIOUS PRACTICES**

FATHER OR MALE GUARDIAN ARE YOU A CHRISTIAN? **YES**  **NO**  WHAT DOES THE WORD "CHRISTIAN" MEAN TO YOU?

DO YOU ATTEND CHURCH? **YES**  **NO**  HOW OFTEN DO YOU ATTEND NAME OF CHURCH/ADDRESS DENOMINATION  
\_\_\_\_ 1x PER WEEK OR MORE  
\_\_\_\_ 1x PER MONTH  
\_\_\_\_ SPECIAL HOLIDAYS ONLY

MOTHER OR FEMALE GUARDIAN **YES**  **NO**  HOW OFTEN DO YOU ATTEND NAME OF CHURCH/ADDRESS DENOMINATION  
\_\_\_\_ 1x PER WEEK OR MORE  
\_\_\_\_ 1x PER MONTH  
\_\_\_\_ SPECIAL HOLIDAYS ONLY

DOES YOUR CHILD ATTEND SUNDAY SCHOOL, CHURCH SERVICES, OR WEDNESDAY EVENING YOUTH GROUP? **YES**  **NO**

IF SO, DOES YOUR CHILD ATTEND REGULARLY? **YES**  **NO**

PASTORAL REFERENCE  
NAME

PHONE

**PERSONAL REFERENCES**

1.	Name	Address	Phone	Relationship	Yrs Known
2.	Name	Address	Phone	Relationship	Yrs Known
3.	Name	Address	Phone	Relationship	Yrs Known

CHRISTIAN CENTER SCHOOL HAS CERTAIN ACTIVITIES WHICH REQUIRE STUDENTS TO ATTEND OFF-CAMPUS AND OVERNIGHT EVENTS. ARE THERE CIRCUMSTANCES OTHER THAN ILLNESS OR INJURY THAT WOULD PREVENT YOUR CHILD'S PARTICIPATION IN ANY OF THESE ACTIVITIES.

Study Trips     
  Spiritual Emphasis Retreats Grades (7 — 12)     
  Outdoor Education (Grades 4 — 6)

If any are checked please explain

Relative(s) working on Campus / Church / Preschool

Full Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**Siblings attending Christian Center School or Little Promises Preschool**

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF FAITH**

We believe...

**There is one God, eternally existent in three persons: Father, Son and Holy Spirit.**

**The Bible is the inspired, infallible and authoritative written Word of God.**

**We affirm the deity of our Lord Jesus Christ, in His virgin birth, His sinless life, atoning death, bodily resurrection and ascension to the Father.**

**NOTE:** All fees stated on the *Financial Information and Tuition Contract Forms* are non-refundable. Our signature on this application attests our understanding of this school policy.

**SIGNATURES**

FATHER'S SIGNATURE	DATE	MOTHER'S SIGNATURE	DATE
4 <sup>TH</sup> — 12 <sup>TH</sup> GRADE STUDENT SIGNATURE	DATE	GUARDIAN'S SIGNATURE	DATE