

School Office Use Only

Date rec'd _____
Rec'd by _____
Amt. Check _____
Check # _____
Amt. Cash _____
Amt. Charge _____
Charge VISA MC
Comp. Entered _____
Student I.D. # _____

RE-ENROLLMENT APPLICATION

2010-2011 School Year

CHRISTIAN CENTER SCHOOL

1210 Stoneman Avenue

Pittsburg, CA 94565

(925) 439-2552 — FAX (925) 439-2555

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)
(Address)	(City)	(Zip)	(MAIN contact phone number)	
/ /	(Birthplace city/state)			
Parents e-mail address (used for teacherease - Jr./Sr. High only)				<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other —
				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 _____

