



**CLINTON
CHRISTIAN
SCHOOL**

Application of Admission

Date of Application:

Child Name
(First, Middle,
Last)

School Year 20__ - 20__

Grade
Applying For

Personal Information:

Address (Mailing and Physical):

Age of Child: _____

Date of Birth: _____

Male or Female? _____

Place of Birth (City, State): _____

School District where student resides: _____

Family Information:

Mother/Stepmother/Guardian:

Name: -----

Address: -----

Email: -----

Employer & Work Phone:

Marital Status: -----

Father/Stepfather/Guardian:

Name: -----

Address: -----

Email: -----

Employer & Work Phone:

Marital Status: -----

Questionnaire:

Do you consider your home to be a Christian home? ☐ Yes ☐ No

Do you attend church gatherings locally? ☐ Yes ☐ No

If yes, what church?

How often? (Times per month)

Has Father/Guardian accepted Jesus Christ as his personal Savior? ☐ Yes ☐ No

Has Mother/Guardian accepted Jesus Christ as her personal Savior? ☐ Yes ☐ No

Has the student accepted Jesus Christ as his/her personal savior? ☐ Yes ☐ No

Briefly explain why you would like a Christian education for your child:

Would the student be attending CCS against his/her wishes? ☐ Yes ☐ No

What do you expect CCS to do for your student?

How did you learn of CCS?

Education Information:

Please list all schools attended since kindergarten (School Names, Grades attended):

School Mailing Addresses:

Has this student ever failed a grade? ☐ Yes ☐ No

If yes, why? -----

Has this student ever been suspended? ☐ Yes ☐ No

Has this student ever been expelled? ☐ Yes ☐ No

Please describe the nature of any disciplinary actions encountered at school:

Which subjects does your child do best? -----

Which subjects does your child have the most difficulty with?

Has this student ever been diagnosed as learning disabled or in need of a Special Education program? ☐ Yes ☐ No

If yes, why? -----

Does your child have any physiological or emotional problems of which his/her teacher should be aware? (Asthma, Allergies, Sight or Hearing Issues, Medication, Other Handicaps) ☐ Yes ☐ No - If yes, please explain:

Please comment on the nature of any above issues and the frequency of the medication:

Please briefly describe students extra curricular activities, hobbies or any special talent or aptitude:

Attestation:

We hereby apply for the admission of our child in Clinton Christian School. We acknowledge that, according to the Word of God, the primary responsibility for the education of a child has been given to his/her parents. This application, therefore, is a request for the assistance of CCS in carrying out our responsibility in providing an education for our child(ren) based upon the principles of the Word of God. We further acknowledge that the educational program of CCS is based upon the Biblical Principles expressed in the schools statements on doctrine, philosophy, purpose and objectives.

We agree to cooperate with CCS in enforcing its policies and regulations as they apply to our child(ren). We further agree to be faithful in our financial obligation to the school.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature

Date

Handbook Attestation:

The goal of Clinton Christian School is to work in cooperation with the home and the church to help students reach their full potential in developing his or her personal worldview. We desire that our students grow in each of the following areas as modeled by Jesus Christ, who grew in wisdom, in stature, in favor with God and in favor with man (Luke 2:52). Please read our handbook which includes our Statement of Faith and indicate below your support.

I have read the Clinton Christian School handbook and Statement of Faith, and I am fully supportive of my child enrolling in Clinton Christian School.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Application Fee Requirement:

Please note that a \$50 non-refundable application fee is required for review on this application. Please remit payment accordingly.

Contact Information:

Please reach out to us if you have any questions!

Phone: 207-877-4317

Email: cbc128@ymail.com

PLEASE RETURN APPLICATION TO: PO BOX 1, CLINTON, ME 04927