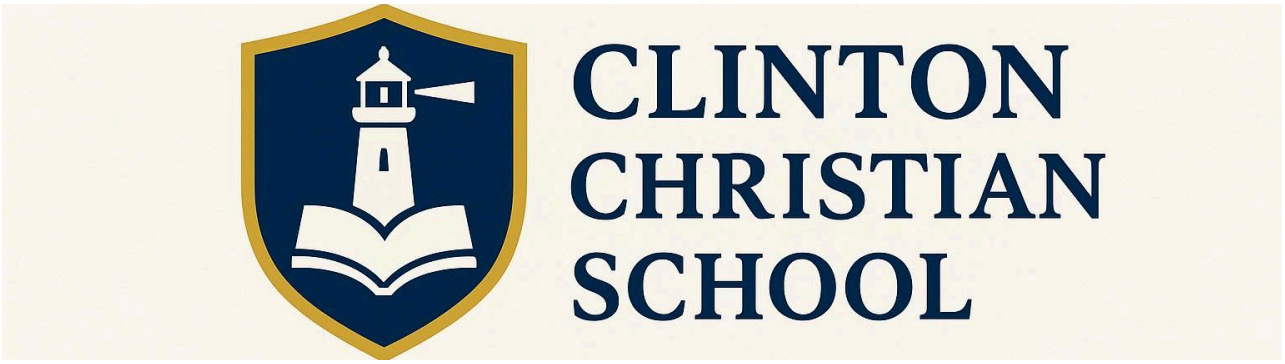

Application of Admission

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 or 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