# CAMPBELL CHRISTIAN SCHOOLS
*"Building a firm foundation" since 1967*

## 2024 Elementary Summer Student Application

**Applicant will be considered for admission upon receipt of the following:**
__ Registered with the Google link.  __Completed Application & Emergency Form  __Immunization Records & Latest Report Card
__$150 Application Fee (**non-refundable**)
__Option 1 Membership $3,800  __Option 2 Weekly $508  __Option 3 Daily $123 **(summer tuition will be billed)**

### Student Information

**First Name**                                Last                        Preferred Name

Home Address

City                                State                        Zip Code

Birthdate                        Age        ☐Boy  ☐Girl        Language(s) spoken at home:

**Ethnicity**: Check One (Note: An ethnic designation is required by the Federal Government)

__Hispanic        __Asian        __Native American        __Pacific Islander        __White (Not of Hispanic Background)

__Black        __Indian        __Filipino        __Other: _____

**Parent/Guardian Signature Required Here:**_____

Name and Address of School Last Attended:                Home School District: (required)

Telephone                                Principal or Last Teacher

Has Student ever had Psychological Testing or been Screened for Academic Difficulties or Learning Disabilities?  __Yes __No  If yes, please explain:

Has Student ever been Enrolled in a Special Education Program, 504 Plan or IEP?  __Yes    __No If yes, please explain:

### Parent Information

**Marital Status**:  __Parents Married    __ Parents Separated        __Parents Divorced        __Single        __Other_____

**Advise of any Custodial Arrangements and Who Student Lives With:**

**Father's Name**                                Home Number                        Cell Number

Home Address (if different than student)

Father's Employer                        Father's Occupation                        Father's Social Security Number

Work Number                                        Email Address

**Mother's Name**                                Home Number                        Cell Number

Home Address (if different than student)

Mother's Employer                        Mother's Occupation                        Mother's Social Security Number

Work Number                                        Email Address

**Person Financially Responsible (if different than Parent)**

First and Last Name:                        Relationship to Student:                        Cell Number:

Address:                                Social Security Number:

### Additional Information

List any siblings currently attending CCS:                List any other siblings and ages not attending CCS:

How were you referred to Campbell Christian Schools:                Name of Church Attending:

Briefly state your reason for applying to Campbell Christian Schools:

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## 2024 ELEMENTARY SUMMER EMERGENCY FORM

Student Name_____

Mailing Address_____ Birthdate _____/_____/_____

## PRIMARY PARENT/GUARDIAN INFORMATION

| Parent/Guardian Name | Home Number | Cell Number |
|---|---|---|
| Employer Name | Occupation | Work Number |
| Relationship to Student | E-mail | |
| Parent/Guardian Name | Home Number | Cell Number |
| Employer Name | Occupation | Work Number |
| Relationship to Student | E-mail | |

## SECONDARY PARENT/GUARDIAN INFORMATION (This is only required if the student has a step-parent)

| Parent/Guardian Name | Home Number | Cell Number |
|---|---|---|
| Employer Name | Occupation | Work Number |
| Relationship to Student | E-mail | Emergency Contact __Yes __No |
| Spouse's Name | Home Number | Cell Number |
| Employer Name | Occupation | Work Number |
| Relationship to Student | | Emergency Contact __Yes __No |

## EMERGENCY CONTACT INFORMATION (list two individuals, other than those listed above, who can immediately pick up your child in the event of illness or an emergency and who are able to authorize emergency care).

| Name | Cell Number | Relationship |
|---|---|---|
| Name | Cell Number | Relationship |

## DISMISSAL AUTHORIZATION (list individuals other than parent, guardian, and emergency contact).

| 1. | 4. | 7. |
|---|---|---|
| 2. | 5. | 8. |
| 3. | 6. | 9. |

## MEDICAL INFORMATION (This information is required in case of a medical emergency)

| Doctor's Name | Phone Number |
|---|---|
| Dentist's Name | Phone Number |

| Medical Insurance Carrier | Medical Insurance Policy # | Group# |
|---|---|---|

| List any allergies: (if additional space is needed, write on reverse) | List allergic reactions: |
|---|---|
| | |
| | |

| List any ongoing medication administered: |
|---|
| Does your child have any physical limitations? If yes, please explain |
| Does your child have any health conditions? If yes, please explain |

**EMERGENCY DISMISSAL AND CARE PROCEDURES:** I understand that, in case of a major disaster during the school day, students will be kept at school or at an alternate site and will be released only to parents/legal guardians, or to an authorized adult. If emergency medical or dental treatment is needed, 911 will be called. I realize that Campbell Christian Schools cannot assume responsibility for the payment of medical fees for expenses incurred. I understand that it is my responsibility to inform the school of any changes regarding the information on this form. I have read and understand this form.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____ DATE_____