

2022 Summer Student Application

Students must provide the following: Completed Application & Emergency Form Immunization Records & Latest Report Card
 \$200 non-refundable deposit due at the time of registration (applied to camp cost)

Student Information

First Name	Last	Preferred Name
Home Address		
City	State	Zip Code
Birthdate	Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl Language(s) spoken at home:
Ethnicity: Check One (Note: An ethnic designation is required by the Federal Government)		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (Not of Hispanic Background)
<input type="checkbox"/> Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Filipino <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Has Student ever been Enrolled in a Special Education Program, 504 Plan or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

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** _____