



## APPLICATION FOR ADMISSION – 2012/2013 SCHOOL YEAR

### PERSONAL BACKGROUND

- Name of Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_  
How long have you lived in this area? \_\_\_\_\_
- Marital Status (married, divorced, separated, widowed, single parent)
- Did you receive the informational packet about Crown Point Christian School? \_\_\_\_ Yes \_\_\_\_ No  
(Includes: Statement of Faith, Welcome Packet, Tuition Information, CPCS Constitution, Pastor's Reference Form)
- Have you read these materials? \_\_\_\_ Yes \_\_\_\_ No
- How many children do you have of elementary school age (PreK-8<sup>th</sup> grade)? \_\_\_\_\_  
Complete the information for children you wish to enroll at Crown Point Christian School.  
If you have a child/children of elementary age that you are not enrolling in Crown Point Christian School, where will they attend school? \_\_\_\_\_

### STUDENT INFORMATION:

- Age Requirements:**
- Pre-Kindergarten:** Student must be 4 years old by September 1 of that school year.
  - Kindergarten:** Student must be 5 years old by September 1 of that school year.
  - Grades 1-8:** Student must show documentation of successfully passing the previous grade.

Please Circle the grade your child(ren) will be entering:

Child's Name	Date Of Birth	Gender	Please circle grade entering
		<input type="checkbox"/> Male <input type="checkbox"/> Female	PK-2 day PK-3 day K-3 day K-4 day K-5 day 1 2 3 4 5 6 7 8
		<input type="checkbox"/> Male <input type="checkbox"/> Female	PK-2 day PK-3 day K-3 day K-4 day K-5 day 1 2 3 4 5 6 7 8
		<input type="checkbox"/> Male <input type="checkbox"/> Female	PK-2 day PK-3 day K-3 day K-4 day K-5 day 1 2 3 4 5 6 7 8
		<input type="checkbox"/> Male <input type="checkbox"/> Female	PK-2 day PK-3 day K-3 day K-4 day K-5 day 1 2 3 4 5 6 7 8

*IF YOUR CHILD IS ENTERING **PRE-KINDERGARTEN (PK)**, please indicate your choice of class days. School is in session 8AM – 3PM each school day. Circle only one:*

PK-2 day – Monday & Tuesday -OR- PK-3 day – Wednesday, Thursday & Friday

*IF YOUR CHILD IS ENTERING **KINDERGARTEN (K)**, please indicate your choice by rank of preferred class. School is in session 8AM – 3 PM each school day. (Mark 1 for 1<sup>st</sup> choice, Mark 2 for 2<sup>nd</sup> choice, Mark 3 for 3<sup>rd</sup> choice.)*

\_\_\_\_\_ K-3 day – Tuesday, Wednesday & Thursday

\_\_\_\_\_ K-4 day – Monday, Tuesday, Thursday & Friday

\_\_\_\_\_ K-5 day – Monday, Tuesday, Wednesday, Thursday & Friday

6. How did you hear about Crown Point Christian School? \_\_\_\_\_

**RELIGIOUS COMMITMENT**

7. Are you a member of a church? \_\_\_\_\_ Which one? \_\_\_\_\_

Church Address \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_

Do your children attend with you? \_\_\_\_\_

How important is the church in the life of your family? \_\_\_\_\_

8. Would you describe your home as a Christian home? \_\_\_\_\_ Why? (Explain) \_\_\_\_\_

9. Do you have family devotional time? \_\_\_\_\_ Of what do these periods consist? \_\_\_\_\_

10. Why do you wish to have your child(ren) attend Crown Point Christian School?

11. Identify or list the basic truths of your religious belief. \_\_\_\_\_

12. Please read the CPCS Statement of Faith document. Do you fully agree with our Statement of Faith? \_\_\_\_ Yes \_\_\_\_ No

If you answered no, please comment on the areas in which you disagree.

**ACADEMIC BACKGROUND OF CHILD(REN)**

12. Our policy requires academic records for students entering 1<sup>st</sup> through 8<sup>th</sup> grades. Where can academic records be obtained? \_\_\_\_\_ Phone \_\_\_\_\_

If academic records cannot be obtained, your child(ren) must be tested, at your expense, with a nationally recognized achievement test to be administered and scored by an agency determined by Crown Point Christian School.

13. Has your child(ren) needed special help in school? \_\_\_\_\_ If yes, please explain (gifted classes, remedial help, physical therapy, learning disability, speech therapy, etc.) \_\_\_\_\_

14. Has your child(ren) been involved with any incidents resulting in disciplinary action in school?

15. Are you prepared to assume the financial responsibility involved in attending Crown Point Christian School? \_\_\_\_\_

**IMPORTANT NOTICE:** *You are requested to forward the CPCS Statement of Faith along with the Pastor's letter and Reference Form to your pastor. This completed form is required for the application process.*

*No person, on the grounds of race, color, sex, or national origin, shall be excluded from admission to Crown Point Christian School.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Upon completion of the Application for Admission and receipt of the Pastor's Reference Form, a conference will be scheduled with a team from the Board of Trustees.**

Admissions Application FINAL.doc  
Form as of 1/24/11 @ 8:58 AM