

Application for Admission

Culver City Christian School

CANDIDATE IS APPLYING FOR:

2-year-old ☐ Full-Time ☐ Part-Time (_____)
Program

3-year-old ☐ Full-Time ☐ Part-Time (_____)
Program

4-year-old ☐ Full-Time ☐ Part-Time (_____)
Program

Desired Start Date _____



CANDIDATE

Name Last _____ First _____ Middle _____ Nickname _____

Date of Birth ____/____/____ Birthplace _____ ☐ Male ☐ Female

Ethnicity ☐ African American ☐ American Indian/Alaska Native ☐ Asian ☐ Caucasian ☐ Filipino
☐ Hispanic/Latino ☐ Pacific Islander ☐ Other _____ ☐ Decline to State

Home Address _____ City _____ State _____ Zip _____

CANDIDATE'S FATHER/GUARDIAN

Name Last _____ First _____ Middle _____ Title _____

Home Address _____ City _____ State _____ Zip _____
(if different from candidate)

Mailing Address _____ City _____ State _____ Zip _____
(if different from above)

Home Phone (____) _____ Home Email _____

Cellular Phone (____) _____ Other Phone (____) _____ (if available)

Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone (____) _____ Business Email _____

Social Security # _____ Driver's License # _____

CANDIDATE'S MOTHER/GUARDIAN

Name Last _____ First _____ Middle _____ Title _____

Home Address _____ City _____ State _____ Zip _____
(if different from candidate)

Mailing Address _____ City _____ State _____ Zip _____
(if different from above)

Home Phone (____) _____ Home Email _____

Cellular Phone (____) _____ Other Phone (____) _____ (if available)

Employer _____ Position/Title _____

Business Address _____ City _____ State _____ Zip _____

Business Phone (____) _____ Business Email _____

Social Security # _____ Driver's License # _____

ADMISSION DATA

School Last Attended _____

Name _____ Phone (____) _____ Dates _____

Payment Program ☐ Annual ☐ Semi-annual ☐ Monthly ☐ Semi-monthly

FAMILY DATA

Please give the names, ages and schools of other children in the family.

Name _____ Age _____ School Attending _____ Grade _____

Name _____ Age _____ School Attending _____ Grade _____

Family's church affiliation _____ Members? ☐ Yes ☐ No

☐ Apostolic ☐ Baptist ☐ Catholic ☐ Coptic ☐ Episcopal ☐ Evangelical ☐ Lutheran ☐ Methodist ☐ Non-Denominational

☐ Pentecostal ☐ Presbyterian ☐ Seventh Day Adventist ☐ Other _____ ☐ Decline to State

Has your family previously applied to Culver City Christian? ☐ Yes ☐ No When? _____

Statement of Religious Beliefs _____

Please provide five words to describe candidate. _____

Any special circumstances/needs that C.C.C.S. should be aware of? _____

Reason for selecting C.C.C.S.? _____

How did you learn about C.C.C.S.? _____

Were you referred to C.C.C.S.? ☐ Yes ☐ No Referred by _____

Please sign and submit this application with the non-refundable registration fee. Once submitted, the application and all supporting documents become the property of the school and are confidential in accordance with the Family Education Rights and Privacy Act of 1974 and California state law. This application does not automatically imply acceptance.

My signature below certifies that this application form was completed by me and that information provided by me is true, correct and complete. I understand that any misrepresentation, falsification, or material omission of information in any part of my application for admission, or orally during a pre-admission interview, may result in your child or children being denied admission, or if already admitted, being dismissed. I also understand that continual adherence to Culver City Christian School policies is a continuing condition of enrollment. Financially, I agree to pay Culver City Christian School in full for my child's (children's) tuition on a monthly basis, in addition to any other charges that may be accrued.

Date of Application ____/____/____

Signature of parent or guardian _____ Print name _____

Signature of parent or guardian _____ Print name _____