

Other School Age Children in the Family:

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name of Person(s) authorized to pick up your child:

1. _____ Phone _____ - _____ - _____ Relationship _____

2. _____ Phone _____ - _____ - _____ Relationship _____

3. _____ Phone _____ - _____ - _____ Relationship _____

4. _____ Phone _____ - _____ - _____ Relationship _____

5. _____ Phone _____ - _____ - _____ Relationship _____

6. _____ Phone _____ - _____ - _____ Relationship _____

Was applicant ever suspended or expelled from another school? If yes, explain: _____

Spiritual Record:

Home Church Name: _____

Address: _____

City/State/Zip: _____

Church Currently Attending: _____ **Phone:** _____ - _____ - _____

Senior Pastor: _____ **Youth Pastor:** _____

Has applicant accepted the Lord Jesus Christ as personal Savior? _____ Yes _____ No

Do parents attend the same church regularly? _____ Yes _____ No

Does applicant attend at least one service per week? _____ Yes _____ No

PARENTAL AGREEMENT

Names of all children attending CCCS:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

In signing this agreement I am verifying that I have read the CCCS handbook. I understand the tuition, PTF, discipline, student transportation for activities, observation period of new students, CCCS withdrawal policies, liability policy and all other policies and procedures of CCCS. This Parental Agreement will remain in effect as long as my children listed above are enrolled at CCCS. (This includes all grades – K3 – 12th).

I understand that should my marital status change, it is my responsibility to have a corrected Parental Agreement statement signed and all information updated and delivered to CCCS.

I realize that CCCS is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

All my children listed above have my permission to receive Tylenol only at CCCS. I understand, when it is needed by my child, I will be contacted and if necessary asked to come pick up my child.

I have read and understand the above information and request my child accepted at CCCS.

Father / Guardian _____ **Date** ____/____/____

Mother _____ **Date** ____/____/____

STUDENT QUESTIONNAIRE (Grades 5 – 12)

Have you used drugs, alcoholic beverages, or tobacco in the last 6 months? If yes, explain: _____

What are your favorite subjects? _____

What subjects are most difficult for you? _____

What type of student will you be at CCCS? _____

What are some of the goals that you have for your life? _____

AFFIRMATION:

I herewith affirm that all the information contained in this application is accurate to the best of my ability. I understand that providing false information on this application will be sufficient reason for declining the application or dismissal from school.

Father / Guardian _____

Date ____/____/____

Mother _____

Date ____/____/____

Mail Completed Application to:

**Cobb County Christian School
Attention: Principal / Director
545 Lorene Drive
Marietta, GA 30060**

**COBB COUNTY CHRISTIAN SCHOOL
545 LORENE DRIVE
MARIETTA, GA. 30060**

Student Medical History

Known Chronic Diseases:

Diabetes _____ Epilepsy _____ Asthma _____ Kidney Disease _____ Heart Disorder _____ Other _____

If any of the above, please state type of control given, medication, diet, etc. _____

Medication Presently Taken:

Medication	Dosage	Times	Means	Reason	Any Reaction

Allergies:

Medication	Reaction	Foods	Reaction	Other	Reaction

Last Tetanus Shot: 0 – 4 years ago _____ 5 years or more _____

PERMIT FOR EMERGENCY MEDICAL TREATMENT

I (Parent/Guardian) _____, give my permission in case of an emergency to have (Student's Name) _____ transported to the nearest hospital, if necessary. First aid treatment may be given as deemed necessary by the hospital staff and physician. I understand that I will be notified at the time of such emergency, but this gives my permission in case I cannot be reached. I understand that I will assume responsibility for charges incurred.

EMERGENCY NUMBERS TO CALL:

Physician's Name: _____ Phone _____ - _____ - _____

Address: _____

Other Contact: _____ Phone _____ - _____ - _____

_____ Date: ____ / ____ / ____

Parent/Guardian Signature

_____ Date: ____ / ____ / ____

Notary Public Seal