

## Parent/Guardian Observation

Applicants Full Name \_\_\_\_\_  
*First Name / Middle Name / Last Name*

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female

Ethnicity: ☐ American Indian ☐ .5 American Indian ☐ Asian ☐ .5 Asian ☐ Black ☐ .5 Black  
☐ Caucasian ☐ Hispanic/Latino ☐ .5 Hispanic/Latino ☐ Other

Grade requesting for \_\_\_\_\_ school year.

☐ Half-day Preschool ☐ All-day Preschool ☐ All-day Kindergarten

☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade

☐ 6th Grade ☐ 7th Grade ☐ 8th Grade ☐ 9th Grade ☐ 10th Grade

Years at CCS (returning students): P K 1 2 3 4 5 6 7 8 9 10 (please circle) Years anticipated at CCS: P K 1 2 3 4 5 6 7 8 9 10 (please circle)

Your name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

### APPLICANT'S PRIOR SCHOOLING INFORMATION

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
(please circle)

Most Recent Teacher \_\_\_\_\_

Dates Attended \_\_\_\_\_

Level(s) Attended: P K 1 2 3 4 5 6 7 8 9

Any grade(s) repeated? \_\_\_\_\_

Was the child dismissed or suspended? \_\_\_\_\_

Was the applicant evaluated for special education,  
resource or gifted programs? \_\_\_\_\_

Is an IEP currently in place, or has one been in place in the  
past? \_\_\_\_\_

If yes, please explain results:

How does your child respond to new situations?

Does your child prefer working alone or with  
others?

When is your child the happiest?  
(Reading, playing with friends, outdoors, etc.)

Does your child tend to lead others or follow?

<p>How does your child let you know he/she is frustrated?</p>	<p>When your child is uncooperative, what have you found to be the most effective way to gain his/her cooperation?</p>
<p>Does your child work/play for short spans of time or steadily at a project or game?</p>	<p>Does your child generally feel successful or does he/she need a lot of praise to keep at a task?</p>
<p>What are the most important accomplishments you would like for us to help your child achieve this next year?</p>	<p>What are the most important accomplishments your child has achieved in the last year?</p>
<p>Has your child had difficulty in learning to obey authority other than yourself? If yes, explain.</p>	<p>What activities in your home foster a Christian lifestyle?</p>

## Student Questionnaire Grades 1-5

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

☐ Male ☐ Female

Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Previous grade in school: (please circle grade)

Pre-K K 1 2 3 4 5 6 7 8

Church Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Pastor \_\_\_\_\_

(Below, please write "Y" for Yes; or "N" for No)

- ☐ I have personally received Jesus Christ as my Savior  
☐ I regularly attend a Sunday School class or Bible Study  
☐ I regularly attend a weekly worship service

Do you want to attend CCS? ☐ Yes ☐ No  
Why?

Have you ever been absent from school for a long time? ☐ No ☐ Yes If yes, explain.

What do you enjoy doing with your closest friends?

What are some of your favorite subjects in school?

What school subjects seem difficult for you?

Who do you say Jesus is?

## Teacher's Confidential Student Reference

\_\_\_\_\_ is applying for admission to Centralia Christian School. Please fill out the form below at your earliest convenience and return this form directly to:  
**Centralia Christian School, 1315 S Tower Ave, Centralia, WA 98531.**

**Please check the adjectives most nearly describing the applicant:**

**TEACHABILITY:**

Outstanding	Learns readily	Slow but retains well	Repeated instructions necessary	No observation
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**DEPENDABILITY:**

Thoroughly dependable	Usually dependable	Sometimes dependable	Not dependable	No observation
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**JUDGEMENT:**

Exceptionally discerning	Uses sound judgment	Impulsive	Difficulty in making decisions	No observation
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**INDUSTRY:**

Very industrious	Above average	Needs prodding	Slothful	No observation
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**ACCURACY/QUALITY:**

Outstanding	Above average	Acceptable/average	Tends to be inaccurate/poor quality	No observation
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**SOCIABILITY:**

Extroverted and gregarious	Open and friendly	Reserved and approachable	Shy and introverted	Sullen, unsociable
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**PUNCTUALITY IN WORK:**

Always punctual	Almost always punctual	Not always punctual	Has to be prodded	No observation
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**ATTITUDE TOWARD WORK:**

Enthusiastic	Usually positive	Passive	Usually negative	No observation
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**ATTITUDE TOWARD PEERS:**

Relates very well	Usually relates well	Some difficulty mixing	Reluctant to mix	No observation
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**ATTITUDE TOWARD AUTHORITY:**

Cooperative and respectful	Usually positive	Indifferent or independent	Rebellious or critical	No observation
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**HONESTY:**

Completely trustworthy	Dependable	Occasionally needs watching	Attempts minor deceptions	No observation
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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date*

## CONFIDENTIAL STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade applying for \_\_\_\_\_

### THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL

1. Has your child ever received special educational services in any of the following areas? To have been placed in any of these special programs, the student would have been tested individually and an Individual Education Plan (IEP) would have been written.

	Continuing Student	Date Dismissed
Speech and language Therapy	_____	_____
Special Class	_____	_____
Resource Specialist Program	_____	_____
Occupational Therapy	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the student been assessed by Student Support Services? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please give date: \_\_\_\_\_

3. Does your child have any problems of which we should be aware? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any areas of special concern? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has your child ever repeated a grade? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_