

## 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 6-10

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?

## Students Questionnaire Grades 6-10

Have you ever had difficulty with students and/or teachers in a previous grade? ☐Yes ☐No  
Please explain.

Please read the CCS Family Handbook. Are there any rules or policies you would like to see changed? ☐Yes ☐No Please explain.

What should happen when any students fails to follow or comply with reasonable expectations?

Share a brief testimony of when and how you became a Christian.

## 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**DEPENDABILITY:**\_\_\_\_\_  
Thoroughly  
dependable\_\_\_\_\_  
Usually  
dependable\_\_\_\_\_  
Sometimes  
dependable\_\_\_\_\_  
Not dependable\_\_\_\_\_  
No observation**JUDGEMENT:**\_\_\_\_\_  
Exceptionally  
discerning\_\_\_\_\_  
Uses sound  
judgment\_\_\_\_\_  
Impulsive\_\_\_\_\_  
Difficulty in making  
decisions\_\_\_\_\_  
No observation**INDUSTRY:**\_\_\_\_\_  
Very industrious\_\_\_\_\_  
Above average\_\_\_\_\_  
Needs prodding\_\_\_\_\_  
Slothful\_\_\_\_\_  
No observation**ACCURACY/QUALITY:**\_\_\_\_\_  
Outstanding\_\_\_\_\_  
Above average\_\_\_\_\_  
Acceptable/average\_\_\_\_\_  
Tends to be inaccurate/  
poor quality\_\_\_\_\_  
No observation**SOCIABILITY:**\_\_\_\_\_  
Extroverted and  
gregarious\_\_\_\_\_  
Open and friendly\_\_\_\_\_  
Reserved and  
approachable\_\_\_\_\_  
Shy and introverted\_\_\_\_\_  
Sullen, unsociable**PUNCTUALITY IN  
WORK:**\_\_\_\_\_  
Always punctual\_\_\_\_\_  
Almost always  
punctual\_\_\_\_\_  
Not always  
punctual\_\_\_\_\_  
Has to be prodded\_\_\_\_\_  
No observation**ATTITUDE TOWARD  
WORK:**\_\_\_\_\_  
Enthusiastic\_\_\_\_\_  
Usually positive\_\_\_\_\_  
Passive\_\_\_\_\_  
Usually negative\_\_\_\_\_  
No observation**ATTITUDE TOWARD  
PEERS:**\_\_\_\_\_  
Relates very well\_\_\_\_\_  
Usually relates well\_\_\_\_\_  
Some difficulty  
mixing\_\_\_\_\_  
Reluctant to mix\_\_\_\_\_  
No observation**ATTITUDE TOWARD  
AUTHORITY:**\_\_\_\_\_  
Cooperative and  
respectful\_\_\_\_\_  
Usually positive\_\_\_\_\_  
Indifferent or  
independent\_\_\_\_\_  
Rebellious or critical\_\_\_\_\_  
No observation**HONESTY:**\_\_\_\_\_  
Completely  
trustworthy\_\_\_\_\_  
Dependable\_\_\_\_\_  
Occasionally needs  
watching\_\_\_\_\_  
Attempts minor  
deceptions\_\_\_\_\_  
No observation\_\_\_\_\_  
*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 \_\_\_\_\_