

Parent/Guardian Observation

Applicants Full Name _____
First Name / Middle Name / Last Name

Birthdate _____ Age _____ Race _____ ☐ Male ☐ Female

Grade requesting

☐ 3-day Preschool ☐ 5-day Preschool ☐ All-day Preschool ☐ Half-day Kindergarten ☐ 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 Years anticipated at CCS: P K 1 2 3 4 5 6 7 8 9 10
(please circle) (please circle)

APPLICANT'S PRIOR SCHOOLING INFORMATION

School Name _____

Street Address _____

City/State _____ Zip _____

Phone _____

Most Recent Teacher _____

Dates Attended _____

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

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, PO Box 1209, Centralia, WA 98531.

Please check the adjectives most nearly describing the applicant:

TEACHABILITY:

Outstanding

Learns readily

Slow but
retains wellRepeated instructions
necessary

No observation

DEPENDABILITY:Thoroughly
dependableUsually
dependableSometimes
dependable

Not dependable

No observation

JUDGEMENT:Exceptionally
discerningUses 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
punctualNot 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
watchingAttempts 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 _____