

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 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, PO Box 1209, 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 _____