Parent/Guardian Observation				
Applicants Full Name First Name / Middle Name / Last Name				
Birthdate Age Ra				
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 □5				
□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				
APPLICANT'S PRIOR SCHOOLING INFORMATION	How does your child respond to new situations?			
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				
Any grade(s) repeated?				
Was the child dismissed or suspended?				
Was the applicant evaluated for special education, resource or gifted programs?	Does your child prefer working alone or with others?			
Is an IEP currently in place, or has one been in place in the past?				
If yes, please explain results:				
When is your child the happiest?	Does your child tend to lead others or follow?			
(Reading, playing with friends, outdoors, etc.)	,			

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

## **CONFIDENTIAL STUDENT INFORMATION**

Student Na	me		Grade applying f	or		
	THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL					
Has your of been place and an Ind	hild ever received special d in any of these special ividual Education Plan (IEF	educational services in programs, the student ) would have been writ	any of the follow would have been ten.	wing areas? To have n tested individually		
		Continuing Student	Date Dismissed	d		
Special Class	anguage Therapy ecialist Program Therapy			  		
Comments:_				<del> </del>		
	dent been assessed by Stu se give date:	• •	NO	YES		
•	child have any problems of se explain:					
	e any areas of special conse explain:			YES		
-	nild ever repeated a grade			YES		
Parent Sig	nature		Date			