

Parent/Guardian Observation

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

Birthdate _____ Age _____ Race _____ Male Female

Grade requesting for _____ school year.

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, 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 _____