



Cornerstone Christian School
34570 Monte Vista Drive,
Wildomar, CA 92595
951-674-9381

ENROLLMENT APPLICATION 2016-2017

(One per student)

Date of Application _____

STUDENT INFORMATION

First, Middle & Last Name _____ Gender _____

Age _____ Birth Date ____/____/____ Grade Enrolling _____

Ethnicity _____

PARENT/GUARDIAN INFORMATION

Father's Name/Occupation _____

Phone (____) _____

Mother's Name/Occupation _____

Phone (____) _____

Mailing Address _____

Email Address _____

Student resides with: _____ (example: Grandparents)

Please explain any visitation and/or custody arrangements.

Are there any restraining orders and/or special circumstances?

Have any of your students ever skipped or repeated a grade? Yes No

If Yes, list student's name(s) and grades they skipped or repeated. Briefly describe the circumstances..

Do any of your students have an IEP or a 504? Yes No

If Yes, list student's name(s). Please explain.

Have any of your students ever been diagnosed with any type of learning disability? Yes No
If yes, please include a copy of all testing

Is it your intent to have your student(s) graduate from Cornerstone Christian School? Yes No Unk.

Why is your student(s) withdrawing from his/her current school?

Have any of your students ever been suspended, expelled or asked to withdraw from a school? Yes No
If Yes, list student's name(s). Please comment on circumstances.

Have any of your students had any problems with any type of drugs, alcohol, or tobacco? Yes No
If Yes, list student's name(s). Please comment on circumstances.

Last School Attended: _____
Name Address State Zip

Phone Number _____

Number of years you have home schooled _____

Name of person responsible to student's educational instruction (usually a parent): _____

Initial that you understand that all courses must be taught in English except foreign language: _____

Initial that you are qualified and able to teach your children: _____

Previously enrolled at CCS? No Yes If Yes, what Year? _____

Please provide a statement of your Christian Testimony:

HOME SCHOOL LEGAL DEFENSE ASSOCIATION Are you currently a member? Yes No

If so, what is your renewal date? _____ What is your HSLDA #? _____

(Please submit a COPY of your membership card.) You are required to join HSLDA. The only exceptions are families whose enrolled children are under 6 years of age or have reached age 18. When registering, please refer to CCS HSLDA Group #299203.

As a CCS student you have the opportunity to play sports. Please circle any you are interested in (additional fees apply)

Football Baseball Softball Basketball Cross-Country Cheerleading Volleyball Golf

CCS offers a hybrid homeschool program where students can attend up to three consecutive on campus classes (additional fees apply). Would you like more information? Yes No

Please note: All forms must be completed and application/registration fees paid in order for your enrollment to be valid.

Parent/Guardian signature: _____ ***Date:*** _____

Parent/Guardian signature: _____ ***Date:*** _____