



**Cornerstone Christian School**

34570 Monte Vista Drive,

Wildomar, CA 92595

951-674-9381

**ENROLLMENT APPLICATION 2017-2018**

(One per family)

Date of Application \_\_\_\_\_ Primary Teacher \_\_\_\_\_

Previously Enrolled?    No    Yes    If Yes, what Year? \_\_\_\_\_

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: \_\_\_\_\_

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State /Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Preferred Contact Number: Home or Cell ? (\_\_\_\_) \_\_\_\_\_ Home or Cell ? (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Number of years you have home schooled \_\_\_\_\_

Please provide a statement of your Christian Testimony:

\_\_\_\_\_  
\_\_\_\_\_

**PARENT INFORMATION**

Father's First Name/Occupation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Mother's First Name/Occupation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Student resides with: \_\_\_\_\_ (example: Grandparents)

Please explain any visitation and/or custody arrangements.

Are there any restraining orders and/or special circumstances?

STUDENT INFORMATION

Please list all students you are enrolling in CCS PSP this year.

First and Last Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_

Grade Enrolling \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name Address State Zip

Phone Number \_\_\_\_\_

I hold this student's cumulative file: Yes No

First and Last Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_

Grade Enrolling \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name Address State Zip

Phone Number \_\_\_\_\_

I hold this student's cumulative file: Yes No

First and Last Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_

Grade Enrolling \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name Address State Zip

Phone Number \_\_\_\_\_

I hold this student's cumulative file: Yes No

First and Last Name \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_

Grade Enrolling \_\_\_\_\_ Ethnicity \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Name Address State Zip

Phone Number \_\_\_\_\_

I hold this student's cumulative file: Yes No

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.

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?  
\_\_\_\_\_  
\_\_\_\_\_

DISCIPLINARY CONCERNS

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.

\_\_\_\_\_  
\_\_\_\_\_

As a CCS student you have the opportunity to play sports. Please circle any you are interested in (additional fees apply) **Football Baseball 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:*** \_\_\_\_\_