

STUDENT INFORMATION

2019-2020 (SOUTH CAMPUS)



Name _____ Name used _____

Last

First

MI

Date of Birth _____ Place of Birth _____ Boy Girl

ACADEMIC AND CONDUCT HISTORY

Current school _____ Enrolled in grade _____ Grade level applying for _____

School address _____

City _____ State _____ Zip _____ Phone _____

Circle grades attended at CCS: Pre3 Pre4 K 1 2 3 4 5 6 7 8 9 10 11

Student's grades have been: Superior Above Average Average Below Average

Student has (check if appropriate):

Been placed in advanced classes (List Classes: _____)

Repeated a grade (Grade _____) Had disciplinary difficulty Had extended absences from school

Been suspended or expelled Skipped a grade (Grade _____) Been refused admission to another school

Received testing or counseling by a psychologist, diagnostician, or family counselor

(NOTE: Please submit copies of test results or consultation reports with application)

Please indicate any special talents, areas of interest, honors received, difficulties, or any other additional information which would help us know and serve the student better.

STUDENT SAFETY

The following individuals may be contacted if neither mother nor father can be reached. They are authorized to pick up and deliver my children to CCS.

Name #1 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #2 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Name #3 _____ Phone _____

Relationship _____ Description - Age _____ Hair Color _____

Is there anyone who poses a special threat to your child(ren)'s safety?

If there is a court order prohibiting contact, we need a copy on file.

Name _____ Description - (Age, Hair, Eyes, etc.) _____

IMMUNIZATION RECORDS

According to Oregon State Law, CCS must have updated immunization records on each student. This information must be on a Certification of Immunization Status form that is validated by the parent's signature. Please be sure to have this information up-to-date and in the school records **by the first day of classes** so that your child will be able to attend school. For information regarding latest requirements, contact the school office at (503)391-9082.

MEDICAL AND HEALTH INFORMATION

Please check any of the following that your child is currently or has previously experienced:

- Allergic reactions Diabetes A.D.H.D. Headaches Seizures
- Asthma Epilepsy A.D.D. Nosebleeds Stomach aches
- Vision difficulties Hearing difficulties Other _____

Please explain treatment for each one checked: _____

If other problems exist, please explain: _____

List any prescription medication your child takes on a regular basis: _____

CCS cannot administer ANY medication without a doctor's note. Over the counter medication must include a signed note from the parent/guardian with detailed instructions for administering it.

Will it be necessary for the school to be involved in the administration of this medication? yes no

I authorize Crosshill Christian School faculty/staff to administer medications as directed by a doctor's note. yes no

PROFESSIONAL CARE

In an emergency, if the parent or designated physician cannot be reached, I do I do not authorize the school to obtain medical services for my child.

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

Hospital Preference _____

Parent Signature

Date

Parent Signature

Date

If you do not have insurance coverage, please read and sign the following:

We do not have insurance coverage and will not hold Crosshill Christian School nor its insurance carrier liable for any accidents occurring in connection with its operations.

Signature

Date