

APPLICATION FOR ADMISSION
CARTERVILLE CHRISTIAN SCHOOL
1115 Cartersville Road
Petal, MS 39465 601-545-1010

FOR OFFICE USE ONLY:

Date Received: _____

Reg. Fee Paid: _____

Supply Fee Paid: _____

1st Tuition Paid: _____

Withdrawal Date: _____

2020-2021 SCHOOL YEAR

(Please type or print)

CIRCLE ONE THAT APPLIES: **2-YEAR-OLD** **3-YEAR-OLD** **4-YEAR-OLD**

(Must be this age by Sept. 1, 2020)

STUDENT'S FULL NAME: _____

HOME ADDRESS: _____
 Last First Middle Goes By

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** _____
 Street City State Zip Phone

PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE: _____

REASON FOR APPLYING TO CCS: _____

HOW DID YOU LEARN ABOUT CCS? _____

SERIOUS ILLNESSES/ALLERGIES OF CHILD: _____

FINANCIALLY RESPONSIBLE PERSON: _____

HOME ADDRESS: _____
 Street City State Zip Phone

RELATIONSHIP TO STUDENT: _____

OCCUPATION: _____ **EMPLOYER:** _____

BUSINESS ADDRESS: _____ **BUSINESS PHONE:** _____

EMERGENCY CONTACTS IF PARENTS UNAVAILABLE (state law requires two emergency references:)

CALL: _____ **PHONE:** _____ **CELL:** _____

CALL: _____ **PHONE:** _____ **CELL:** _____

STUDENT RESIDES WITH: (if other than BOTH parents)?: RELATIONSHIP TO STUDENT: _____

FATHER'S NAME: _____

HOME ADDRESS: _____
 Last First Middle Cell Phone

HOME ADDRESS: _____
 Street City County State Zip Home Phone

OCCUPATION: _____ **EMPLOYER:** _____

BUSINESS ADDRESS: _____ **BUSINESS PHONE:** _____

MOTHER'S NAME: _____

HOME ADDRESS: _____
 Last First Middle Cell Phone

HOME ADDRESS: _____
 Street City County State Zip Home Phone

OCCUPATION: _____ **EMPLOYER:** _____

BUSINESS ADDRESS: _____ **BUSINESS PHONE:** _____

PATERNAL GRANDPARENTS: _____ PHONE: _____
HOME ADDRESS: _____
Street City State Zip

MATERNAL GRANDPARENTS: _____ PHONE: _____
HOME ADDRESS: _____
Street City State Zip

NAMES OF BROTHERS & SISTERS	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELIGIOUS AFFILIATION OF MOTHER: _____ FATHER: _____
PARENT'S CHURCH MEMBERSHIP AT: _____
STUDENT'S MEDICAL HISTORY:

1. Does your child have any physical or emotional problems which require special medication? _____
Briefly explain: _____

2. Does your child have any type of allergic reactions? _____
Briefly explain: _____

FEE SCHEDULE:

Annual Registration & Fee: \$60.00 – Due upon registration for application to be considered (per family)
School Supply Fee: \$80.00 – Due by September 5, 2020 (per child)
Monthly Tuition: \$150.00 – Due on 1st of each month, \$155 .00 after the 5th of the month.

Tuition is due on the first day of each month. A \$5.00 late fee is assessed if tuition is received after the 5th of each month. If it is necessary to make a late payment, please discuss it with the Director, so that arrangements can be made. Also, a return fee will be assessed for any returned checks. All fees are NON-REFUNDABLE. Tuition fees are subject to change.

Two weeks notice is required before a child can be withdrawn from Carterville Christian School. The parent is required to pay for the full month in which the child is withdrawing. If for any reason a child misses several weeks or even a month of school, he/she will be required to pay the full tuition for that month to maintain enrolled status. All nine months of the school year are considered to be full months for purposes of tuition regardless of holidays, sickness, bad weather days, or off days for any reason. Tuition will not be pro-rated for any reason.

The Staff of Carterville Christian School will do everything possible to give your child every protection while he/she is in our Weekday Early Education Program. The safety of our students is our first priority. However, regardless of care taken, accidents do happen. In the event of an accident, neither the Staff, School, or Church will be held liable for accidents. Should an emergency develop and neither parent can be reached, the child will be taken to the local physician that you specify or the Emergency Room at Forrest General Hospital. A separate Medical Release Form accompanying this application must also be signed by the parents of the child.

Child's Physician: Dr. _____ Phone Number: _____

The undersigned understand and agree to the above terms and will not hold the Staff, School, or Church responsible for said accidents (NOTE: BOTH PARENTS MUST SIGN THIS APPLICATION FOR IT TO BE CONSIDERED).

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

ADMISSION POLICY

Carterville Christian School admits student of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the School. CCS does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational or admission policies.