

APPLICATION FOR ADMISSION
CARTERVILLE CHRISTIAN SCHOOL

1115 Carterville Road
 Petal, MS 39465 601-545-1010

FOR OFFICE USE ONLY:	
Date Received:	_____
Reg. Fee Paid:	_____
Supply Fee Paid:	_____
1st Tuition Paid:	_____
Withdrawal Date:	_____

2022-2023 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, 2022)

STUDENT'S FULL NAME: _____

ADDRESS: _____

Last	First	Middle	Goes By
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Street	City	State	Zip	Phone
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DATE OF BIRTH: _____ **AGE:** _____ **SEX:** _____

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: _____

(if different from above)

Last	First	Middle
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ADDRESS: _____

Street	City	State	Zip	Phone
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RELATIONSHIP TO STUDENT: _____

OCCUPATION: _____ **EMPLOYER:** _____

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

NAME: _____ **CELL:** _____ **WORK:** _____

NAME: _____ **CELL:** _____ **WORK:** _____

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

Last	First	Phone
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FATHER'S NAME: _____

(If different from above)

Last	First	Cell Phone	Work Phone
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ADDRESS: _____

Street	City	County	State	Zip
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OCCUPATION: _____ **EMPLOYER:** _____

MOTHER'S NAME: _____

(If different from above)

Last	First	Cell Phone
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HOME ADDRESS: _____

Street	City	County	State	Zip
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OCCUPATION: _____ **EMPLOYER:** _____ **BUSINESS PHONE:** _____

PATERNAL GRANDPARENTS: _____ PHONE: _____

MATERNAL GRANDPARENTS: _____ PHONE: _____

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 August 16, 2022 (per child)
Monthly Tuition:	\$150.00 – Due on 1 st of each month, \$155.00 after the 8 th 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 8th 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.