

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: \_\_\_\_\_

2026-2027 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, 2026)

**STUDENT'S FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**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)

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

(If different from above)

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

(If different from above)

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

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PATERNAL GRANDPARENTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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MATERNAL GRANDPARENTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

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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: \_\_\_\_\_

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**FEE SCHEDULE:**

Annual Registration & Fee: \$25.00 – Due upon registration for application to be considered (per family)

School Supply Fee: \$125.00 -Due by August 14, 2026

Monthly Tuition: \$170.00- Due by the 8<sup>th</sup> of each month

Tuition is due on the first week of each month. A \$5.00 late fee is assessed if tuition is received after the 8<sup>th</sup> 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.

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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.