

CENTENNIAL CHRISTIAN SCHOOL APPLICATION FOR ENROLLMENT

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OFFICE USE ONLY

Interview Date: _____

Desired Starting Date: _____

Entering Grade: _____

School Bus: _____

Student Information:

Please Print in English

Student's Passport Name: _____ <small>Family First Middle</small>	Student's Common Name: _____	Birth Date: _____ <small>(month/date/year)</small>
Citizenship: _____ Alien Certificate #: _____	Passport #: _____ Valid Date: _____	Desired Entering Grade: _____ Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Student's English fluency: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Child's first language: _____ Second language: _____ Other language: _____	Siblings at CCS & grade(s): _____

Parents Information:

	Telephone number	E-mail Address
Home: _____	_____	_____
Father's work: _____	_____	_____
Mother's work: _____	_____	_____
Home Address: _____ _____		
	ZIP CODE: _____	

Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Father's Name: _____ Title: _____ Organization/Firm: _____ Citizenship: _____ Alien Certificate # / Korean ID # : _____	Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mother's Name: _____ Title: _____ Organization/Firm: _____ Citizenship: _____ Alien Certificate # / Korean ID #: _____
Mailing address of father's employer: _____ PTA (Parent Teacher Association): <input type="checkbox"/> I would like to join the PTA <input type="checkbox"/> I do not want to join the PTA Please write down specific skills you would like to volunteer to PTA: _____	Mailing address of mother's employer: _____ PTA (Parent Teacher Association): <input type="checkbox"/> I would like to join the PTA <input type="checkbox"/> I do not want to join the PTA Please write down specific skills you would like to volunteer to PTA: _____

Marital status of parents: married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> single <input type="checkbox"/>	
How long do you plan to live in Korea: _____	Religious Preference: _____
School Bus service desired <input type="checkbox"/> Yes <input type="checkbox"/> No (If desired, please complete a bus application)	
Bills should be mailed to <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address	School notices to <input type="checkbox"/> Residence Address <input type="checkbox"/> Business Address
Payment will be made by <input type="checkbox"/> parent's employer _____ <input type="checkbox"/> parents <input type="checkbox"/> other _____	

- Please fill out all information on this page. They are required for WASC accreditation.
- Please attach a copy of passport and immunization record of the student.

Parent Signature: _____

Date of application: _____