



Columbus Christian School

3418 15th Street

P.O. Box 924

Columbus, NE 68602-0924

(402) 562-6470 / Email info@columbuschristian.org

New Student Application

(Fill in all blanks front and back. Use N/A if not applicable.)

Date _____

(Please give student's legal name)

Last Name _____ First _____ Middle _____

Preferred/Nickname _____

Social Security # _____

D.O.B. _____ Age _____ Sex _____ Race _____

Place of Birth (city) _____ (County) _____ (State) _____

Home Phone _____ E-mail Address _____

Family's Church _____ (church address) _____

Pastor _____ Phone _____

Choose race from the following options:

- AM American Indian/Alaskan Native
- AS Asian/Pacific Islander
- BL Black (not Hispanic)
- HI Hispanic
- WH White (not Hispanic)

Parent/Guardian #1

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Employer _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with student (Y/N) _____

E-mail address _____

Church _____ Pastor _____

Parent/Guardian #2

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Employer _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with student (Y/N) _____

E-mail address _____

Church _____ Pastor _____

Is there a custody arrangement which has been court adjudicated? (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student) _____

If another party other than a parent is responsible for the tuition payment, please give this information below.

Last Name _____ First Name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Cell Phone _____ Employer _____
Occupation _____ Work Phone _____
Relationship to student _____ Lives with student (Y/N) _____
E-mail address _____
Church _____ Pastor _____

Do you have a certified copy of your child's Birth Certificate? _____

Does your child have a current immunization record? _____

Grade enrolling _____ Has your student repeated a grade for any reason? _____ If so, which grade? _____

Current and previous school(s) attended, dates, and reason for leaving (You may continue on a separate paper).

Name of school:	Dates:	Reason for Leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever attended or applied to Columbus Christian School? _____ If yes, what year(s)? _____

Has your child ever been suspended or expelled by a previous school? If so, please explain (you may continue on a separate paper): _____

Has your child ever been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason? If yes, explain and include the dates and the name of the school and principle: _____

Has your child been denied admission to a school? If yes, please explain: _____

Has your child been home-schooled? If yes, give dates, grade level(s) and curriculum used: _____

What does your child like best about school? _____

What does your child like the least about school? _____

What are your child's favorite hobbies or free-time activities? _____

Which of the following would best describe grades typically received by your child?

- A's A's and B's B's and C's C's and D's D's D's and Failing Grades

Does your child have a clinical diagnosis of a learning disability? If yes, please explain: _____

Has your child had any additional testing or tutoring? If yes, please explain: _____

Has your child been recommended for any special testing or services, whether or not that recommendation was followed? Explain circumstances: _____

Has your child undergone formal psychological/emotional/behavior testing or counseling? If yes, explain: _____

Has your child demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, explain: _____

Has your child participated in regular, standardized achievement testing? _____

Has your child participated in advanced classes? If yes, in which area(s): _____

Does your child have any physical limitations or chronic illnesses which we should be aware of? If so, please explain: _____

Is there other pertinent information about your child or family situation that you think could help Columbus Christian to meet your child's needs? If you prefer, you may attach a separate page. _____

Names, ages, grades and current schools of all siblings (You may continue on a separate paper).

Name of Sibling:	Age:	Current School (if applicable):	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Columbus Christian School was recommended by: _____

What is drawing you to Columbus Christian School? _____

Please briefly share your personal testimony (You may continue on a separate paper): _____

Have you read and agree to have your child taught in accordance with Columbus Christian School's Statement of Faith? _____

If there are any points in which are inconsistent with your convictions, please briefly explain: _____

Please list three references (someone who knows you as well as your child; example: pastor, teacher, friend, etc...):

Name _____ Relationship with applicant/parent _____

Address _____ City _____ State _____ Zip _____

Phone _____ Occupation _____

Name _____ Relationship with applicant/parent _____

Address _____ City _____ State _____ Zip _____

Phone _____ Occupation _____

Name _____ Relationship with applicant/parent _____

Address _____ City _____ State _____ Zip _____

Phone _____ Occupation _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENT:

Columbus Christian School admits students of any race, color nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies and other school-administered programs.

I affirm that all information on this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Columbus Christian School.

I understand that my application is not complete without the proper registration fee; however payment of this fee does not assure admission. I also understand that my application is subject to approval by the Columbus Christian School Board of Education after the interview process has been completed. Once all paperwork is returned, the enrollment steps are completed, and the proper enrollment fee is paid, a space will be held for the student. I also understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to Columbus Christian School.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Person Responsible for tuition payment if other than Parent/Guardian:

_____ Date _____

All Information is Considered Confidential.

For Office Use Only

Date Application Received _____ Interview Date _____ Board Member _____

Board Approval _____ Acceptance Letter _____ Tuition Plan _____

Special Notes _____