



# Columbus Christian School

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Columbus, NE 68602-0924  
402.562.6470

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## 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 \_\_\_\_\_

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 \_\_\_\_\_

### 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 \_\_\_\_\_

Family's 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? \_\_\_\_\_

Columbus Christian School was recommended/referred by: \_\_\_\_\_

I have signed and agree to Columbus Christian School's Statement of Faith found on the attached page? \_\_\_\_\_

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

\_\_\_\_\_

### **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 or 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 Administrator and/or CCS School Board Member. 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 \_\_\_\_\_