



# Enrollment Application

Complete and email to [admin@ccschoolfl.org](mailto:admin@ccschoolfl.org) or  
print and submit at school offices.

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Student's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please fill out the following information to keep our records current.**

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Persons to notify in emergencies, if parents/guardians cannot be reached: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individuals authorized to pick up your child (other than parents): \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship: \_\_\_\_\_

Religious Background: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Member: Yes No

Educational Background \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Telephone: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Has student ever been suspended? Yes No

Has student ever been expelled? Yes No