

# New Student Application

## Coon Rapids Christian School

This application for the 2019-2020 academic year must be filled out completely before it can be processed. The Grade 1-12 Testing Fee of \$30.00 must accompany this application and is not refundable. Final acceptance is granted only after a positive interview with the parents and the child and the enrollment fee (\$150 on or before 7/15, \$200 after 7/15) is paid.

How did you hear about CRCS? \_\_\_\_\_

Reason for selecting CRCS \_\_\_\_\_

Do you live within the Anoka-Hennepin school district and require bussing? \_\_\_\_ yes \_\_\_\_ no

### Student Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_

                    Last                      First                      Middle  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_ Last Grade Completed \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

### Family Information

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_

Emergency name and telephone number other than those already listed: \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed

Children in the family of school age if not applying:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Reason they are not applying \_\_\_\_\_

### Religious Information

Church Attending \_\_\_\_\_ Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Father, are you a Christian: \_\_\_\_ Yes \_\_\_\_ No      Mother, are you a Christian: \_\_\_\_ Yes \_\_\_\_ No

Has applicant ever made a profession of faith in Christ? \_\_\_\_ Yes \_\_\_\_ No

**(OVER)**

## Medical Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does child have any physical handicaps or allergies: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has child received immunizations: Diphtheria \_\_\_\_\_  
Smallpox \_\_\_\_\_  
Polio \_\_\_\_\_

When did child receive last Tetanus shot? \_\_\_\_\_

## Scholastic Information

Has child ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Has child ever had disciplinary difficulties? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Has child ever been in trouble with the law, arrested, etc? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Has child ever used tobacco or drugs of any kind? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Please indicate academic level of pupil's previous work:  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Average    \_\_\_\_\_ Poor

Has child ever failed in school? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

I commit to obeying and supporting the CRCS Handbook.

I commit to my personal support of the school by attending parent orientation and school programs.

I commit to paying my school bill.

I commit to ensuring my child completes his homework daily and Scripture memorization regularly.

I commit my child to take part in all in-school activities, school programs, sponsored trips, and even making my child attend school if he has not earned that trip.

I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.

I agree that the school reserves the right to dismiss my child, if my child or I do not comply with these regulations.

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date