



CINCINNATI CHRISTIAN SCHOOLS

2010-2011 Reenrollment Form

Family Last Name _____ Student Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ County where you reside _____

Student(s) reside with: Mother & Father Mother & Step-father Step-mother & Father
 Mother only Father only Grandparents
 Other: Please specify _____

Father <input type="checkbox"/> Step-father <input type="checkbox"/> Guardian <input type="checkbox"/> <hr/> Last Name _____ First Name _____ E-mail: _____ Address if different: _____ City/State/Zip: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____ Occupation: _____ Employer: _____ Work Phone (_____) _____	Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian <input type="checkbox"/> <hr/> Last Name _____ First Name _____ E-mail: _____ Address if different: _____ City/State/Zip: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____ Occupation: _____ Employer: _____ Work Phone (_____) _____
---	---

	<u>Student's Name</u> (oldest to youngest)	<u>New or Reenrolling</u> (half or full-day kdg.)	<u>Grade for</u> <u>10-11</u>	<u>Birthday</u>	<u>Age as</u> <u>of 9/30/10</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

If you are enrolling a student for the first time, you will need to complete an Application for Admission form. You may download the form from www.cincinnatichristian.org/Admissions or call the office, 513.892.8500, and request that one be sent to you.

I have included the re-enrollment fee payment with this form.

I have included the Tuition Payment Preference Form.

FOR OFFICE USE ONLY - Date Received: _____ **Amount Paid:** \$ _____ # _____

Family Last Name: _____

Student Names: (oldest to youngest)

Grade in 10-11:

Student Cell Phone Number:
(If applicable)

1. _____

2. _____

3. _____

4. _____

PreSchool and Transitional Kindergarten Only

PreSchool: 3 & 4 years old by 9/30 and potty-trained

- 2 Days T & Th 8:30 – 11:45
- 3 Days M,W,F 8:30 – 11:45

Transitional Kindergarten: 5 years old by 9/30

- 2 Days T & Th 8:15 – 11:45
- 3 Days M,W,F 8:15 – 11:45
- 5 Days M – F 8:15 – 11:45

Afternoon Enrichment:

- 2 Days T & Th 11:45 – 3:15
- 3 Days M,W,F 11:45 – 3:15
- 5 Days M – F 11:45 – 3:15

Ethnic Background:

All chartered schools are required by state and local education agencies to complete certain forms for the government annually. Due to the Privacy Act, you do not have to answer these questions; yet our office is required to complete the government forms with the information we are able to gather.

- Asian/Oriental African/American White/Caucasian
- Hispanic Other

Transportation: We are required to report your local public school information to the Ohio Department of Education. We also provide this transportation information to the school districts that provide bus services to our school. This information is used to make important transportation decisions by our local school districts.

What public school district do you reside in? _____

Will your student(s) ride that local public school bus? Yes ___ No ___

Family Church: _____ Pastor _____ Phone _____

Address _____ City _____ State ___ Zip _____

Communication:

Please check here: to opt-out of paper communications from the school, you will receive an e-mail reminder to check for information.

Your e-mail addresses will be added to the list serves.

Your home phone number and one cell phone number will be added to our "One Call Now" emergency phone messaging system.

PHOTO CONSENT

- Yes, you have my permission to use my child's name/likeness on any or all brochures, videos, website, newspaper articles, or advertising materials for CCS promotional purposes.
- No, do not use my child's name or likeness on any materials.

Signature of Parent/Step-parent/Guardian

DIRECTORY:

I grant permission to have our home phone number, address and e-mail published in a school directory.
Yes No

VOLUNTEER HOURS: I agree to make the commitment to give 20 hours of my time voluntarily to the school. Signed: _____