



CINCINNATI CHRISTIAN SCHOOLS

2012-2013 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"/>	Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Guardian <input type="checkbox"/>
_____ Last Name First Name	_____ Last Name First Name
E-mail: _____	E-mail: _____
Address if different: _____	Address if different: _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: (_____) _____	Home Phone: (_____) _____
Cell Phone: (_____) _____	Cell Phone: (_____) _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: (_____) _____	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>2012-2013</u>	<u>Birthday</u>	<u>Age as</u> <u>of 9/30/12</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 Reenrollment fee with this form. (Must be included)

I have included the Tuition Payment Preference Form. (Needs ret'd even if no changes)

Over

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

FAMILY LAST NAME: _____

Student Names: (oldest to youngest)	Grade in 2012-13:	Student Cell Phone Number: (If applicable)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PRESCHOOL AND TRANSITIONAL KINDERGARTEN ONLY

Pre-School: 3 and 4 years old by 9/30

2 Days T & Th 8:15 – 12:00

PM Enrichment

2 Days T & Th 12:00 – 3:15

Transitional-Kindergarten: 4 and 5 years old by 9/30

3 Days M, W & F 8:15 – 12:00

5 Days M – F 8:15 – 12:00

PM Enrichment

3 Days M, W & F 12:00 – 3:15

5 Days M – F 12:00 – 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
 Hispanic

African/American
 Multi-Racial

White/Caucasian

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: _____