

Central Minnesota Christian School Application for Admission

Date of Application _____

Name of Parents _____
(Father) (Mother) (Family Name)

Address _____
(Mailing Address) (City) (ZIP)

Home Telephone _____ E-Mail _____

Father's Occupation _____ Place of Employment/phone _____

Mother's Occupation _____ Place of Employment/phone _____

Name(s) of child(ren)	Grade to enter	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of School your child(ren) is(are) presently attending:

(Name of School) (Phone) (Principal)

Name of church you attend:

(Name of Church) (Phone) (Pastor)

When do you wish to enroll your children? _____

Has(have) your child(ren) ever been expelled from school? _____

Does(do) your child(ren) have any physical, emotional, or learning issues that will require special services? _____

If yes, please explain: _____

Did you have an Individual Education Plan (IEP) in place at your previous school? _____

Please state your reason(s) for wishing to enroll your child(ren) at CMCS.

If you agree with the following statement, please sign below and return this form to CMCS.

As parents we wish to seek admission for our child(ren) in Central Minnesota Christian School. We understand the school will be operated as stated in the Basis and purpose Articles of the school constitution.

Signature of Father

Signature of Mother