

COASTAL CHRISTIAN SCHOOL
 1220 Farroll Ave., Arroyo Grande, CA 93420 (805) 489-1213

NEW STUDENT APPLICATION -- PARENT QUESTIONNAIRE

1. Parent/Guardian Name(s) _____

For Each Student Give the Following Information (if more than 4, use additional form):

2. Student Full Name →	Student 1 Name:	Student 2 Name:	Student 3 Name:	Student 4 Name:
3. Gender (M/F)				
4. Grade Next Year				
5. Describe any educational difficulties your child has experienced.				
6. Describe what, if any, and when special or individual educational services may have been provided to your child.	<input type="checkbox"/> None <input type="checkbox"/> Tutoring <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Special Ed. <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Tutoring <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Special Ed. <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Tutoring <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Special Ed. <input type="checkbox"/> Other:	<input type="checkbox"/> None <input type="checkbox"/> Tutoring <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Special Ed. <input type="checkbox"/> Other:
7. Has the student ever been suspended, expelled, or asked to withdraw? If so, please give complete details on reverse side, including the principal's name and address of the school.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
8. Has the student ever failed a grade? If so, state the grade, date, and reason.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
9. Has the student, to your knowledge, used any type of drugs, alcohol, tobacco, or been in trouble with the law?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
10. Please share any other information that may assist in the guidance of the student at CCS such as pertinent medical information (accidents, serious illness, disability) or unusual factors in the student's life (absence of a parent, invalidism of family members living in the home, adoption, fears or a frightening experience) or any information the school should know.				

Continue on reverse side

	Student 1 Name:	Student 2 Name:	Student 3 Name:	Student 4 Name:
11. Describe your student's relationship with Jesus Christ.				
12. What is the frequency of the student's attendance at church or Sunday school or church youth group?	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Seldom <input type="checkbox"/> Never
13. If "seldom" or "never" in #12 above, please explain.				

Please answer the following about the parent/guardians:

13. Describe your relationship with Jesus Christ.	
14. Describe your spouse's relationship with Jesus Christ.	
15. What is the frequency of the parent's church attendance?	<input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Signature of parent completing this form

Date