



Application for Enrollment

Date _____ E-mail Address _____

Family Name (*Parents, First & Last*) _____

Address _____ City & Zip _____

Home Phone _____ Cell Phone _____

Father's Occupation _____ Mother's Occupation _____

Please list the students you plan to homeschool this coming year:

Child's Name - <i>First & Last</i>	Sex	Age	Birth Date	Grade in Fall

Please list all the children in your family that will NOT be homeschooling this coming year:

Child's Name - <i>First & Last</i>	Grade in Fall

Are you presently homeschooling? _____ How many years have you home educated? _____

How long do you plan to homeschool? _____ Are you a member of HSLDA? _____

Have you ever applied to CCS? _____ If so, when did you apply? _____

Were your children in a private or public school last year? _____ If so, which one? _____

Were you ever enrolled in another PSP? _____ If so, which one? _____

Why did you leave? _____

Are you applying to another school for next year in addition to CCS? _____

Please list _____

Do your children want to homeschool? _____ Why or why not? _____

Are both parents in favor of home education? _____ If not, why? _____

Who is doing the majority of the teaching? Mother or Father? _____

Does the parent who is teaching the majority of the time plan to work during homeschooling? _____

If so, how many hours per week will you work? _____ Explain your job and how you will coordinate it with your teaching

If you are not homeschooling all of your children, please let us know why _____

State in a concise manner your reasons related to home education and the role these convictions played in your decision to teach your children _____

What are the reasons you selected Cornerstone Christian School for your children? _____

If you are new to home education, have you done any reading to prepare yourself for this type of schooling? _____

If so, what? _____

Did you attend the CHEA Convention this past year? _____ Do you know any families in CCS? _____

Please list those you know _____

In order to further assist you please list below if any of your children have any disabilities:

Child's Name _____ Type of disability _____

What church do you attend? Name _____ City _____

Attend regularly? _____ Members? _____ How long have you been a member? _____

Volunteer jobs at church? _____

Paid jobs at church? _____

We understand that our enrollment is based on our acceptance into HSLDA and Cornerstone Christian School.

I certify that the above information is truthful, complete and accurate:

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Cornerstone Christian School admits students of any race, color, national and ethnic origin