

Student Information

For Applicants Entering Grades K-5

Student Name

Birthdate

Applying for:

GRADE: K 1 2 3 4 5

Sibling Information

Sibling's Name	Birthdate	2012-2013 Grade	Current School	Applying @ CHC? (Yes or No)
Sibling's Name	Birthdate	2012-2013 Grade	Current School	Applying @ CHC? (Yes or No)
Sibling's Name	Birthdate	2012-2013 Grade	Current School	Applying @ CHC? (Yes or No)

Previous School Information

Name of School	School Phone	School Address	City/ST/Zip
Have all financial responsibilities been met at this school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the student eligible to re-enroll at this school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			
May we contact your previous school for references? <input type="checkbox"/> Yes <input type="checkbox"/> No After (date): _____			

Student Academics Information

In order for us to better meet your student's specific needs:

Has your child received any academic and/or psychological testing (i.e. WISC IV or Woodcock-Johnson)? Yes No

If yes, please specify: _____

Is your child currently on a Section 504/Student Service Plan, an IEP, or ILP? No. Yes. If yes, we require a copy of your child's Section 504 plan, or any specialized education plan accompany this form.

As a result of the testing, did your child qualify for placement in a particular program designed to address learning disabilities, gifted and talented achievements, or other learning styles? Yes No

If yes, please explain fully (use back if necessary): _____

Releases and Signatures

I have completed this application to the best of my knowledge.

I affirm that I am the parent and/or legal guardian of Student(s), that I am legally entitled to have custody of and to exercise parental responsibilities over Student(s), and that I have full power and authority to enroll Student(s) at Cherry Hills Christian.

I understand that our submission of this application and its acceptance for review by CHC does not constitute CHC's agreement to enroll the student.

I fully understand and support the mission of CHC: to develop my child in the knowledge and love of Christ-Heart, Soul, Mind, Strength-by helping my child to: learn about and experience God's love; commit his/her life to Jesus Christ as personal Lord and Savior; study the Bible; and pursue intellectual curiosity and academic excellence.

I have read and agree with CHC's foundation and essentials of faith (see inside cover of Enrollment packet).

My signature below releases all Cherry Hills Christian Enrollment Coordinators to both view and process all information about my student, including confidential information such as medical information, immunization records, health status forms and official education transcripts, upon which time such information will then be filed according to policy.

My signature below also communicates my understanding that the confidentiality of any and all information transmitted by facsimile may be compromised.

Agree Disagree



Elementary School

3900 Grace Boulevard
Highlands Ranch, Colorado 80126-7801

PHONE 303.791.5500
ENROLLMENT FAX 303.325.8132
WEB www.CherryHillsChristian.org

Student Information | Page 1 of 1

Parent or Legal Guardian Signature

Date