



Application for Re-Enrollment

Today's Date _____ Academic Year Date _____

Family Name (Parents, First & Last) _____

Address _____ City & Zip _____

Home Phone _____ Cell Phone _____

E-Mail address _____

*Children's Information - Please list **all** children in your family!*

Child's Name - First & Last	Grade in Fall	Is this the student's first year in CCS?

Church Affiliation/Name _____

Are you currently a member of HSLDA? _____

I hereby request enrollment of my child/children listed above as student(s) in the Private School Satellite Program of Cornerstone Christian School. I have read and signed the Application for Re-Enrollment and agree to pay all fees and fulfill all requirements for enrollment.

Signature of Father or Mother _____ Date _____

Cornerstone Christian School admits students regardless of race, color, or national or ethnic origin.