

COASTAL CHRISTIAN HIGH SCHOOL
 709 George Anderson Drive
 Wilmington, NC
 (910) 395-9995 admissions@coastalchristian.net

Student Application 2010-2011

Instructions: Please fill out this application COMPLETELY. An incomplete form will delay enrollment.

SECTION 1 STUDENT INFORMATION New Student Sibling Grade Entering: _____ Date _____

Applicant's Name [Last] _____, [First] _____ [Middle] _____
 Preferred Name _____ Birth Date _____ Gender Male Female
 Address: _____ City _____ State NC Zip _____
 Home Phone () _____ Primary E-Mail Address _____
 Student Social Security # _____ - _____ - _____ Student Driver's Lic. # _____
 Last School Attended _____
 Christian Yes No Church Attendance Weekly Monthly Never
 Church Affiliation _____ Pastor's Name _____ Church Member Yes No
 Payment Plan Full Payment 12 Month (FACTS) Financial Aid

SECTION 2 FAMILY INFORMATION & EMERGENCY CONTACT

| | |
|---|---|
| Father's Name _____ | Mother's Name _____ |
| *Address _____ | * Address _____ |
| *City _____ State _____ Zip _____ | * City _____ State _____ Zip _____ |
| <i>* If different from student</i> | <i>* If different from student</i> |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried |
| Employer _____ | Employer _____ |
| Occupation _____ | Occupation _____ |
| Work Phone _____ | Work Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Preferred E-Mail _____ | Preferred E-Mail _____ |
| Years in High School _____ Years in College _____ | Years in High School _____ Years in College _____ |
| Lives w/student [Y/N] Receives Mail/Billing [Y/N] | Lives w/student [Y/N] Receives Mail/Billing [Y/N] |
| Church Attendance <input type="checkbox"/> Regular <input type="checkbox"/> Seldom <input type="checkbox"/> Never | Church Attendance <input type="checkbox"/> Regular <input type="checkbox"/> Seldom <input type="checkbox"/> Never |

List names, ages, grades and school for all school-aged children in the family

| | | | |
|------------|-----------|-------------|--------------|
| Name _____ | Age _____ | Grade _____ | School _____ |
| Name _____ | Age _____ | Grade _____ | School _____ |
| Name _____ | Age _____ | Grade _____ | School _____ |

| | |
|----------------------------------|----------------------------------|
| Paternal Grandparents Name _____ | E-Mail _____ |
| Mailing Address _____ | City _____ State _____ Zip _____ |
| Maternal Grandparents Name _____ | E-Mail _____ |
| Mailing Address _____ | City _____ State _____ Zip _____ |

| | | |
|--------------------------------------|-------------------------------|--------------------|
| EMERGENCY AND MEDICAL CONTACT | FAMILY PHYSICIAN _____ | PHONE _____ |
| Name #1 _____ | Relationship _____ | PHONE _____ |
| Name #2 _____ | Relationship _____ | PHONE _____ |

Student Name: _____
 (Last) _____, _____
 (First)

OFFICE USE ONLY: App. Date: _____ Status: A C N
 App. Fee Reg. Fee Transcript FACTS
 Med. Form Shot Record Athletic Form New Family Fee

Coastal Christian High School admits students of any race, color, national or ethnic origin. It extends to all the rights, privileges, and opportunities for participation in every study and activity generally accorded or made available to the students of the school. Coastal Christian High School does not discriminate on the basis of race, school policies, scholarships, extra curricular activities or any other school-administered programs.

SECTION 3 PARENT QUESTIONNAIRE

Parent: Please complete this page and submit it with the application.

1. Who recommended CCHS to you? _____

2. What are your academic goals for your child?

3. How do you anticipate that your child will benefit by being at CCHS?

4. How would you describe the spiritual climate of your home?

5. Describe one significant accomplishment your child has made.

6. List the schools the student applicant has attended.
Elementary _____ City _____ State _____
Middle _____ City _____ State _____
High _____ City _____ State _____
Other _____ City _____ State _____

~ []Yes []No Has your child ever repeated a grade? If yes, which grade? _____
Why was the grade repeated? _____

~ []Yes []No Has your child had disciplinary problems in school? If yes, please explain: _____

The following important medical information will help CCHS better serve your child.

~ []Yes []No Pre-mature birth

~ []Yes []No Asthma

~ []Yes []No Food Allergies _____

~ []Yes []No Medical Allergies _____

~ []Yes []No Normal Vision - Date of last eye exam _____ Where? _____

~ []Yes []No Normal Hearing

~ []Yes []No Diagnosed for ADD or ADHD If yes, please attach a copy of the documentation/diagnostics

~ []Yes []No Medicated for ADD or ADHD If yes, identify type of medication _____

~ []Yes []No Immunizations up-to-date

~ []Yes []No Hospitalized in the last 12 months? If yes, briefly explain: _____

~ []Yes []No Diagnosed for depression or other emotional conditions

SECTION 4 STUDENT QUESTIONNAIRE

Student: This questionnaire must be completed by the STUDENT ONLY and submitted with the application.

1. Identify the most positive thing about yourself _____
2. []Yes []No Do you want to be a student at GCHS? Why or Why not? _____

3. What is your favorite subject?_____ What is your hardest subject?_____
4. How do you like to spend your free time?_____
5. What is your favorite television program?_____
6. How often do you go to the movies? Name the last three movies you saw _____
7. Do you have a Facebook or MySpace page?_____ How much time do you spend on the internet?_____
8. Name two of your favorite music groups _____
9. []Yes []No Do you play a musical instrument? If yes, what instrument?_____
10. []Yes []No Have you performed in a choir or music group?
11. []Yes []No Do you play any organized sports? If yes, what do you play?_____
12. []Yes []No Do you consider yourself a Christian? What does being a Christian mean to you?_____
- _____
13. []Yes []No Do you attend church with your parents?
14. []Yes []No Do you regularly attend a church youth group?
15. []Yes []No Do you have Christian friends?
16. []Yes []No Have you ever been on the honor roll?
17. []Yes []No Do you plan to go to college? If so, what college interests you?_____
18. Briefly describe your career interest at this time. _____
19. []Yes []No Do you have a job after school? If so, what is your job?_____
20. What are your home responsibilities?_____
21. []Yes []No Have you ever failed a subject? If so, identify the subject _____
What were the circumstances that resulted in the failure? _____

22. Based on your last report card:
 - ~ What was your highest letter grade?_____ Subject _____
 - ~ What was your lowest letter grade?_____ Subject _____
 - ~ What is your current Grade Point Average?_____
23. []Yes []No Have you ever been suspended from school? If so, why?_____
24. What drugs or alcoholic products have you included in your lifestyle?_____
25. []Yes []No Have you ever used or do you currently use tobacco?
26. []Yes []No Have you ever been arrested or had a traffic violation?
27. What is the hardest thing you have ever had to do?_____
28. How often do you have dinner with your family?_____
29. []Yes []No Did you receive any help answering the above questions? If yes, who assisted you?

With my signature below, I certify that I have answered the above questions honestly and completely.

Student's Signature _____ *Date* _____

SECTION 5 STUDENT WORK SAMPLE

ENGLISH - *Write a complete response to one of the following :*

- A. Identify someone you know *personally* and respect. Tell how you know the person and why you admire him.
- B. Identify and describe the most beautiful place you have ever visited.

COASTAL CHRISTIAN HIGH SCHOOL
709 George Anderson Drive
Wilmington, NC
(910) 395-9995 admissions@coastalchristian.net

SECTION 6

COOPERATIVE AGREEMENT FOR 2010 – 2011

PARENT/GUARDIAN AGREEMENT

Parent/Guardian Name (Print) _____

By signing below I/we acknowledge and agree to cooperate and support the following:

- ~ The policies and procedures stated in the current Parent/Student Handbook
- ~ The administration and teachers by verbal support, voluntary efforts for various school functions, and fervent prayer
- ~ The spiritual success of my child by insuring that he/she actively participates in a local church
- ~ The academic success of my child by insuring that he/she remains current in all class requirements
- ~ The compliance of my child to the student dress code as outlined in the current Parent/Student Handbook
- ~ The timely repayment of all fees and tuition as stated in this application, current Parent/Student Handbook
- ~ The use of my child's picture for official school publications

Parent Signature _____ Date _____

Financially Responsible Party (*if different from parent*) _____

STUDENT AGREEMENT

Student Name (Print) _____

By signing below I acknowledge and agree to fully cooperate in the following areas:

- ~ The policies and procedures stated in the current Parent/Student Handbook (including student dress code, attendance, and discipline policies)
- ~ The CCHS Honor Code
- ~ The demonstration of biblical respect for my parent(s)/guardian(s), the school administration, and teachers both verbally and in action
- ~ The effort to achieve self-discipline in my studies by practicing good study habits at school and at home
- ~ The practice of good stewardship by guarding against abuse or misuse of school facilities, textbooks, and other school equipment
- ~ The success of my fellow students

Student Signature _____ Date _____

| |
|--|
| SECTION 7 LIST OF ADDITIONAL REQUIRED INFORMATION |
|--|

TRANSCRIPT FROM PREVIOUS SCHOOL

COMPLETED MEDICAL FORM

CURRENT SHOT RECORD

TEACHER REFERENCE

PASTOR REFERENCE