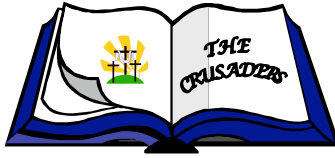


# CHRIST THE CORNERSTONE ACADEMY

9028 Westmore Road  
San Diego, CA 92126



School (858) 566-1741  
Church (858) 566-1860  
Accounting (858) 586-0027  
FAX (858) 566-1965

## ENROLLMENT APPLICATION 2009 - 2010

Date of Application \_\_\_\_\_ Start Date \_\_\_\_\_ GRADE \_\_\_\_\_

Re-Enrollment [ ] New Enrollment [ ] PRESCHOOL # OF DAYS \_\_\_\_\_ FULL DAY \_\_\_\_\_ 1/2 DAY \_\_\_\_\_

### STUDENT PROFILE

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male [ ] Female [ ]

Student's Home Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Church Membership \_\_\_\_\_ Baptized: Yes [ ] No [ ] Date of Baptism \_\_\_\_\_  
Name of Church

Church Denomination \_\_\_\_\_ Attendance: Regular [ ] Occasional [ ] Seldom [ ]

Race: (For statistical Purposes only) American Indian [ ] Asian [ ] African American [ ] Caucasian [ ] Hispanic [ ] Other [ ] \_\_\_\_\_

Special Educational Needs (reading, speech, etc.) \_\_\_\_\_

Physical Handicaps or Limitations (glasses/vision, hearing, etc.) \_\_\_\_\_

Doctor involved \_\_\_\_\_ Phone # \_\_\_\_\_

Emotional or Psychological Needs (past or present treatment) \_\_\_\_\_

Doctor involved \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies, Asthma, Allergic Reactions, etc. \_\_\_\_\_

Medications \_\_\_\_\_

Doctor involved \_\_\_\_\_ Phone # \_\_\_\_\_

Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, etc.? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Acceptance of this application does not guarantee enrollment.

