

129 Route 28 Mountainside • Ossipee, New Hampshire 03864

TEL: 603.539.8636 • EMAIL: info@cornerstoneca.net

Application for Admission: Grade K - 8

Enrollment Fee: \$100. Today's Date

Student Information					
Student's Name	Student's Age	Date of Birth			
Nickname	Citizenship	Home Phone			
Intended Start Date	School Year	Grade			
Mailing Address	Street Address				
Race: Please circle one (Requested for State of NH reports)	•				
Native American / Native Alaskan / Asian / Hispanic / Black Non-Hispanic / White Non-Hispanic					
Family In	formation				
Father's Name	Mother's Name				
Address	Address				
Phone #	Phone #				
Email	Email				
Does your family attend church?	If so, where?				
Occupation	Occupation				
Cecapation		Cecapation			
Employer	Employer				
Employer Address	Employer Address				
Do you have a custody agreement in place? If so:					
With whom does the child reside?	Relationship				
Who has legal custody of the child?	Relationship				

of that parent/step-parent. Name			Address		
Name			Address		
List any other children and/or siblings Name	in the family/household:	Date of Birth	Grade		
			0.000		
School		Relationship to applicant			
Name		Date of Birth	Grade		
School		Relationship to applicant			
3011001		Relatio	manip to applicant		
Name		Date of Birth	Grade		
School		Relatio	onship to applicant		
School Background Please list all schools that the student has attended.					
School	Address		Phone		
Dates Attende	Dates Attended		Grades Completed		
School	Add	ress	Phone		
Dates Attende	od Gra		des Completed		
Dates Attended		0.0	aco completed		
School	Add	ress	Phone		
Dates Attended		Grades Completed			
Has the student ever received a failing grade?		Yes / No			
(If so, please explain)					
Has the student ever repeated a grade? (If so, please explain)		Yes / No			
(ii so) picase explain)					

If the child has a parent or a step-parent who does not live with them, kindly provide us with the name and address

Has the student ever been suspended, expelled, or asked to withdraw from a school? Yes / No (If so, please explain on a separate sheet, including the principal's name and the name and address of the school.)

Is your child currently	involved with any special programs o	r receiving any specia	al services from your			
school district?	Yes / No	Private Source?				
(If so, please provide of	documentation of testing which was d	one to qualify your c	hild.)			
Has the child ever had						
List any organizations, sports, hobbies, etc., in which the student is interested.						
List any organizations, sports, mossies, etc., in which the stadent is interested.						
Does the child have any physical or emotional disabilities which may affect his/her schooling?						
	7 - 7		J			
Has the child ever bee	en diagnosed with ADD, ADHD, or auti	sm?				
	, , , , , , , , , , , , , , , , , , , ,					
Does the child require	e any type of ongoing medication?					
•	ails regarding dosages, etc.)					
()						
State in detail why you wish to send your child to Cornerstone and how your child honestly feels about enrolling.						
State in detail willy you wish to send your child to cornerstone and now your child honestly reels about emolling.						
Please attach docume	entation for the following:					
A copy of the child's birth certificate						
A copy of the child's birth certificate						

A copy of the child's birth certificate Any child custody provisions Any Special Education testing A copy of the child's IEP or 504 plan

Cornerstone Christian Academy of Ossipee, NH admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities available to students at the school. It does not discriminate on the basis of administration policies, scholarship or loan programs, and all other school-administered programs.