

Signature of Father

COMMUNITY CHRISTIAN SCHOOL

PO Box 780 • 2701 East Kenwood St • Siloam Springs, AR 72761 PHONE: (479) 549-4141 • FAX: (888) 349-8621

EMAIL: info@ccs-siloam.com • WEBSITE: www.ccs-siloam.com

Homeschool Enrollment Application

Student/Family Information			
Name of Student	Gender Dat	e of Birth	
Age Grade			
Name of Custodial Parents		Date//	
Home Address	City/State	Zip	
Home Phone Father's Cell	Mother'	s Cell	_
Can receive messages via text? Yes ☐ No ☐ E	mail		
If there are any changes concerning address, phone #, etc. please notify the sch	ool office at 479-549-4141		
General Information			
How did you hear about this school?			
Reason for selecting this school?			
Application must be filled out completely before it can be p	rocessed. Registratio	n and Testing fees must	
accompany Application and are not refundable.			
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Signature of Mother

Date