



COASTAL CHRISTIAN PREPARATORY SCHOOL

681 McCants Drive Mount Pleasant, South Carolina 29464
(843) 884-3663 Phone * www.coastalchristian.org * (843) 884-9608 Fax

Office Use Only:	
Sally contacted	_____
In RenWeb	_____
Principal called	_____
Principal Interview	_____
Notes/Accepted in RenWeb	_____

Family / Student Application Form

How did you hear about us? _____

Date _____ School Year Interested In _____

PLEASE PRINT:

Student's Name _____ Grade Interested In _____

Nickname _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Information:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Email address _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Email address _____

Please answer the following questions about your student:

Why are you considering Coastal Christian Preparatory School for your child's education?

Name of last school/pre-school attended.

Has the student been retained in any grade? Yes _____ No _____ If yes, what grade? _____

Has the student ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special learning, substance abuse, therapeutic, etc.)?

Please provide details: _____

Has the student undergone educational evaluation or received professional, psychological or personal counseling?

Please provide details and attach a copy of results:

Has the student undergone evaluations/interventions outside of the school setting (including, but not limited to: occupational therapy, speech and language therapy, learning specialist)?

Please provide details and attach current IEP, if applicable:

Has there been disciplinary or other adverse action at a previous school or child care center resulting in probation, suspension, or dismissal?

Please provide details, including name of school, year, and contact person for further information:

List activities in which the student is involved. Include level of participation and length of involvement, awards, distinctions, other interests, and hobbies.

To be prepared to set up a shadowing date, please complete the following:

Please list all medical diagnoses, allergies, and medications your child is currently taking:

In case of accident or serious illness, I request the school to contact me or those listed above if I cannot be reached. If the school is unable to reach one of us, I hereby authorize the school to obtain the necessary medical care for my child's safety and well-being.

I authorize the release of my child's recommendations and records as requested by the Admissions office at CCPS. I will not seek access to confidential recommendation and evaluation materials before, during or after the admission decision is made.

Signature of parent or guardian _____

Coastal Christian Preparatory School accepts all qualified students regardless of race, color, or national origin. All students are afforded the same rights and privileges as provided by the school.