

School Year \_\_\_\_/\_\_\_\_  
Grade \_\_\_\_\_

Date \_\_\_\_\_  
Test \_\_\_\_\_ Reg \_\_\_\_\_



# College Heights Christian School

6360 Telephone Road, Ventura, California 93003  
(805) 658-2900/FAX (805)658-2959

## APPLICATION FOR ENROLLMENT

NAME (Legal) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you wish to receive information via E-mail medium?

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ (Check one) give consent for my phone number(s) to be distributed within the school (i.e. birthday parties, field trips, carpooling.)

Child lives with (circle all that apply): Father / Mother / Stepfather / Stepmother / Guardian

His/Her Name: _____	Relationship: _____
Occupation: _____	Employer: _____
Marital Status: _____	Work Phone: _____
Home Phone: _____	Cell Phone/Pager: _____
Church Attending: _____	

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Occupation: _____	Employer: _____
Marital Status: _____	Work Phone: _____
Home Phone: _____	Cell Phone/Pager: _____
Church Attending: _____	

School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

I agree that College Heights Christian School has the authority to discipline my child if the need arises.  
Note: CHCS does not endorse corporal punishment.

Signature(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

