

Churchville Christian School

2024-2025 Application to Homeschooling Program

Names of Parents or Guardians: _____

Street & Street Number _____ City _____ Zip _____ County of Residence _____

*Best Contact Phone #	Additional Phone # (Not Required)
*Best Time of Day to Contact You:	E-mail Address: (Please Print this clearly)
Date you will be Starting to Homeschool?	Note: Email is our primary way of contact: When possible, please email first. Always include your CCS Family ID # after one is assigned to your family.

Has your family ever been enrolled with CCS in the past? _____ Previous CCS Family ID# _____

Name and address of the last school your children attended. _____

If you are currently homeschooling, how long? _____ How did you hear about CCS? _____

Your Home Church (optional) _____ Are you a member of Home School Legal Defense? _____

Please briefly describe the Course Material Plan you intend to use on the back side of this application. Please note if you are using a prepared curriculum, designing your own, or both.

Please list questions, if any, you would like to discuss with CCS during a phone conference. _____

Student Information			
Student's Full Name	Date of Birth	Grade Level	Gender (M/F)
1.			
2.			
3.			
4.			

Confirmation of Application
In making application to Churchville Christian School, we acknowledge that we have read, and agree to abide by, the CCS Policies. <i>Signature of Parent or Guardian:</i> _____

New Enrollment Fee \$95.00, Due with this Application

Please make Check or Money Order payable to Churchville Christian School.
Or Pay Online at the www.ChurchvilleChristianSchool.org

Mail to: Churchville Christian School, PO Box 534, Churchville MD 21028

Online Payment Info Here:
