

Churchville Christian School
2025-2026 Application to Homeschooling Program
Email: Admin@ChurchvilleChristianSchool.org

Names of Parents or Guardians: _____

Street & Street Number

City

Zip

County of Residence

*Cell Phone (*Number may also be used for Texting*)

E-Mail Address: **PLEASE PRINT CLEARLY.**

Email is our primary means of correspondence. When contacting by Phone or Email please include your assigned CCS Family ID #.

What date do you plan to start Homeschooling? _____ Has your family been enrolled with CCS in the past? _____

Please use the Homeschool Course Material Plan to **BRIEFLY DESCRIBE** your student's curriculum outline.

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? _____

Have you filed a Homeschool Notification Form with your County's Board of Education? _____ Please keep a copy for your records.

Please note that refunds are not offered due to the processing time required for database entry, group listing, hardcopy records, and county notification. Before enrolling, please ensure your commitment to homeschooling with CCS.

Do you fully understand the Portfolio Process with Churchville Christian School? _____ If you have questions please note below.

What is the name of the last School, or Umbrella that your children were enrolled with? _____

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.

Signature of Parent or Guardian: _____

New Enrollment Fee of \$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 Order Number:
