



**CORNERSTONE CHRISTIAN SCHOOL**  
 "...with Jesus Christ himself as the chief cornerstone."  
 -Ephesians 2:20

# Cornerstone Christian School

A ministry of Gracepoint Gospel Fellowship  
 384 New Hempstead Road • New City, NY 10956 • www.ccsny.org  
 PHONE: (845)637-3439 • FAX: (845)634-1885

## UPK Student Application

**Application Fee of \$150**

### Applicant Information *(Please print all information)*

APPLYING FOR GRADE \_\_\_\_\_ STARTING DATE \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address (Number, Street, Apt.#) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ School District of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City and State) \_\_\_\_\_

<b>For office use only:</b> / / Date Application rec'd. / / Date Application fee paid <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____
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Present School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

<b>PLEASE CHECK ALL THAT APPLY (These questions are optional):</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> Caucasian <input type="checkbox"/> Female <input type="checkbox"/> Hispanic <input type="checkbox"/> Male <input type="checkbox"/> Other Language(s) spoken most often at home: _____
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List all schools previously attended (most recent first):

Name of School	Address	Grade(s) Attended	Year(s) Attended	Principal

Has student repeated a grade? \_\_\_\_\_ If yes, which grade and why? \_\_\_\_\_

# Family Information

## Father/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
# \_\_\_\_\_ Street \_\_\_\_\_ (APT #) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Business phone # (\_\_\_\_\_) \_\_\_\_\_

## Mother/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_  
# \_\_\_\_\_ Street \_\_\_\_\_ (APT #) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Business phone # (\_\_\_\_\_) \_\_\_\_\_

Name	Date of Birth	Current School	Current grade or highest grade completed in school

*List the names of all your children:*

**APPLICANT LIVES WITH:**

Both parents    Mother    Father    Other \_\_\_\_\_

For all school contacts, indicate primary e-mail \_\_\_\_\_

What would you like the Cornerstone Christian School to know about your child? Please include his/her strengths, weaknesses, greatest gifts, passions, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want your child to attend Cornerstone Christian School?

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Cornerstone Christian School?**

Friend/Relative: \_\_\_\_\_ Current CCS Family?    Yes    No  
Name

Open House    Website    Social Media    Newspaper/Advertising    Other \_\_\_\_\_