



Cecil Classical Charter School Application for Enrollment

(A separate application is required for each child. Please print.)

Grade applying for 2027-2028 (circle one): K 1 2 3 4 5 School year applying for: _____

Student: First Name _____ Middle _____ Last Name _____

Birthdate: (Month) _____ / (Day) _____ / (Year) _____ Sex: ___ Male ___ Female

Mailing Address (No PO Box): _____

Home Address (if different): _____

1. Parent/Guardian Name: _____

Relationship to child: _____ Phone Number: _____

Email: _____

2. Parent/Guardian Name: _____

Relationship to child: _____ Phone Number: _____

Email: _____

Siblings that currently attend CCCS: Name & Grade _____

Name and Grade: _____ Name & Grade: _____

If Parent/Guardian of student is an employee of CCCS or a Founder, provide name and position.

Name: _____ Position: _____

By submitting this application:

- I understand that parental involvement is a part of CCCS' foundation, and I agree to be an active participant in my student's education.
- I understand that should there be more applicants than available seats, my child will be enrolled in a lottery pool.
- I understand that all parents and students enrolled in CCCS will be required to sign a copy of the Parent/Student Handbook.

Parent/Guardian Signature _____ Date _____

Website: CecilClassicalCharterSchool.org Email: info@CecilCharter.org

Believe, Achieve, Succeed