Cecil Classical Charter School Application for Enrollment

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

Grade applying for 2028-2029 (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 the Parent/Guardian of the 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 _____