

Community Country Day School
5800 Old Zuck Road
Erie, PA 16506
Phone: 814-833-7933 Fax: 814-835-2250
www.ccdserie.com

Date: _____

Student's Full Name: _____

Street Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Birth Place: _____ Age _____

Current Grade: _____ Social Security Number: _____

Father's Name: _____ Father's Address: _____

Mother's Name: _____ Mother's Address: _____

What, if any, physical handicaps does the student have? _____

How well does the student get along with immediate family members? _____

How well does the student get along with his/her teachers? _____

How is the student's attitude toward school? _____

Please check all of the following that apply:

- My child has an IEP
- My child has Asthma, Eczema, or allergies
- My child has received Professional counseling/Mental Health Services
- My child is receiving or has received services from one or more of the following agencies:

- Office of Children and Youth
- Drug and Alcohol Counseling
- Juvenile Justice
- Mental Retardation Office

FOR ADDITIONAL INFORMATION PLEASE VISIT OUR WEBSITE

www.ccdserie.com

For office use only:

Date Application was received _____

Date/time called for initial interview _____

Date/time for initial interview _____

Date/time follow up interview _____

Student _____ Accepted _____ Declined _____

Community Country Day School- Education Beyond Expectation

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