



2026-27 APPLICATION FOR ADMISSION

Christus Classical School seeks to foster a love of learning in students through wisdom and virtue by partnering with parents to raise men and women who create a culture for the glory of God in their homes and in the world.

Mailing Address: 1744 Morgan Heights Road, Carthage, MO 64836
Phone: 937-409-8687 Website: www.christusclassicalschool.com

Personal Information

Student's Full Name _____
Last First Middle Preferred Name

Date of Birth ____/____/____ Grade Applying for ____ Year ____

Father/Male Guardian's Name _____

Daytime Phone _____ Cell Phone _____ Other _____

Employer _____ Email Address _____

Mother/Female Guardian's Name _____

Daytime Phone _____ Cell Phone _____ Other _____

Employer _____ Email Address _____

List other children under 18 years of age living with the family.

| | | |
|------|-------|------------------|
| Name | Grade | School Attending |
| Name | Grade | School Attending |
| Name | Grade | School Attending |
| Name | Grade | School Attending |

Student resides with: (check all that apply) ☐ Father ☐ Mother ☐ Grandparents ☐ Step-Parent ☐ Guardian

Mail addressed to: Mr./Mrs./Ms./Rev./Dr./Drs. _____

Street Address _____

City _____ State _____ Zip _____

How did you first learn of Christus Classical School? Please check all that apply:

☐ Social Media ☐ Interest Meeting ☐ Postcard ☐ Other - Please List _____

☐ Referral by a CCS family. Please list name _____

Student Information

Current Grade in School _____ What school does the student presently attend? _____

Other schools attended (beginning with kindergarten):

| | | | |
|------|---------|------|-------|
| Name | Address | City | State |
| Name | Address | City | State |

Student is changing schools ☐ Voluntarily ☐ Involuntarily (Please Explain)

Has your child ever repeated a grade? ☐ Yes (Please Explain) ☐ No

Has your child ever been expelled or suspended? ☐ Yes (Please Explain) ☐ No

Has your child ever been tested for a learning difference, or been placed on an Individual Educational Plan (IEP)?

☐ Yes (Please attach a copy of test results, and/or IEP, and explain below.) ☐ No

Christus Classical School desires to provide the best education possible for students who are admitted. Due to staffing, funding, and facility limitations, some children are not admitted because the school cannot adequately provide for their learning needs. The nature of the school curriculum necessitates that children who have been diagnosed with learning differences must be able to meet the same academic standards as all other children in their grade level. Children with physical/motor limitations who may require special provisions will be considered for admission on a case-by-case basis.

Describe your child to us. Please comment on your child's personality, interests, and favorite activities apart from school.

Describe your child's academic interests, homework habits, and work ethic.

Give a brief medical history of applicant, identifying any serious illnesses (physical or mental) or injuries of which the school should be aware. List any emotional or medical treatments, or physical handicaps which may affect student's activities so we can serve your child better.

Is there anything else of which we should be aware to help us know your child better?

Parent Questionnaire

Please describe your primary reasons for seeking admission for your child to Christus Classical School. Which of these reasons is most important to you and why?

In what ways should parents participate in the education and school life of their child?

In what ways do you incorporate your faith in your family's daily activities?

Thinking ahead to your child's graduation at Christus Classical School, what would be your greatest hopes for how this school has influenced your child?

Christus Classical School is distinct in its adherence to a Christian, classical model of education. What is your understanding of Christian, classical education?

Church Affiliation

Father

| | | |
|------------------------------------|-------------------|----------------------|
| Name of Church | Are you a member? | Name(s) of Pastor(s) |
| Involvement in Special Activities: | | |

Mother

| | | |
|------------------------------------|-------------------|----------------------|
| Name of Church | Are you a member? | Name(s) of Pastor(s) |
| Involvement in Special Activities: | | |

Student

| | | |
|------------------------------------|-------------------|----------------------|
| Name of Church | Are you a member? | Name(s) of Pastor(s) |
| Involvement in Special Activities: | | |

Statement of Personal Christian Experience and Faith

In order to fulfill the mission of Christus Classical School, it is essential that at least one parent or guardian be a professing Christian. In the space below, please describe your belief in and relationship with Jesus Christ.

Father

Mother

References

Please provide one personal reference and a pastoral reference.

Personal Reference

First and Last Name

Phone Number

Email

Pastoral Reference

First and Last Name

Phone Number

Email

Application Agreement

We/I certify that the information given on this application is factual and true and based on our/my agreement with the mission and academic philosophy of Christus Classical School.

Signed

Date

Signed

Date

Submission

If you've completed this application as a fillable PDF, email it to office@christusclassicalschool.com.

If you've completed this application by hand, mail it to:

Christus Classical School
1744 West Morgan Heights Road
Carthage, MO 64836