



CCCS Family Information Update Form

Returning students that were enrolled at Cross Creek in the 2009-2010 academic year should complete the following information to make sure our records are up-to-date.

Date: _____

Registering for: University Model Classes Total Home Education Program T. H. E. w/ plans

Student(s) Full Name: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Family E-mail: _____

Date of Birth: _____ Age: _____ Sex: _____ Grade Applying For: _____

Father/Guardian's Name: _____

Employer: _____ Job Title: _____

Business Phone: _____ Cell Phone: _____

Mother/Guardian's Name: _____

Employer: _____ Job Title: _____

Business Phone: _____ Cell Phone: _____

Which parent will be the **teaching parent**? _____