



# Central Christian School

## Student Preview Day Form

1910 E. 30<sup>th</sup> Avenue  
Hutchinson, KS 67502  
www.cougarsccs.com  
(620) 663-2174

We welcome prospective students to visit our campus and preview CCS for a day. During a preview day, students are paired with a current student, have an opportunity to observe classes, meet the teachers, talk with other students, and get a feel for the school. If possible, we recommend visiting on a Tuesday to experience our chapel day.

To participate in a preview day, please do the following:

- 1. A parent should contact the Director or Admissions & Marketing, Amber Osner, at (620) 663-2174 or email [aosner@cougarsccs.com](mailto:aosner@cougarsccs.com) to arrange for a visit.**
2. Download and complete this form and return it to the front office or email it to Amber Osner. A full school day begins at 8:00 a.m. and ends at 3:30 p.m. A half day is 8:00 a.m. to 1:00 p.m.

Student name \_\_\_\_\_ Visit date \_\_\_\_\_

Full-day visit? Yes No      Half-day visit? Yes No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Name of parent (s) \_\_\_\_\_ Parent email \_\_\_\_\_

Parent cell phone \_\_\_\_\_

Current grade of student \_\_\_\_\_ Current school attending \_\_\_\_\_

Church involvement \_\_\_\_\_

Does the student have someone in particular he/she would like to have as a host? \_\_\_\_\_

If so, we will try to make that arrangement.

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance provider \_\_\_\_\_ ID# \_\_\_\_\_

Any medical conditions, allergies, or medications we should know about? Yes No

If Yes, please explain: \_\_\_\_\_

In the event a parent cannot be reached in an emergency, I hereby give a school official permission to take my/our child to the nearest hospital for treatment while attempting to reach a parent. I agree to hold such person harmless and free of any legal responsibility of any claims, demands, or suit from damages arising from this action.

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date)

***A PARENT/GUARDIAN SIGNATURE IS REQUIRED.***