



School Year _____

Student's Information

Student's Name: _____
 Last First Middle Suffix

Preferred Name: _____ Title _____ Grade Level: _____

Date of Birth: _____ Gender: _____ SSN: _____

Race: _____ Blood Type: _____ Church Affiliation: _____

E-Mail Address: _____

Primary Family Information

Address Line 1: _____

Address Line 2: _____

_____ City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____
 Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____ Emergency Contact:
 Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information

Mother's Name: _____
 Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____ Emergency Contact:
 Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

OTHER CHILDREN IN THE HOME (list sex & ages) _____

HAS YOUR CHILD EVER BEEN DISMISSED FROM ANY OTHER SCHOOL? (If so, please explain)

HAS YOUR CHILD HAD ANY DISCIPLINARY DIFFICULTY IN SCHOOL? (If so, please explain)

HAS YOUR CHILD BEEN DIAGNOSED AS HAVING A LEARNING DISABILITY? (If so, please explain)

HAS YOUR CHILD BEEN RETAINED IN A GRADE? (If so, please explain)

PLEASE CHECK THE PERSONALITY TRAITS, WHICH BEST DESCRIBE THIS CHILD:

well behaved poised bashful congenial
 responsible temperamental aggressive domineering

other, explain _____

DESCRIBE ANY HABITS THIS CHILD MAY NEED HELP IN OVERCOMING:

FAMILY CHURCH YOU ATTEND: _____

DOES YOUR CHILD ATTEND SUNDAY SCHOOL REGULARLY? _____

CAN YOU RECALL A TIME WHEN YOU PERSONALLY RECOGNIZED YOUR SINFUL CONDITION AND ACCEPTED JESUS CHRIST AS YOUR SAVIOR AND LORD?

FATHER _____ MOTHER _____ STUDENT _____

WHY DO YOU DESIRE TO ENROLL YOUR CHILD IN A CHRISTIAN SCHOOL?

***THIS APPLICATION DOES NOT ASSURE FINAL ENROLLMENT. IT PROVIDES INFORMATION UPON WHICH A DECISION WILL BE MADE.**

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Secondary Family Information

Address Line 1: _____

Address Line 2: _____

City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____

Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:
Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information

Mother's Name: _____

Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:
Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____