



APPLICATION FOR ADMISSION

APPLICANT

APPLYING FOR GRADE: _____

Applicant's Full Name: _____ Male: _____ Female: _____
First Middle Last

Preferred First Name: _____ Date of Birth: ____ / ____ / ____ Age: ____

Applicant's Social Security Number: ____ - ____ - ____ Country of Citizenship: _____

Home Address: _____
Street City State Zip Code

Home Phone: (____) ____ - ____ Family E-mail: _____

FAMILY INFORMATION

Applicant lives with (Check any that apply):

____ Father ____ Stepfather
____ Mother ____ Stepmother
____ Other

Check any that apply:

____ Parents are married
____ Parents are separated
____ Parents are divorced
____ Joint Custody
____ Father has custody
____ Mother has custody
____ Mother is deceased
____ Father is deceased

FATHER

Title/Name: _____

Address: _____

City State Zip

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Occupation/Title: _____

Business Name: _____

Address: _____

City State Zip

Business Phone: (____) ____ - ____

Business E-mail: _____

Church Membership: _____

MOTHER

Title/Name: _____

Address: _____

City State Zip

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Occupation/Title: _____

Business Name: _____

Address: _____

City State Zip

Business Phone: (____) ____ - ____

Business E-mail: _____

Church Membership: _____



SIBLINGS

Names of brothers and/or sisters	Age	Grade	School currently attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENTS

Paternal			Maternal		
Titles	First Names	Last Names	Titles	First Names	Last Names
Address: _____			Address: _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		

APPLICANT'S ACADEMIC INFORMATION

Current School: _____ Phone: (____) _____

Street	City	State	Zip Code
Previous School: _____	attended from _____ to _____	Reason for Leaving _____	
Previous School: _____	attended from _____ to _____	Reason for Leaving _____	
Previous School: _____	attended from _____ to _____	Reason for Leaving _____	

Has the applicant ever qualified for gifted? Yes No If yes, please provide a copy of the psycho- educational evaluation.

Has the applicant ever repeated a grade? Yes No If yes, please explain which grade and why.

Has the applicant ever skipped a grade? Yes No If yes, please explain which grade and why.

Has the applicant ever been evaluated for academic, speech, language, sensory integration, physical, behavior, emotional or attention difficulties by a school official, psychologist, physician or other professional? Yes No If yes, please state condition _____ and attach a copy of the evaluation report and/or diagnostic results to this application.

Has the applicant ever been suspended, expelled or asked to withdraw from any school for any reason?

Yes No If yes, please explain. _____



MEDICAL INFORMATION

Has the applicant ever been diagnosed with a medical condition?

Yes No If yes, please explain. _____

Does the applicant take any prescription medication?

Yes No If yes, please explain. _____

Please describe any requirements (physical, mental, emotional) applicant has that may need accommodation in an educational environment. _____

PARENT QUESTIONNAIRE

1. How did you learn about The Christ School? _____

2. Why do you want the applicant to attend The Christ School? _____

3. Describe the applicant's character and personality. _____

4. What are your expectations of The Christ School? _____

By signing this application, we the parents or guardians of this applicant affirm that we have given completely truthful information herein. We understand that any false statement within this application may result in withdrawal of acceptance.

Signature of Parent or Guardian

Date: _____

Signature of Parent or Guardian

Date: _____

The Christ School maintains an open admission policy and does not discriminate on the basis of race, color, gender, religion, national or ethnic origin.