

# Admission Application

## Family of Christ Christian School Elementary/ Middle School

New Enrollment  Returning Student

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Entering Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Ethnic Group:  Caucasian  Black  Asian  Hispanic  Pacific Islander  American Indian

Other: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Other Children:

Name	Date of Birth	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parents/Guardians:** (In case of separation or divorce, if legal custody is held by both parents both, addresses **MUST** be listed.)

Parents are:  Married  Separated  Divorced

Legally Custody of student:  Both parents  Mother  Father  Legal Guardian(s)

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Employment Information:

Mother/Guardian's Occupation: \_\_\_\_\_

Company Name, Address, Phone: \_\_\_\_\_

Father/Guardian's Occupation: \_\_\_\_\_

Company Name, Address, Phone: \_\_\_\_\_

**Emergency Contact People: (to whom a student may be released)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Individual History:**

Has your child ever been evaluated for a special needs program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been placed in a special needs program? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

If yes, date of placement: \_\_\_\_\_ Title of Program: \_\_\_\_\_

\_\_\_\_\_

Nature of special needs: \_\_\_\_\_

Has your child ever been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which grade? \_\_\_\_\_

Has your child ever been suspended from school, or subject to other discipline concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the circumstances and the consequences issued by the school.

\_\_\_\_\_

Are there any medical conditions, injuries, illnesses, and/or allergies of which we need to be aware? Please list:

\_\_\_\_\_

Is your child under the care of a physician/psychiatrist for any condition? \_\_\_\_\_

Is your child on any medications? If so, please list: \_\_\_\_\_

\_\_\_\_\_

**I/We, hereby apply for admission to Family of Christ Christian School for the above child, and have enclosed the \$200 non-refundable registration fee per child. The school reserves the right to determine the placement of an applicant into a grade level deemed most appropriate.**

**Mother/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_