



# STUDENT APPLICATION

## STUDENT INFORMATION

Date \_\_\_\_\_ Term \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Dad  Mom (check one)

Sex (check one):  Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address of Last School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Emergency telephone number, other than those already listed:

Marital Status:  Married  Widow  Divorced  Separated

Children in family of school age if not applying:

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

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

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

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

Reason they are not applying: \_\_\_\_\_

**RELIGIOUS INFORMATION**

Church Attending: \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the father a Christian?  Yes  No                      Is the mother a Christian?  Yes  No

Has applicant ever made a profession of faith in Christ?  Yes  No

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_

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

Does child have any physical defects or allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has child received immunizations:  Diphtheria  Small Pox  Polio

**SCHOLASTIC INFORMATION**

Has student ever been expelled, dismissed, suspended, or refused admission to another school?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever had a disciplinary difficulty at school?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has student ever used tobacco or drugs of any kind?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please indicate academic level of student's previous work:  Excellent  Good  Average  Poor

Has child ever failed an academic subject in school?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school? \_\_\_\_\_

**AGREEMENT**

I have read the informational materials furnished and agree to insist that my child submit to the program, academic and disciplinary regulations, and all other requirements instituted by the Administration and carried out by the Principal and Faculty.

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be filled out completely before it can be processed. Application, Registration, and Testing Fees of \$\_\_\_\_\_ must accompany application and is not refundable. An interview with the parents and the child will be required before final acceptance.

OFFICE USE ONLY:
Received: _____
Interview: _____ By: _____ Status: _____
Transcript Request: _____
Transcript Received: _____