

CHRISTIAN HILLS SCHOOL

STUDENT APPLICATION

Grade Entering: K3 K4 K5 1 2 3 4 5 6 7 8 Entrance Date _____

For K3 and K4 ONLY: 3, ½ days 3, full days 5, ½ days 5, full days

1. Legal name of child _____

Gender M or F Birth date _____

2. Address _____

City _____ Zip code _____

3. Primary Language Spoken in Home: _____ Ethnicity _____

4. Please list parent information below:

MOTHER	FATHER
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home: _____	Home: _____
Cell: _____	Cell: _____
Work: _____	Work: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
Marital Status: Married _____ Single _____ Widowed _____ Divorced _____ Separated _____ Remarried _____	Marital Status: Married _____ Single _____ Widowed _____ Divorced _____ Separated _____ Remarried _____

5. Names and ages of siblings other than the applicant:

SIBLING NAME	AGE	GRADE (if applicable)	SCHOOL ATTENDING

6. School District # in which child resides _____

7. Name and address of church where child attends: _____

8. List all previous schools attended:

SCHOOL NAME	ADDRESS	GRADE	YEAR

9. How does he/she participate in learning activities at school?

eagerly accepting passively reluctantly

10. Briefly describe strong areas or special interests of your child:

11. Briefly describe your child's extracurricular activities and interests:

12. Has your child ever received a failing grade in any subject? Please explain: _____

13. Has your child ever repeated a grade? Yes No If yes, please explain: _____

14. Has your child ever been suspended or expelled from any school in the past? Yes No

If yes, please explain: _____

15. Are there any learning/behavioral/emotional or social conditions which have affected or may affect your child's school life? Please check applicable areas. If yes, please explain and provide documentation where necessary.

Dyslexia

ADD (Attention Deficit Disorder)

ADHD (with Hyperactivity)

BD (Behavior Disorder)

Spectrum Disorder (Asperger's,
Autism, Sensory, etc.)

Specific Learning Disability

Remedial Reading (Chapter 1)

Speech/Language Services

Physical Therapy

Occupational Therapy

Anxiety

Other – Please specify _____

16. Have you ever been referred for a Special Education or Speech Evaluation? Please explain when and why _____

17. Has your child ever been enrolled in a gifted program or taken advanced classes? Yes No

If yes, please explain: _____

18. Has this student skipped a grade? _____ If yes, which grade? _____

MEDICAL PRE-CONSENT

IF AN EMERGENCY ARISES WITH MY CHILD, CHRISTIAN HILLS SCHOOL HAS MY PERMISSION TO APPLY EMERGENCY FIRST AID DEEMED NECESSARY, AS WELL AS MOVE MY CHILD TO A HOSPITAL AND GIVE PHYSICAL CHARGE OVER MEDICAL TREATMENT OR PRECEDURES DEEMED NECESSARY.

SIGNATURE OF PARENT OR GUARDIAN _____

KNOWN ALLERGIES _____

CHILD'S PHYSICIAN _____ PHYSICIAN'S PHONE # _____

INSURANCE COMPANY _____ GROUP or ID # _____

19. Please list at least three persons other than your spouse who could pick up your child within 30 minutes if an emergency arises if you or your spouse is unable to be reached.

NAME	RELATIONSHIP	PHONE	CELL
1.			
2.			
3.			

20. Does your child wear glasses or contacts? Yes ___ No ___
If yes, check one: always ___ for reading ___ for distance ___
Does your child have any color blindness? Yes ___ No ___ If yes, explain: _____

21. Does your child have a history of ear infections or hearing difficulties? Yes ___ No ___
If yes, please explain: _____

22. Does your child have any allergies or medical conditions? If yes, please list along with medications, if any:

Needed at school? Yes ___ No ___

23. Are there any health conditions which have affected or may affect your child's school life? _____

24. Why do you want your child or children to attend Christian Hills School? _____

25. How did you hear about Christian Hills School?

___ Current Family ___ Teacher/Staff ___ Website ___ Open House ___ Other _____

26. If your child is coming from a private school or daycare, have all financial obligations been taken care of to the satisfaction of the former school or daycare? Yes ___ No ___

WE, (I), THE UNDERSIGNED HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY, HONESTLY, AND ACCURATELY. WE, (I), REALIZE THAT ANY MISREPRESENTATION OF THE ABOVE INFORMATION WILL BE GROUNDS FOR CHRISTIAN HILLS SCHOOL TO TERMINATE ANY AND ALL AGREEMENTS WITH US, (ME), FOR THE EDUCATION OF OUR, (MY), CHILD AND COULD MEAN THE FORFEITING OF FEES AND TUITION PAID. WE, (I), GIVE CHRISTIAN HILLS SCHOOL PERMISSION TO CONTACT PAST PRINCIPALS AND TEACHERS, AS WELL AS OUR (MY) CHURCH, TO VERIFY THE ABOVE INFORMATION.

Father's Signature

Date

Mother's Signature

Date

Guardian's Signature

Date