

CHRISTIAN HILLS CHURCH 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. List all previous schools attended.

SCHOOL NAME	ADDRESS	GRADE	YEAR

6. School District # in which child resides _____

7. Name and address of church where child attends _____

MEDICAL PRE-CONSENT

IF AN EMERGENCY ARISES WITH MY CHILD, CHRISTIAN HILLS CHURCH 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 # _____

8. 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? _____ If yes, please explain: _____

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

NAME	RELATIONSHIP	PHONE	CELL
1.			
2.			
3.			

10. Names and ages of siblings other than the applicant.

SIBLING NAME	AGE	GRADE (if applicable)	SCHOOL ATTENDING

11. How does he/she participate in learning activities at school?
_____eagerly _____accepting _____passively _____reluctantly

12. Briefly describe strong areas or special interests for your child.

13. Briefly describe your child's extracurricular activities and interests.

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

15. Has your child ever repeated a grade? Yes___ No___ If yes, please explain: _____

16. Has your child ever been suspended or expelled from any school in the past? Yes___ No___
If yes, please explain: _____

17. 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.

- | | |
|--|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Remedial Reading (Chapter 1) |
| <input type="checkbox"/> ADD (Attention Deficit Disorder) | <input type="checkbox"/> Speech/Language Services |
| <input type="checkbox"/> ADHD (with Hyperactivity) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> BD (Behavior Disorder) | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Spectrum Disorder (Asperger's, Autism, Sensory, etc.) | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Other – Please specify: _____
_____ |

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

19. Has your child ever been enrolled in a gifted program or taken advanced classes? Yes___ No___
If yes, please explain: _____

20. Has this student skipped a grade? Yes___ No___ If yes, which grade? _____

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? Yes___ No___ If yes, please explain: _____

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

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

If no, please explain: _____

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.

_____ Date
Father's Signature

_____ Date
Mother's Signature

_____ Date
Guardian's Signature