



**CHURCH INFORMATION**

Church Student attends? \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 Pastor’s Name: \_\_\_\_\_

**EDUCATIONAL HISTORY**

<u>School Name</u>	<u>City, State</u>	<u>Grades Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has student been retained in any grade?  Yes  No If yes, grade? Select One  
 If yes, explain: \_\_\_\_\_

Has student been suspended or expelled?  Yes  No If yes, grade? Select One  
 If yes, explain: \_\_\_\_\_

Does any of the following apply to the student?

- Gifted Program  Yes  No
- Learning disability program  Yes  No
- Psychological or emotional difficulties  Yes  No
- Physical impairment  Yes  No
- Regular medication required for any reason  Yes  No

If any of the above is checked “Yes”, comment below (if applicable, indicate the type of frequency of medication)

\_\_\_\_\_  
 \_\_\_\_\_

**CUSTODY**

In rare instances a child may be designated as “Protected” if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.

Yes  No If ‘yes’, please make arrangements to discuss this situation with the school administration.  
 Legal documentation will be required.

**AUTHORIZATION**

I/We understand and agree admission and continued enrollment are contingent upon adherence to the school’s policies and upon payment of tuition and fees when they are due.

\_\_\_\_\_  
 Father’s Signature / Date                      Mother’s Signature/Date                      Legal Guardian/s Signature/Date

Office Use Only:

Forms (add date received)					
<input type="checkbox"/> Authorization for Emergency Care _____	<input type="checkbox"/> Authorization for Pick-Up _____	<input type="checkbox"/> Birth certificate _____			
<input type="checkbox"/> Enrollment Application _____	<input type="checkbox"/> Extended Day Registration _____	<input type="checkbox"/> Immunization Record _____			
<input type="checkbox"/> Physical (most current) _____	<input type="checkbox"/> Social Security Card (copy) _____				
Tuition preferred		<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2		
Registration Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	
Book/Supply Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	
K-5 Graduation Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	