

<b>CHRIST CARE UNIT CHRISTIAN SCHOOL</b>		
<b>STUDENT APPLICATION</b>		
Child's Name:		
Date of birth:	Nickname:	Phone:
Current address:		
City:	State:	ZIP Code:
Grade:	Year:	Applying for Grade
<b>FAMILY INFORMATION</b>		
Father/ Guardian (circle one) Name:		
Current Address:		
Employer address:		
Home Phone:	Business Phone:	Cell Phone:
Mother/ Guardian (circle one) Name:		
Current Address:		
Employer Address		
Home Phone	Business Phone	Cell Phone:
If parent addresses are different, applicant resides with:		
To which parent should correspondence be sent? (please circle) Father    Mother    Both		
Others living in the child's home: (please include any additional names on an attached sheet)		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
<b>FAMILY RELIGIOUS HISTORY</b>		
Name of the church you attend:		
Address:		Phone:
Pastors Name:	Denomination:	Years Attended:
<b>SCHOLASTIC INFORMATION</b>		
Name of previous school(s) Last one first:		
1. School		
Last grade completed:	Address:	
Principal/Director	Phone :	
2. School		
Last grade completed	Address:	
Principal/Director	Phone:	

<b>ADDITIONAL INFORMATION</b>		
Are there any physical or emotional factors that the school should know about?		
Has your child received psycho-educational testing or medical diagnosis which resulted in an accommodation plan?	If yes, please provide a copy	
Does your child have a disciplinary record?	If yes, please provide a copy	
Has your child ever been retained at any grade level?	Yes/ No	If yes, please explain
<b>CHILD'S HEALTH HISTORY</b>		
Pediatrician:	Address	Phone
Choice of Hospital		
Has your child had any serious illness, physical handicap, medical conditions, allergies, diet or physical restrictions? Please list and explain.		
Does your child take any medications on a regular basis? If yes please list below		
Names of Medication		Yes/ No
Total daily dosage		
1.		
2.		
3.		
4.		
5.		
<b>EMERGENCY CONTACT:</b>		
Every attempt will be made to contact the parents in the case of an emergency/ All students must have an available place to go in the event that they are ill and must leave school.		
1.Name/ Relationship	2. Name/Relationship	
Address	Address	
Home Phone	Home Phone	
3. Name	4. Name	
Address	Address	
Home Phone	Home Phone	
<b>SIGNATURES</b>		
I/We authorize the verification of the information provided on this form as application to the Christ Care Christian School. I/We understand that enrollment is for the entire academic year.		
Signature of parent/ guardian:	Date:	
Signature of spouse	Date:	

