

KNOLLWOOD CHRISTIAN SCHOOL
APPLICATION FOR ADMISSION
2008-2009

OFFICE USE ONLY—PLEASE DO NOT CHECK BOX
 In order for a student to be registered, ALL of the following must be received by Knollwood's school office:

DATE _____

_____ 1. Application
 _____ 2. Registration Fee
 _____ 3. Signed Financial Statement
 _____ 4. Current Immunization Form
 _____ 5. Copy of Birth Certificate
 _____ 6. Proof of Insurance/Signed Waiver
 _____ 7. Copy of Custody Order
 _____ 8. Testing Fee Paid
 _____ 9. Appointment with the Principal
 _____ 10. Academic Records
 _____ Report Card
 _____ Conduct Grade
 _____ Entrance Test/Exam (Grades 1-8)
 _____ Achievement Test scores from previous year(s)

Date: _____ Grade applying for: _____

NOTE: We are not able to allow requests for a designated teacher. Knollwood Christian School does not discriminate on the basis of race, color, national and ethnic origin.

KINDERGARTEN	
K-4	K-5
_____ Half Day	_____ Half Day
_____ Whole Day	_____ Whole Day

(PLEASE PRINT)

I. STUDENT INFORMATION:

Child's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: (_____) _____

Mother's Cell Phone: (_____) _____ Father's Cell Phone: (_____) _____

Date of Birth: ____/____/____ Place of Birth: _____

Child's Social Security Number: ____ - ____ - ____ Male Female

II. PARENT OR GUARDIAN INFORMATION:

Birth Father's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Employer/Occupation: _____ Work Phone: _____ Ext.: _____

Birth Mother's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Employer/Occupation: _____ Work Phone: _____ Ext.: _____

Step-Parent/Guardian's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Employer/Occupation: _____ Work Phone: _____ Ext.: _____

(See Reverse Side)

III. In case of emergency and parents cannot be contacted, who may be contacted locally? (please list 1st and 2nd choice).

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

List the names of persons into whose care the child may be released without permission from the parent or guardian:

IV. PARENTS' MARITAL STATUS: SINGLE SEPARATED MARRIED DIVORCED WIDOWED
 NEVER MARRIED—OFFICIAL LEGAL CUSTODIAN

If divorced, list the person who has custody of the student. (Please include copy of Order of the Custody application).

V. MISCELLANEOUS INFORMATION:

Has this child had discipline problems? _____ YES _____ NO

If YES, please explain: _____

Has this child had academic problems previously? _____ YES _____ NO

If YES, please explain: _____

Has this child had any testing evaluation? _____ YES _____ NO If YES, please provide copies of testing.

Church Affiliation (Name of Church): _____

School presently attending: _____ **(If school is out of town, please supply address below).**

Address: _____ City: _____ State: _____ Zip: _____

(NOTE: A copy of the previous year's report card must be submitted with the application).

Does the child have other siblings? (Please list names and ages). _____

State briefly why you are enrolling your child in Knollwood Christian School: _____

FIRST TIME REGISTRANTS: Please list the name of the person who referred you to Knollwood Christian School:

PARENT OR GUARDIAN SIGNATURES:

DATE: _____

DATE: _____