

EASLEY CHRISTIAN SCHOOL

Application for Admission (Grades 7-12)

Student's Name: _____ Phone: _____

Address: _____ School Year: _____

_____ Grade: _____

City _____ State _____ Zip Code _____

Birthdate: _____ Sex: _____

Legal Guardians: _____

Relationship to legal guardians (Please check one)

- Natural parents
- Father and stepmother
- Mother and stepfather
- Adoptive parents
- Grandparents
- Other (Please specify) _____

Siblings: _____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

Previous school: _____

Previous School Address: _____

Church: _____

Pastor's Name: _____

Do you attend regularly? ___yes ___no

Does this student attend regularly? ___yes ___no

Has student repeated any grade? ___yes ___no

Has student attended Easley Christian School? ___yes ___no

Has student been expelled, dropped, or suspended by any school? ___yes ___no

Has student ever used tobacco, alcoholic beverages, narcotics, pr other drugs? ___yes ___no

Are you now or have you ever been under the supervision of a parole officer or under custody of juvenile court? ___yes ___no

Have you ever had a police record? ___yes ___no ***If you answered yes to any of the previous four questions please explain on a separate sheet of paper.***

List any physical limitations which might require some adjustments to a normal student schedule _____

Does this student take any prescription medication regularly? ___yes ___no

If so, give type of medication, frequency of doses, and condition requiring medication: _____

Has this student been hospitalized within the past year? ___yes ___no If so, please give date and reason.

Has this student ever been treated for any nervous, mental or emotional disorder? ___yes ___no. If so, please give date and name of doctor or facility providing care.

Please give reasons for selecting this school. _____

(To be filled out by student)

Have you accepted Jesus Christ as your personal Savior? ___yes ___no If yes, please give a brief testimony of your salvation.

ECS has my permission to use my pictures of my child promoting the school in brochures, advertisement, and or social media. We sometimes use random pictures of class field trips, classtime, and or sporting events etc. No, _____ Yes, _____.

Office Use Only. Do Not Write In This Space.

	Initials	Date
Interview with Administration	_____	_____
Slosson Test	_____	_____
Reading score _____		
Abilities score _____		
Records received	_____	_____
Accepted _____ Not accepted _____		
Administrator's Signature _____		
Parents notified _____		
Comments:		