

# EASLEY CHRISTIAN SCHOOL

## Application for Admission (Pre-school and Elementary)

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 this school previously? \_\_\_\_\_yes \_\_\_\_\_no

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

Do you need day care? If so, please indicate arrival and pick-up time \_\_\_\_\_ - \_\_\_\_\_

Does this student take any prescription medication regularly? \_\_\_ yes \_\_\_ no

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

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Has this student been hospitalized within the past year? \_\_\_yes \_\_\_no If so, please give date and reason.

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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.

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Please give reasons for selecting this school. \_\_\_\_\_

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**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. \_\_\_\_\_, YES  
\_\_\_\_\_, NO**

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Office Use Only. Do Not Write In This Space.

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

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