



NEW STUDENT APPLICATION

STUDENT INFORMATION

Full Name	Date of Birth	Gender (M/F)	School Last Attended	Grade Level Requested

We were referred by: _____

FAMILY INFORMATION

Family Mailing Address	Home Telephone #
Father's/Guardian's Name	Mother's/Guardian's Name
Father's Email Address	Mother's Email Address
Father's Cell Phone #	Mother's Cell Phone #

Marital status: ☐ Married ☐ Divorced ☐ Remarried ☐ Separated ☐ Widow/Widower ☐ Single

If divorced, who has legal custody? ☐ Father ☐ Mother ☐ Joint ☐ Other (explain) _____

Children in family of school age (if not applying):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending: _____ Pastor: _____

Address: _____ Phone: _____

PLEASE CHECK THE APPROPRIATE ANSWER

Father, born-again Christian (John 3:3-5) ☐ Yes ☐ No

Mother, born-again Christian (John 3:3-5) ☐ Yes ☐ No

Has the applicant ever made a profession of faith in Christ? ☐ Yes ☐ No

What goals do you have in mind for the training and development of your child(ren) as individuals? _____

What are your reasons for wanting to enroll your child at Eukarya Christian Academy? _____

ACADEMIC AND BEHAVIORAL INFORMATION

Last school attended: _____ Last grade completed: _____

Is student eligible to return to all previously attended schools? ☐ Yes ☐ No

If no, please explain:

What subject(s) does your child enjoy and excel in? _____

What causes your child to feel especially good about himself/herself? _____

Has this child ever been suspended, dismissed, or refused admission to another school? ☐ Yes ☐ No

If yes, please explain: _____

Has the student ever been bullied or been disciplined for bullying? ☐ Yes ☐ No

If yes, please explain:

Please indicate if any of the following apply to the previous school, to the home, or to other instances:

☐ Behavioral and/or disciplinary problems

☐ Placed on probation

Explain:

Has the student ever skipped a grade? ☐ Yes ☐ No

Repeated a grade? ☐ Yes ☐ No

If yes, please explain: _____

If calling your previous school, what comment could we anticipate? ☐ Good student ☐ Discipline problem ☐ Struggling learner

Please indicate the academic level of student's previous work: ☐ Excellent ☐ Good ☐ Average ☐ Poor

What are your child's interests outside of school? _____

In what manner does your child learn best? (For example: hearing, seeing, doing, or questioning.)

Is there anything you feel we should know about your child in order to effectively work with him/her? Explain: _____

Are there areas of your child's education about which you have specific concerns? How would you like to see him/her improve?

Does the applicant have any obstacles in the following areas that may affect his/her activities or progress?

☐ Mental

☐ Emotional

☐ Physical

If yes, please explain: _____

Has your child participated in a 504 or IEP? ☐ Yes ☐ No

Please describe: _____

Has your child worked with one of the following (please check any/all that apply):

☐ Reading specialist ☐ Speech therapist ☐ Physical therapist ☐ Occupational therapist ☐ Behavioral therapist

Please describe: _____

Is or has the student been under the care of a Psychologist/Psychiatrist? ☐ Yes ☐ No

Is he/she currently on any type of medication? ☐ Yes ☐ No If so, please list: _____

Please check area(s) that the student has been tested and include date(s) or age(s) when the diagnosis was received:

☐ Speech/Language _____ ☐ Attention Deficit/Hyperactivity Disorder _____ ☐ Attention Deficit Disorder _____ ☐ Dyslexia _____

☐ Autism Spectrum Disorder _____ ☐ Learning Disabilities _____ ☐ Communication Delay _____

☐ Occupational Therapy _____ ☐ Neuropsychological Evaluation _____ ☐ Educational Psychological Evaluation (Ed Psych) _____

☐ Other _____

Is the student currently or have they previously seen a professional for any of those diagnoses? ☐ Yes ☐ No

If yes, please provide the name of professional _____

Is there any other information you would like to share about your child? _____

ADDITIONAL INFORMATION

For students that are 12 years of age or older, please provide a written/typed statement of your testimony. Include how you came to accept Christ as your personal savior and what you are currently doing to grow in your relationship and faith.

Please provide three references on the included sheets. Please include one educational reference (teacher, principal, aide, etc.) and two personal/pastoral references from church/coach/job/club/extracurricular, etc. These references should be current and should know the student personally. Please do not list immediate family as references.

Educational

Name: _____ Phone: _____

Relationship to student: _____

Personal/Pastoral

Name: _____ Phone: _____

Relationship to student: _____

Personal/Pastoral

Name: _____ Phone: _____

Relationship to student: _____

CERTIFICATION OF INFORMATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Please include a \$75.00 non-refundable application fee when returning this application. Upon enrollment, the application fee will be applied toward the enrollment fee.