

EASTLAND CHRISTIAN SCHOOL

Date: _____ Term: _____ Grade Entering: _____

STUDENT INFORMATION

➤ Name: _____

LAST FIRST MIDDLE

➤ Birthday: _____ Age: ____ Sex: ____ Race: ____ SS# _____

➤ Address: _____

➤ City / State: _____ Zip Code: _____

➤ Home Phone Number: _____

➤ Shirt Size: *Circle One:* Adult/Youth; *Circle One:* Small/Medium/Large/XL

➤ School Last Attended: _____

Address: _____

City /State /Zip Code: _____

Phone #: _____ Fax #: _____

➤ Do you have STEP UP FOR STUDENT SCHOLARSHIP? Yes: ____ No: ____

FAMILY INFORMATION

➤ Father's Name: _____

E-Mail Address: _____

Employment Name: _____ Position: _____

Business Phone #: _____ Cell Phone #: _____

➤ Mother's Name: _____

E-Mail Address: _____

Employment Name: _____ Position: _____

Business Phone #: _____ Cell Phone #: _____

➤ Marital Status: Married: ____ Divorced: ____ Widowed: ____ Separated: ____

➤ Other Children in Family: Names: _____ Ages: _____

RELIGIOUS INFORMATION

➤ Church Attending: _____

➤ Has father ever made a profession of faith in Christ? Yes: ____ No: ____

➤ Has mother ever made a profession of faith in Christ? Yes: ____ No: ____

➤ Has applicant ever made a profession of faith in Christ? Yes: ____ No: ____

MEDICAL INFORMATION

➤ Family Physician: _____ Phone #: _____

➤ Is child up to date on immunizations? Yes: ____ No: ____

➤ Does child have any physical defects or allergies: Yes: ____ No: ____

If so, explain: _____

SCHOLASTIC INFORMATION

Yes: ____ No: ____ *Has child ever been expelled, dismissed, suspended, refused admission to another school? If so, explain: _____

Yes: ____ No: ____ *Has child ever had any disciplinary difficulties? If so, explain: _____

Yes: ____ No: ____ *Has child ever been in trouble with the law, arrested, etc.? If so, explain: _____

Yes: ____ No: ____ *Has child ever used tobacco or drugs of any kind? If so, explain: _____

Yes: ____ No: ____ *Has child ever failed in school? If so, explain: _____

OTHER INFORMATION

➤ Parents permitted to pick up child: Mother: Yes: ____ No: ____

Father: Yes: ____ No: ____

➤ Emergency Contact: _____ Phone #: _____

Address: _____ Relation: _____

OTHER PERSONS PERMITTED TO PICK UP CHILD

➤ Name: _____ Phone #: _____

Address: _____ Relation: _____

➤ Name: _____ Phone #: _____

Address: _____ Relation: _____

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Address: _____ Relation: _____

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Address: _____ Relation: _____