

I. STUDENT INFORMATION

Student Name: _____
First Name Middle Last

Grade to Enter: _____ Age: _____ Date of Birth: _____ Sex: Male Female

School Last Attended: _____

II. FAMILY INFORMATION

Father's Name: _____ Employer: _____

Mother's Name: _____ Employer: _____

Address: _____
Street City State Zip

Home Phone: _____ Father's Work Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Marital Status of Parents: Single Married Separated Divorced Divorced/Remarried Widowed

List names, grades, and ages of Children: _____

What church do you attend? _____

Pastor's Name: _____ Attend Regularly: Yes No

III. GENERAL INFORMATION

Indicate student's academic level: Excellent Above Average Average Below Average Poor

If student has failed a grade, please indicate in what grade he was retained: _____

From what type of school is student coming? Traditional A.C.E. Home School

How would you describe the student's attitude towards authority? Submissive Complacent Resistant

What word(s) would best describe the student? Leader Leads and Follows Follower

How would you describe the student's work ethic in class? Hard worker Average work Does not take initiative

Has the applicant been refused application to another school? Yes No

Has the applicant ever been suspended from school? Yes No

Has the applicant ever been expelled from school? Yes No

Has the applicant ever used? Tobacco products Alcohol Drugs

Has the applicant ever been arrested? Yes No

How did you hear about Tabernacle Christian School? Newspaper Website Family/Friend Other

What is the name of the individual who recommended Tabernacle Christian School? _____

List your reason(s) for selecting Tabernacle Christian School? _____

I. STUDENT MEDICAL INFORMATION

Student Name: _____
First Name Middle Last

Date of Birth: _____ Does the child take medication on a regular basis? _____

If yes, list medicine(s) and reason for taking: _____

Student's Physician: _____ Physician's Phone: _____

Is the child covered by medical insurance? _____ If yes, list name of Insurance Company: _____

It is mandatory that pupils who show symptoms of Communicable Diseases be excluded from classes until readmission is acceptable to school authorities. Your cooperation is greatly appreciated.

II. HEALTH RECORD

Please check any of the following noted recently:

- | | | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|
| Four or more colds yearly | <input type="checkbox"/> | Fainting spells | <input type="checkbox"/> | Hearing difficulties | <input type="checkbox"/> |
| Poor vision | <input type="checkbox"/> | Frequent urination | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> |
| Dizziness | <input type="checkbox"/> | Persistent cough | <input type="checkbox"/> | Ringworm | <input type="checkbox"/> |
| Frequent sties | <input type="checkbox"/> | Speech difficulty | <input type="checkbox"/> | Nose bleeding | <input type="checkbox"/> |
| Dental defects | <input type="checkbox"/> | Crippling condition | <input type="checkbox"/> | Growing pains | <input type="checkbox"/> |
| Frequent head lice | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Seizures | <input type="checkbox"/> |

Feel free to explain any of the above conditions: _____

Does your child have a disability due to disease or accident? _____ If yes, please explain: _____

III. PERSONAL RECORD

Please check any of the following that apply to your child:

- | | | | | | |
|---------------|--------------------------|-------------------------|--------------------------|-----------------------|--------------------------|
| Is child shy? | <input type="checkbox"/> | Overactive? | <input type="checkbox"/> | Bites fingernails? | <input type="checkbox"/> |
| Suck thumb? | <input type="checkbox"/> | Has extensive fears? | <input type="checkbox"/> | Have temper tantrums? | <input type="checkbox"/> |
| Inquisitive? | <input type="checkbox"/> | Plays well with others? | <input type="checkbox"/> | Eats well? | <input type="checkbox"/> |

Feel free to explain any of the above conditions: _____
