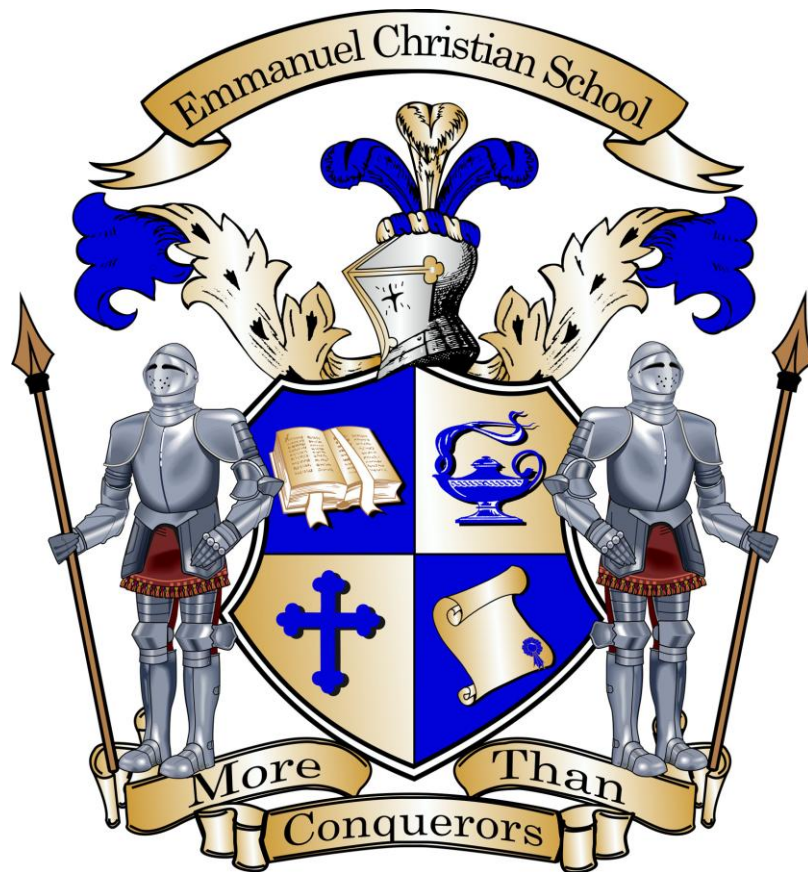


APPLICATION TO

*Home Oversight Ministry in Education*  
*Of*  
*Emmanuel Christian School*

16221 National Pike  
Hagerstown, Maryland 21740  
(301) 582-0368 • [ECSooffice@ECShagerstown.com](mailto:ECSooffice@ECShagerstown.com)



*A Distinctively Fundamental Christian School*  
**Application for the "HOME" Program**

**TO BE FILLED OUT BY PARENT (one per student):**

Student's Name \_\_\_\_\_  
PRINT Last First Middle

Grade to enter \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_  
City County State

Have you ever participated in a Home School program? \_\_\_\_\_ If so, when? (20\_\_\_\_ to 20\_\_\_\_)

Name of school last attended or last home school program participation \_\_\_\_\_

Address of school last attended \_\_\_\_\_

Has the applicant ever failed a grade? \_\_\_\_\_ If so, why? \_\_\_\_\_

Has applicant ever had any serious problem in school? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

Does the applicant have any mental or physical handicaps? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Children enrolled in Home School programs:			Other children in family:		
Name	Age	Grade	Name	Age	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What church does the family attend at the present time? \_\_\_\_\_

How frequently do you attend services? \_\_\_\_\_

Is Father (stepfather) a Christian? Y/N \_\_\_\_\_ Mother (stepmother)? Y/N \_\_\_\_\_ Applicant? Y/N \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_

Who recommended you to Emmanuel Christian School "HOME" program? \_\_\_\_\_

Why do you wish to participate in Emmanuel Christian School's "HOME" program? \_\_\_\_\_

Student lives with: Father and Mother \_\_\_\_\_ Father only \_\_\_\_\_ Mother only \_\_\_\_\_ Guardian \_\_\_\_\_

Has either parent been divorced: Father \_\_\_\_\_ Mother \_\_\_\_\_ Is Child by present marriage? \_\_\_\_\_ Is Child adopted? \_\_\_\_\_