

NEW STUDENT APPLICATION



EMMANUEL
CHRISTIAN SCHOOL

APPLICATION TO EMMANUEL CHRISTIAN SCHOOL

OFFICE USE ONLY

Account # _____

Date Rec'd _____ T: _____

GENERAL INFORMATION

Reg. _____

S.F. _____

T. _____ X _____

Date _____

PARENTS, PLEASE FILL OUT ONE PER STUDENT (please print):

Student's Name _____
(Last Name) (First Name) (Full Middle Name)

Grade to enter (circle one) K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Present Address _____

(City) _____ (State) _____ (Zip) _____

Date of Birth (MM/DD/YYYY) _____ Race _____ Gender _____ Social Security _____ - _____ - _____

Place of Birth _____ Birth Certificate # _____
(City) (County) (State)

Have you ever attended Emmanuel Christian School before? _____ If so, when? (20__ to 20__)

Name of school last attended _____

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. _____

Has applicant ever been expelled from school? _____ If so, why? _____

Does the applicant have any mental, physical, or social challenges? _____ If so, please explain. _____

Student lives with (please check): Father and Mother _____ Father only _____ Mother only _____ Guardian _____

Guardian #1 Name _____ Guardian #1 Relation _____

Guardian #1 Phone _____ Guardian #1 Email _____

Guardian #1 Occupation _____ Guardian #1 Occupation Location _____

Guardian #2 Name _____ Guardian #2 Relation _____

Guardian #2 Phone _____ Guardian #2 Email _____

Guardian #2 Occupation _____ Guardian #2 Occupation Location _____

Other Children enrolled in Emmanuel Christian School: _____ Other children in family: _____

Name	Age	Grade	Name	Age
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What church does the family attend at the present time? _____

How frequently do you attend services? Sunday AM _____ Sunday PM _____ Midweek _____

Is Father (or stepfather) a Christian? Y/N _____ Mother (or stepmother)? Y/N _____ Applicant? Y/N _____

On what do you base your answer? _____

How did you find out about Emmanuel Christian School? _____

Why do you wish to send your child to Emmanuel Christian School? _____

PLEASE READ, SIGN AND DATE THE ATTACHED "STATEMENT OF COOPERATION" AND TURN IN WITH THIS APPLICATION.

STATEMENT OF COOPERATION

1. It is hereby understood that we, the parents/guardians, will pay all applicable fees and tuition for the amounts stated on the ECS Finance Information Sheet and the ECS Student Handbook no later than the last day of school and that our child(ren) will not be promoted to the next grade or receive a report card until payment is made. We understand that our child's records will not be released to another school until we have paid all applicable fees and tuition. We understand that if our child(ren) enters ECS after the beginning of the school year, the tuition will be prorated according to the policies of ECS. We understand that the due date for each payment is the 10th of the month and a \$25.00 fee will be added to the bill for any returned checks.
2. The teacher and administration is hereby given full discretion in the discipline of our child(ren). This includes but is not limited to the issuing of a detention, suspension, or expulsion from the school program. A detention may be used after school for various offenses, and transportation will fully be our responsibility. We will be notified of any detention.
3. We understand that the school reserves the right to dismiss our child(ren) if they do not cooperate with the educational process or abide by ECS guidelines. If our child(ren) is dismissed for any reason, all fees and any tuition through the current month will not be refunded.
4. We will notify Emmanuel Christian School in advance before withdrawing our child(ren). Withdrawal forms must be completed and all fees paid before any records will be released. If we withdraw our child(ren) before the end of the school year, we are still responsible for one month's tuition per student plus a \$200 early withdrawal fee per student.
5. In making application for our child(ren), it is our desire to have him/her attend the school year 20_____ to 20_____. It is also our understanding that the policy for the school is to make no refunds on fees. We also give permission for our child(ren) to take part in all school activities, including but not limited to sports, and school-sponsored trips away from the school premises, and absolve the school from liability to us or our child(ren) because of any injury to our child(ren) at school or during any school activity. In case of accident or serious illness, we request the school to contact us. If the school is unable to reach us, the school may make whatever arrangements deemed necessary.
6. I understand that the administration may choose use photographs/videos of my child(ren) to post on websites or advertising materials either during or after my child's enrollment at ECS. I hereby give my permission unless I have written a letter to the school requesting otherwise.

I, (print your name) _____, have read the Statement of Cooperation, know the rules and regulations of the school, am in full agreement with the policies and standards, and will exhibit the right spirit and attitude in supporting the school and its activities.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

Student(s) Signature (Grades 4th-12th) Date

