



# New student information

## Please Respond to the Following Questions:

1. How did you hear about Evergreen Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your primary reasons for seeking to enroll your child at Evergreen Christian School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## School History:

3. Is this your child's first school experience?  Yes  No

4. List all schools applicant attended (include preschool):

Name of School	Address	Grades	Reason for Leaving

5. Has your child ever been suspended?  Yes  No Expelled?  Yes  No Asked to withdraw?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has your child ever repeated a grade?  Yes  No If yes, state grade: \_\_\_\_\_

7. Has your child ever been enrolled in an accelerated/remedial program or other specific plan?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Learning / Social Information:

8. Child's academic strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your child have difficulty with any of the following? If yes, check appropriate box below and explain:

Behavior  Attention  Work habits  Oral Expression  Written Expression  Socialization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please add any additional information we should know about your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In making application I/we understand that, as a parent or guardian, I/we give permission to Evergreen Christian School to contact third persons including but not limited to current pastor and schools attended by the applicant in order to obtain information related to my/our child's educational experience and the ECS admission evaluation.

\_\_\_\_\_  
Father's Name (or Legal Guardian)

\_\_\_\_\_  
Mother's Name (or Legal Guardian)

\_\_\_\_\_  
Signature of above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of above

\_\_\_\_\_  
Date

**Our Vision is "Integrating Excellent Education with Devotion to Jesus Christ"**

Siblings \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Siblings \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Siblings \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Church Attending \_\_\_\_\_ City, State: \_\_\_\_\_

Not attending a church at this time     In the process of looking for a church

Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No    WA SSID#:	If yes, plan must be on file with the school for enforcement.
Restraining order is against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Is there a parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No    WA SSID#:	If yes, plan must be on file with the school for enforcement.

	Physician's Name	Office Phone Number	Name of Insurance Company	Group and/or Policy #
Physician				
Dentist				

*Please list any allergies or other necessary medical information for student(s). (Attach additional sheet if necessary.)*

Student	Details

Family or student concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the person(s) responsible for payment of tuition and fees:

Name	Relationship	Address	City	Zip	Home Phone	Work Phone
_____	_____	_____	_____	_____	_____	_____
Name	Relationship	Address	City	Zip	Home Phone	Work Phone
_____	_____	_____	_____	_____	_____	_____

*Note: All financial matters concerning your account will only be discussed with the parent(s)/person listed as the individuals responsible for payment of fees. Thank you.*

In case parent cannot be reached, list two individuals we may contact and are authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Verification of information: The information on this form is true and accurate as of this date.

Legal Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_