

# Eagle View Christian School

## Student Application Part 1

The prospective student must complete this form in his/her own handwriting.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

1. If you are a Christian, how do you know? \_\_\_\_\_

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2. Do you personally want to come to school here?  Yes  No Why or why not? \_\_\_\_\_

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3. Do you go to church each week?  Yes  No  Sometimes

4. Where \_\_\_\_\_

Are you a member of your youth group?  Yes  No What do you like best about church?

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5. What were your grades in school last year? \_\_\_\_\_ In which subject do you do the best? \_\_\_\_\_ Why? \_\_\_\_\_

Which subject is the most difficult for you? \_\_\_\_\_ Why? \_\_\_\_\_

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Have you ever failed a subject?  Yes  No Which subject? \_\_\_\_\_

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Describe your favorite teacher and explain why. \_\_\_\_\_

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6. What was your attendance and tardy record last year? \_\_\_\_\_

7. Have you ever been suspended and/or expelled from school?  Yes  No If yes, share why? \_\_\_\_\_

8. Do you plan to go to college?  Yes  No What career interests you? \_\_\_\_\_

9. How often do you read? \_\_\_\_\_ What are the names of the last two books you have read? \_\_\_\_\_

10. What type of music do you like best? \_\_\_\_\_

Name some artists in your playlist. \_\_\_\_\_

What are your favorite TV programs? \_\_\_\_\_

How much TV do you watch (average per day)? \_\_\_\_\_

11. Name the last two movies you saw. \_\_\_\_\_

12. If you play video games, what are your favorites? \_\_\_\_\_

13. Do you have a job after school, on weekends?  Yes  No If yes, what is it? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

14. Are most of your friends Christians?  Yes  No What do you look for in a friend? \_\_\_\_\_

15. Do you consider yourself a leader of a follower? \_\_\_\_\_ Why? \_\_\_\_\_

16. Have you ever tried tobacco?  Yes  No Illegal Drugs?  Yes  No Alcohol?  Yes  No

If there is a "yes" answer, please explain. \_\_\_\_\_  
\_\_\_\_\_

17. Do you drive?  Yes  No Do you have any traffic violations?  Yes  No Describe your driving habits when driving with your friends. \_\_\_\_\_

\_\_\_\_\_

18. What are your thoughts on the school dress code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. What has caused most problems in past school years? \_\_\_\_\_

\_\_\_\_\_

20. Did you receive any help in answering any of the questions?  Yes  No If yes, explain which one(s) and how much. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With my signature, I certify that I have answered the above questions honestly and completely.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Eagle View Christian School

## Student Application Part 2

The prospective student must complete this form in his/her own handwriting.

Directions: Write a 1–2-page biographical testimony about what God has done in your life, and describe your personal relationship with Christ. Include your basic beliefs, and Christian practices. (Use this page and the back.)

Name:

Grade

Date:

Entering:

\_\_\_\_\_

\_\_\_\_\_

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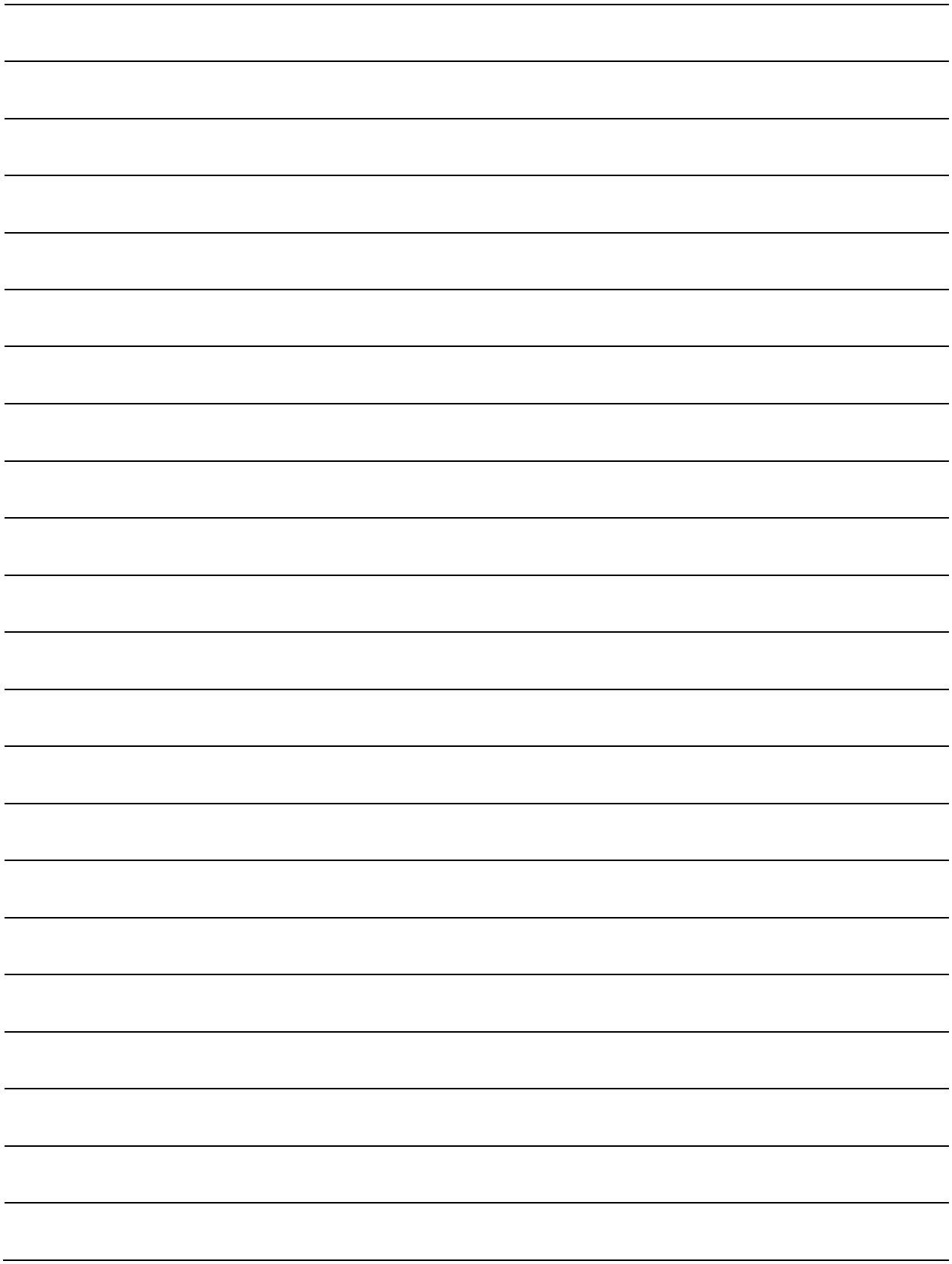
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# Eagle View Christian School

## Student Application Part 3

**This form is to be completed by all students in grades 6-12.**

Students at Eagle View Christian School are to conduct themselves according to God-honoring principles. If one is to become, and remain a student at EVCS, a positive commitment in both behavior and attitude is needed. Therefore, the following questionnaire must be completed, signed, and returned with the student application.

Answer Yes or  
No

- Do you want to attend EVCS during the next school year (in other words, is this also your desire and not just what your parents want)?  Yes  No
- Do you commit to be obedient and cooperative with all teachers, and staff members in class, and out of class?  Yes  No
- Do you commit to voluntarily follow all school standards of behavior with a wholesome and cooperative attitude regarding honesty, integrity, sportsmanship, responsible citizenship, and self-discipline?  Yes  No
- Do you commit to abstain from all use or pretended use of tobacco, vaping, illegal drugs, and/or alcohol, both on, and off campus while a student at EVCS (knowing that breaking this rule will result in immediate suspension and possible expulsion)?  Yes  No
- Do you commit to strive to live by Biblical standards in all relationships, to remain pure, and always treat people with respect?  Yes  No

*Answer the following essay questions in paragraph form using a minimum of three complete sentences for each question. Think your answers through prayerfully.*

- Check one:
- I have accepted Jesus Christ into my life as my personal Savior.
  - I have not asked Jesus Christ into my life as my personal savior.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want a Christian education at EVCS because: \_\_\_\_\_

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The school can expect my influence, speech, and behavior this year to be: \_\_\_\_\_

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parents: Please prayerfully review with your student the above agreement; then sign indicating your agreement.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Eagle View Christian School**

**Reference Form 1, 2, & 3**

**Reference forms are required.**

1. Pastor, youth leader, or Sunday school teacher who knows you well. (1)
2. Current teachers and principal (2 or more)
3. Current employer, mentor, or neighbor (1)

Our child, \_\_\_\_\_, desires to be a student at Eagle View Christian School.

Please answer the questions on this form that apply to your relationship with this child. Return this form at the earliest possible date. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. How long has the young person attended your church or school? \_\_\_\_\_  
\_\_\_\_\_
3. In what capacity do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. Describe the applicant's church attendance/school attendance.

Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

5. Has the applicant made a personal commitment to Jesus?  Yes  No  Unk.
6. Has there been evidence of Christian growth?  Yes  No  Unk.

Comments \_\_\_\_\_

7. Are members of the family active in the church or in the school?  Yes  No  Unk.

Explain \_\_\_\_\_

8. Has the applicant ever been suspended or expelled from school?  Yes  No  Unk.
9. Has the applicant ever used illegal drugs, alcohol, tobacco, or vaping?  Yes  No  Unk.

Explain : \_\_\_\_\_



10. List the young person's character and personality strengths.

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11. Are there character or personality weaknesses?  Yes  No  Unk. Explain:

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12. Would this student be a positive or negative influence on other students? \_\_\_\_\_

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13. Does the applicant have difficulty with self-discipline?  Yes  No  Unk.

14.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Check the appropriate box.

***This young person:***

- |                                      |                                    |                               |                               |                                  |
|--------------------------------------|------------------------------------|-------------------------------|-------------------------------|----------------------------------|
| Is interested in spiritual things.   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Shows an attitude of Christian love. | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Completes work on time.              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is honest.                           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Accepts criticism.                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is respectful to others.             | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Shows self-control.                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is neat/organized.                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Has good work habits.                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Follows directions.                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is courteous.                        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is obedient to authority.            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Is self-disciplined.                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| General health.                      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |
| Demonstrates social adjustment.      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Unknown |

Additional comments that are important in the consideration of this application (Use additional sheets if necessary)

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Address: \_\_\_\_\_