

Eagle View Christian School

Parent Application

This application does not ensure enrollment but provides much needed information to assist in a quality decision. Eagle View Christian School will make the final decisions concerning student placement based upon all the information provided.

Student Name: _____
(Last) (First) (M.I.) (Goes By)

Date of Birth: _____ Age: _____ Sex (M/F): _____ Grade Entering: _____

List allergies, handicaps, or other pertinent health information:

How many siblings are enrolled at Eagle View Christian School? _____

Father or Guardian: _____ Home Phone: _____
(Last Name) (First Name)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Cell #: _____

Occupation: _____ Work Phone: _____

Relationship to student: _____ Lives with student: Yes No

Mother or Guardian: _____ Home Phone: _____
(Last Name) (First Name)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Cell #: _____

Occupation: _____ Work Phone: _____

Relationship to student: _____ Lives with student: Yes No

For returning families only:

Is any of the above contact information new? If so, can you please let us know in the field below whether address, phone number or e-mail. It really helps. Thank you! Yes No

Local Grandparents: _____ Home Phone: _____
(Last Name) (First Name)

Street Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Approval to contact grandparents? Yes No Cell #: _____

Has your child made a personal commitment to Jesus Christ? _____

Church home: _____

How many church services a month does your child attend? _____

How would you rate your child's attitude toward: _____

- A. God Excellent _____ Good _____ Poor _____
- B. Parents Excellent _____ Good _____ Poor _____
- C. Authority figures Excellent _____ Good _____ Poor _____
- D. Attending this school Excellent _____ Good _____ Poor _____

Explain how your child will be an asset to EVCS:

List all previous schools your child has attended, beginning with the most recent:

| Year | Name of School | City | State | Reason for withdrawal |
|------|----------------|------|-------|-----------------------|
| | | | | |
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| | | | | |

Has your child had a 504 Plan, I.E.P., Title 1 or other special services? Please indicate and explain why/when:

Has your child ever been suspended, expelled or denied admission to a school? Yes No

If yes, when? _____ Why? _____

Name of School: _____

Has your child ever tried illegal drugs, alcohol, tobacco, or vaping? Yes No

Is your teen dating? Yes No Do you monitor your child's social media accounts? Yes No

What do you see as your child's greatest needs?

Spiritual: _____ Behavioral: _____

Academic: _____ Social: _____

I/we, the undersigned parent(s)/guardian(s) declare that I/we understand the purposes of the school and that I/we enroll my/our child because of the desire for he/she to receive a Christ-centered education.

I/we agree to support the policies of the school and acknowledge that her/his education will be in harmony with these policies and subject to the authority invested in the classroom teacher and principal.

I/we agree to pay the tuition and any applicable additional fees in accordance with the financial contract signed with the Business Office upon acceptance.

Parent Signature

Print Name

Date

Parent Signature

Print Name

Date