

# Application for Enrollment

## School Information

Grade Entering (Circle one): PS PK a.m. PK p.m. K-1/2 K-full 1 2 3 4 5 6 7 8  
Extended Care Needed (Circle days needed): Full-Day M T W Th F Half-Day M T W Th F

## Student/Family Information

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**School Transferring From:** \_\_\_\_\_ **Last Grade Attended:** \_\_\_\_\_  
**Address of School:** \_\_\_\_\_  
**Sex (Circle One):** M F **Race:** \_\_\_\_\_ **School Year Applying for:** \_\_\_\_\_

### **Father / Guardian Information**

**Name: (Mr./Dr.)** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Marital Status:** Married Single Separated Divorced Widowed

### **Mother Information**

**Name: (Mr./Mrs./Ms.)** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Marital Status:** Married Single Separated Divorced Widowed

If parents are separated or divorced, who has legal custody of student? \_\_\_\_\_

**Student Lives with:** \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Mother and Stepfather \_\_\_\_\_ Father and Stepmother \_\_\_\_\_ Father and Stepmother  
\_\_\_\_\_ Grandparent/s \_\_\_\_\_ Legal Guardian/s \_\_\_\_\_ Foster Parent/s

## **Emergency/Medical Information**

Responsible adult to contact if parents cannot be reached:

**Name: (Mr./Mrs./Ms.)** \_\_\_\_\_ **Phone: (work)** \_\_\_\_\_  
**Relation to Student:** \_\_\_\_\_ **(home)** \_\_\_\_\_  
\_\_\_\_\_ **(cell)** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Does your child have any allergies? (Circle One) Y N If yes, please explain. \_\_\_\_\_

Explain any disabilities of the student (visual, hearing, learning, speech, emotional, etc.) \_\_\_\_\_

Medic Alert (asthma, diabetes, epilepsy, allergies to medications, etc.) \_\_\_\_\_

### **Office Use Only:**

Interview	Transfer Request	School Minder	FACTS
Registration Fee	Physical	Parent Directory	Edline Code
Birth Certificate	Dental	Excel File	Email
Mandatory Conciliation	Eye Exam	File Folder	

**Office Use Only: Date** \_\_\_\_\_ **Check # or FACTS** \_\_\_\_\_ **Amount** \_\_\_\_\_

### **Church Information**

Church your family attends: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Address of church: \_\_\_\_\_ Do you attend Sunday School? \_\_\_\_\_

Is the father a born-again Christian? \_\_\_\_\_

Is the mother a born-again Christian? \_\_\_\_\_

Has the student ever made a profession of faith in Christ? \_\_\_\_\_

If not a church member, please indicate your denominational preference: \_\_\_\_\_

### **Scholastic Information**

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

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

Has the student ever had any disciplinary difficulties? \_\_\_\_\_

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

Has the student ever been in trouble with the law, arrested, etc.? \_\_\_\_\_

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

Has the student ever used tobacco or drugs of any kind? \_\_\_\_\_

Please indicate the academic level of student's work (Circle One):   Excellent    Good    Average    Poor

How did you hear about Medinah Christian School? \_\_\_\_\_

Were you referred by anyone? If so, who: \_\_\_\_\_

Yes, I would like to donate \$25 to the Medinah Christian School Scholarship Fund (*please include the \$25 amount in your enrollment check*).

### **Admissions Policy**

**Medinah Christian School admits students of any race, color, sex, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national, or ethnic origin in administration of its educational policies, scholarship programs, athletic, or other school-administered programs.**

### **Agreement and Requirements for Admission**

**Children entering kindergarten must have reached the age of five on or before September 1<sup>st</sup> of the school year in which he/she will be enrolled. Exceptions to this policy must be approved by the Administrator.**

**We are non-discriminatory with regard to race, sex, or national origin.**

**As parent or guardian, I agree to place all discipline under the jurisdiction of the school's administration and cooperate with the school's policies as outlined in the Parent Handbook. (The Parent Handbook is available at [www.medinahchristian.org](http://www.medinahchristian.org)).**

**Final approval of student enrollment is based on an interview with the Administrator.**

**The registration fee is nonrefundable.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Guardian)