

Additional Sibling Information

Grade _____

Parents' Name(s) _____ Cell _____

Student's Full Name: _____ PREFERRED NAME _____
(Last, First, Middle)

Complete Address: _____
Street City State Zip

Birth date: _____ Gender _____ Social Security Number _____ Race _____
Month/Day/Year

School Attended (Please list most recent first)

<u>Name of School</u>	<u>City</u>	<u>State</u>	<u>Phone</u>	<u>Fax</u>	<u>Grades Attended</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has the student attended or applied to attend Covenant Christian School in the past? Yes No What year? _____

At what academic level is the child working?

N/A Above grade level At grade level Below grade level

Has the student participated in advanced or modified classes? Yes No If so, please indicate below:

Gifted/Talented Modified/Remedial/Tutorial Honors Advanced Placement Special Education Section 504

Has the student received special help for reading or learning difficulties? Yes No If yes, please explain

Does the child need any special consideration regarding placement in classes? Yes No If yes, please comment.

Has the student ever been diagnosed with ADD or ADHD? Yes No

Is the student presently taking any medication? Yes No If yes, what?

Is the student presently in good standing with the school he/she last attended? N/A Yes No If no, please explain.

Has the student ever been retained, suspended, expelled, or refused admittance to another school? Yes No If yes, please explain.

Are you presently having difficulty managing the child at home? Yes No If yes, please comment.

Please continue on other side.

What specific responsibilities does the student have at home? _____

Do you place any restrictions on the student? Yes No If so, please give examples.

Does the child exhibit any of the following traits?

Hyperactivity Frequent Headaches Aggression Tantrums Nervousness Vulgar Speech

Has the child ever used alcohol or illegal drugs? Yes No If yes, explain. _____

Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern, and his/her relationship with God. We appreciate your assistance in helping us to know your child better.

Family Information

Child lives with Father Mother Stepfather Stepmother Other

(Please check all that apply) Father is deceased Mother is deceased Parents are divorced/separated

If parents are divorced/separated, who has legal custody? _____

Parent information is the same for all siblings applying for admissions at CCS.

The child listed on this application has a different custodial parent and his/her contact information is indicated below.

Secondary Custodial Parent Information (Parent with Joint Custody):

Name _____ Relationship with Student _____
Mr./Mrs./Dr./Pastor First Last (Preferred Name)

Address _____
Street City State Zip

Church _____ Employer _____ Occupation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Can the Secondary Custodial Parent:

Be an Emergency Contact? Yes No

Pick up the student from school? Yes No

Receive school mail outs? Yes No

Receive report cards? Yes No