

MADRAS CHRISTIAN SCHOOL

New Student Application 2018-2019

Date of Application _____

Student's Full Legal Name _____
First Middle Last

Applying for Grade _____ Sex _____ Birth Date ____/____/____ Current Age _____

Church Membership _____

_____ We are not involved with a church at this time.

Full Legal Names of Parents or Guardians

1 Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell _____
Email _____

2 Parent/Guardian _____

Home Phone _____ Work Phone _____ Cell _____
Email _____

Last School Attended Name _____
Address _____
Phone _____

Please state briefly why you are interested in having your student attend our school.

Does your child have any special needs of any kind?

Briefly describe your student's academic strengths and weaknesses.

Strengths

Weaknesses

Briefly describe your student's social skills

How have you been involved in your child's education in the past?

Please give the 3 signed reference forms to the individuals you have indicated below.

PASTOR

Name _____

Phone _____

LAST TEACHER/SCHOOL PERSONNEL

Name _____

Phone _____

OTHER _____

Name _____

Phone _____

OTHER _____

Name _____

Phone _____