



# IMMANUEL CHRISTIAN SCHOOL

## ADMISSION APPLICATION

Referred by: \_\_\_\_\_

FOR OFFICE USE ONLY	
DATE RECEIVED _____	
FEE PAID _____	
DATE ACCEPTED _____	
DATE NOTIFIED _____	

### STUDENT INFORMATION

Student's Last Name		First Name		Middle Name	
Mailing Address		City	Zip Code	Home Phone # (unlisted) Y - N	
Street Address			E-Mail Address (Optional)		
Date of Birth	Birthplace - City & State		Ethnicity	Age	Sex
Grade Entering	Name of Last School Attended			Last Grade Completed	Date of Withdrawal
School Address		City, State		Zip Code	Phone #

### FAMILY INFORMATION WHERE THE STUDENT RESIDES

Name of Father/Guardian	Employer	Position	Work #
Name of Mother/Guardian	Employer	Position	Work #
If applicant is not living with both parents, please indicate reason: Father Deceased ____ Mother Deceased ____ Parents Separated ____ Parents Divorced ____			
If student information needs to be mailed to another address in addition to the one listed above, please indicate below.			
Name/Relationship to Student	Mailing Address	City	Zip Code
Names and ages of other children living in household with applicant:			
Full Name	Age	Full Name	Age
Full Name	Age	Full Name	Age
Church Currently Attending		Name of Pastor	
Church Address		City, State	Zip Code Phone #
Family members attending:			
Father	Mother	Applicant	Brothers/Sisters

### MEDICAL/EMERGENCY INFORMATION

Name of Physician	Address	Phone #
Does the applicant have any physical limitations or severe allergies? Yes - No		
Please explain:		
List persons in order who should be called in an emergency if you cannot be reached:		
Name	Phone #	Phone #