

Part A Student Information

Last Name _____

First Name _____ Middle Name _____

Social Security # _____

Gender (circle one) M F

Birth date _____ Age ____ Race _____

Child # ____ of ____

Name of School Now/Last Attending _____

Address of School _____

School Telephone _____ Name of Principal _____

Student's Testimony: Are you a Christian? ____ If so, on what do you base your answer? _____

Complete any of the following section that applies to this student.

List any prescribed medications this student takes: _____

Describe any special learning differences this student has: _____

List/describe any special medical needs this student has: _____

Are there any other special situations concerning this student that the school should know? _____

If so, please explain. _____

Part B Parent/Guardian Information

Church Affiliation _____ Pastor _____

Church Phone # _____ Ministries in which applicant is involved: _____

Describe your family's attendance (Please circle)

Every Service Almost Every Service Sunday Only Occasionally Seldom

Ministries in which parents are involved: _____

Siblings: Date of Birth: School now attending:

Student Name _____
Last Goes by

Parent #1

Last Name _____ First _____ MI _____

Street _____ Home Phone _____

City _____ State ____ Zip Code _____

Work Phone _____ ext. ____ Position _____ Employer _____

Relation to Student _____ Lives with student? _____

E-mail address _____

Cell Phone or Other information _____

Parent #2

Last Name _____ First _____ MI _____

Street _____ Home Phone _____

City _____ State ____ Zip Code _____

Work Phone _____ ext. ____ Position _____ Employer _____

Relation to Student _____ Lives with student? _____

E-mail address _____

Cell Phone or Other information _____

In case of an emergency and we are not able to reach parents, please list someone in town we may call:

Name _____ Home # _____

Relationship to Student _____ Work # _____

Cell # _____

Name _____ Home # _____

Relationship to Student _____ Work # _____

Cell # _____

Part C
Statement of Cooperation

In making application for my child, it is my desire to have him/her complete the school year 20__-20__. In signing this application, we understand that:

1. The discipline procedures of the school require our cooperation.
2. The teacher has full discretion, subject to the approval of the principal, for the grade placement of our child based on his/her performance and tested skill level.
3. We give our child permission to take part in all school activities, including sports and field trips. We will not hold the school liable for any injury to us or our child at school or during any school activity.
4. Our participation is needed in lending practical help and prayer support in a mutual effort to train our child. Because of this, we will endeavor to attend Parent-Teacher meetings, and called Parent-Teacher conferences unless providentially hindered.
5. We understand that the school has the policy of not refunding registration fees.
6. We as parents hereby agree to abide by the rules and regulations as adopted by I.C.C.E. and those printed in the Student Handbook. Should we have questions concerning the enforcement of these rules we will communicate with school personnel according to the proper chain of authority which is: teacher, then administrator, then school board.

Father's Signature

Date

Mother's Signature

Date

Guardian's Signature

Date