



ADDITIONAL CHILD/SIBLING APPLICATION FOR ENROLLMENT FORM

Date of Application _____ Grade Applying For _____ (K-11 only)

Student's Name _____ S.S. # _____
First Middle Last

Name student is called _____ Birth date _____

SCHOOL BACKGROUND OF STUDENT APPLICANT (List previous schools student has attended)

Name of School, Address, Phone, Grade

Please circle "Yes" or "No" to the following questions:

- | | | |
|---|-----|----|
| Has the student ever repeated a grade? | Yes | No |
| Has the student ever had discipline difficulty in school? | Yes | No |
| Has the student ever been suspended or expelled? | Yes | No |
| Has the student had extended absences from school? | Yes | No |
| Does the student have any physical limitations, disabilities, problems, or psychological disorders that would affect class, personal study, or require special attention? | Yes | No |
| Does the student currently take any medication on a regular basis? | Yes | No |

If you circled **YES** to any of the above questions, please explain below.

Describe the student's interests, talents and abilities. _____

SIGNATURE OF AGREEMENT

As parent(s) or legal guardian(s) of the subject applicant,

I (we) agree to cooperate with Firelands Christian Academy in the enforcement of the rules and regulations as stated herein and elaborated in the "Statement of Faith" and Parent/Student Handbook.

Signature of Parent or Legal Guardian Date

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