ADDITIONAL CHILD/SIBLING APPLICATION FOR ENROLLMENT FORM

Date for Application _____ Grade Applying For _____

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 check "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 checked **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

_____
Signature of Parent or Legal Guardian Date