

ELKHART ADVENTIST CHRISTIAN SCHOOL APPLICATION

Student Information

Date of Application: _____ for School Year: _____

Applying for (*Circle one*): K 1 2 3 4 5 6 7 8

Student's Legal Name _____
Last First Middle

Mailing Address:

Street

City State Zip Code

Date of Birth: _____ Age: _____ Male Female

Place of Birth (city & state) _____

Family's Church Affiliation: _____

Is the student a baptized member of the Seventh-day Adventist Church Yes No

Date of Baptism(if baptized): _____

Name, address, telephone of previous school (school where records would be requested):

Reason for changing schools (if applicable): _____

Has the student been under any serious discipline measures during the past year?
(ie: suspended, expelled, etc.) Yes No

If yes, please explain: _____

Has the student received small group instruction assistance, LD remedial tutoring, supplemental support services? Yes No

If yes, in what areas was he/she tutored? _____

Has the student ever had an IEP? Yes No

Is there anything special that we should know about your child's situation? (ie: learning, physical and emotional needs)

FAMILY INFORMATION

FATHER/LEGAL GUARDIAN

MOTHER/LEGAL GUARDIAN

Name: _____

Home Address: _____

Telephone:
Home: _____
Cell: _____
Business: _____

Occupation: _____

Church Membership: _____

Family Physician: _____
Name Address Phone number

If parent(s) or legal guardian(s) cannot be reached in an emergency, please notify:

Name: _____
Relation to the student: _____
Telephone: _____

REFERENCES
(required)

If applying to EACS for the first time, please provide three references on the lines below. If coming from another school, at least one recommendation must be from a former teacher, counselor or administrator of the previous school.

1. Name: _____
Relationship to student/family: _____
Phone: _____

2. Name: _____
Relationship to student/family: _____
Phone: _____

3. Name: _____
Relationship to student/family: _____
Phone: _____

APPLICATION AGREEMENT

- We hereby certify that we have read the information contained in this application, and to the best of our knowledge the answers given are correct.
- We are acquainted with the philosophy and regulations of the Elkhart Adventist Christian School and agree to support them while enrolled at the school.
- We also agree to participate in school sponsored activities which may occur outside of regular school time.
- We understand that the policy of EACS is that no transcripts or diplomas will be issued at the end of the school year until all accounts to EACS are paid in full.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

- Please return the entire application to Elkhart Adventist Christian School as soon as possible. Final acceptance for the applicant cannot be completed until the information has been received and the references have been checked. Thank you.