

Captain Gilmer Christian School

New Student Interview

(828) 684-8221

Date _____

Student's Name _____ Date of Birth ____/____/____

Father's Name _____ Mother's Name _____

With whom does the child live? _____

Primary Language _____ Family Denominational Preference _____

Grade Next Fall _____ How many schools has your child attended since 1st grade? _____

Name of immediate past school _____

Address _____ Phone Number _____

Name of Principal _____ Most Recent Teacher _____

Reason for leaving the two most recent schools _____

Has your child ever been home schooled? Yes _____ No _____ If yes, grade level(s) _____

Has your child ever been retained? Yes _____ No _____ If yes, when and where? _____

Has your child ever been suspended? Yes _____ No _____ Dismissed? Yes _____ No _____

If yes, explain _____

General Achievement level (as indicated by most recent Standardized Achievement test):

Below Average _____ Average _____ Above Average _____

Has the student been previously placed in special education? Yes _____ No _____

If yes, fill in the following information: Tested by _____

Where _____ When _____ Placement _____

Captain Gilmer Christian School may not have the necessary equipment or staff to meet the special educational requirements established by law for special needs students. Should these problems be indicated after the student is enrolled, the school administration will assist the parent(s) in transferring the student to a school or program where assistance is appropriate and available.

Why is Christian Education important to you? _____

What do you view as your child's educational strengths? _____

What do you view as your child's educational weaknesses? _____

How would you describe your child's personality?

_____ Active	_____ Ambitious	_____ Self-Confident	_____ Persistent
_____ Hard-Working	_____ Nervous	_____ Impatient	_____ Impulsive
_____ Quick-Tempered	_____ Excitable	_____ Imaginative	_____ Original
_____ Witty	_____ Calm	_____ Easily Discouraged	_____ Serious
_____ Good-Natured	_____ Unemotional	_____ Shy	_____ Submissive
_____ Absent-Minded	_____ Methodical	_____ Timid	_____ Lazy
_____ Dependable	_____ Reliable	_____ Cheerful	_____ Sarcastic
_____ Jittery	_____ Likable	_____ Leader	_____ Sociable
_____ Self-Conscious	_____ Passive	_____ Outgoing	_____ Aggressive
_____ Melancholic	_____ Easy-Going	_____ _____	_____ _____

List any allergies/medical conditions your child has, along with medications needed for these conditions _____

Please note any other information you feel we should know about your child _____

Do you have time to volunteer in the school/classroom and/or attend school trips? _____

To the best of my knowledge, the questions on this registration form are answered completely and truthfully.

Parent/Guardian Signature

Date