



7. Please list schools previously attended, most recent first

School \_\_\_\_\_ Address/Zip \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grades Completed \_\_\_\_\_

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8. Why is your student transferring from his/her present school?

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9. Student's grades have been:

\_\_\_ All A's. \_\_\_ Primarily A's & B's. \_\_\_ Primarily B's & C's \_\_\_ Primarily Below C

10. Has the student ever been:

\_\_\_\_\_suspended \_\_\_\_\_expelled \_\_\_\_\_asked to withdraw

\*\*If so, please give full details on a separate sheet of paper, including the principal's name and contact information.

11. Has the student ever repeated a grade? \_\_\_ Yes \_\_\_ No Grade(s) \_\_\_\_\_

12.. Has this student been diagnosed as having any of the following problems?

\_\_\_ ADHD \_\_\_ Dyslexia \_\_\_ Hand-eye Coordination Problems

\_\_\_ Visual Perception \_\_\_ Learning Disability \_\_\_ Emotional Difficulties

\_\_\_ Other (If so, explain) \_\_\_\_\_

Has this student been in any special education program? \_\_\_ Yes \_\_\_ No Grade(s) \_\_\_\_\_

If yes, please describe the program: \_\_\_\_\_

13. Describe the student's interests, talents, abilities:

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14. Are there any medical reasons the applicant cannot participate in the physical education program?

\_\_\_ Yes \_\_\_ No. If "yes", please explain \_\_\_\_\_

15. If you have further information which may assist in the guidance of your child, such as pertinent medical, allergies, or other details the school should be aware of, please indicate below.

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16. Medical Insurance/Medicaid is required for each child. Provide information below:

Insurance Provider \_\_\_\_\_

Policy number \_\_\_\_\_ Primary Care Provider \_\_\_\_\_

17. Please state your personal Christian Experience and Faith: (Attach separate page if needed.)

Father: \_\_\_\_\_

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