

School Term _____ Date _____

***** STUDENT INFORMATION *****

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Telephone _____ Birth Date _____

Email Address _____

Place of Birth _____
(City) (State)

Age _____ Sex _____ Grade to Enter _____

If Pre-K, _____ 1/2 Day OR _____ All Day

Last School Attended _____

Address _____

Please indicate academic level of pupil's previous work:

Excellent _____ Average _____
Good _____ Below Average _____

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes _____ No _____ Explain _____

Please attach a copy of your child's most current report card and any IEP that is in effect, if applicable.

Has your child received immunizations? YES NO

Kindergarten and Pre-K needs to furnish a copy of their immunization record.

Family Physician _____ Ph# _____

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OFFICE USE ONLY: App. Rec'd. _____

Interviewed By _____ Status _____

Which campus do you want? Clinton Elk City Weatherford

***** FAMILY INFORMATION *****

Father's Name _____

Employer _____

Position _____ Business Ph# _____

Mother's Name _____

Employer _____

Position _____ Business Ph# _____

Marital Status: Married _____ Widowed _____
Divorced _____ Separated _____

Other Children in Family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If other school age children are not applying, please state reason:

How did you hear about our school? _____

What is your reason for selecting our school? _____

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App Fee Rec'd. _____ Transcript Requested _____ Transcript Rec'd. _____

Signed Confession of Faith _____ Student ID _____