

# Kent Island Christian School

## Elementary Application (Kindergarten - 7th grade)

Applying for the \_\_\_\_ to \_\_\_\_ school year.  
Please fill out completely. Print or type.

Grade \_\_\_\_\_

### STUDENT INFORMATION

Student's name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Nickname (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Last school attended \_\_\_\_\_ Public or Private

Reason for leaving \_\_\_\_\_

Special interests or abilities \_\_\_\_\_

Has the student ever been given a diagnostic or learning disabilities test? \_\_\_\_ If yes, please explain \_\_\_\_\_

Please indicate any history of any other physical or emotional condition or learning disability that has required or might require special attention. (Include copies of all reports)

What is your child's attitude toward school? \_\_\_\_\_

Has your child repeated a grade? \_\_\_\_ If yes, what grade and why? \_\_\_\_\_

Does your child have any allergies? Foods? \_\_\_\_ Medications? \_\_\_\_ Insect stings? \_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_

(If your child has a serious allergy, please inform the teacher and the school office)

Does your child have to be given any kind of medication while in school? \_\_\_\_yes \_\_\_\_no

If yes, please tell what the medication is used for. \_\_\_\_\_

## STUDENT'S HOME LIFE

Student is living with:   \_\_\_ both parents           \_\_\_ father           \_\_\_ mother  
                                  \_\_\_ step-father           \_\_\_ step-mother       \_\_\_ other

If you have checked step-parent or other, please fill out the information below:

Mr. Mrs. Dr. Rev. Miss \_\_\_\_\_

Nickname \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

## SPIRITUAL BACKGROUND

Local church attending \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Is your family a member? \_\_\_\_\_

Does family and/or student attend church or Sunday School regularly? \_\_\_\_\_

Is student use to Bible reading and prayer at home? \_\_\_\_\_

**Please send this application and the following items to the Admissions Office, Kent Island Christian School,  
P.O. Box 260, Chester, MD 21619:**

- \_\_\_\_\_ **Student's birth certificate**
- \_\_\_\_\_ **Copy of social security card**
- \_\_\_\_\_ **Immunization record**
- \_\_\_\_\_ **Most recent report card and standardized test scores**
- \_\_\_\_\_ **Signed transcript release form**
- \_\_\_\_\_ **Application fee**
- \_\_\_\_\_ **Reference forms given out to a former teacher, your pastor, and a family friend**
- \_\_\_\_\_ **Family application**
- \_\_\_\_\_ **Personal Testimony**