

# Kent Island Christian School

## Student Application

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**