



1st-5th Grade Student Application

Personal Data

(To be completed by parent)

Date: _____

Student's Name	Last	First	Middle	Gender
Name used (if different)		Date of Birth	Place of Birth	
Address		City	State	Zip Code
Grade Entering	Student Cell Phone #		Student Email Address	

Schooling

Does your child want to attend New Hope Christian Schools? Yes No

Last school attended:	Name	Address	Phone
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Has your child encountered difficulty with students, teachers, or other staff members in a previous school? Yes No

Explain:

Has your child previously attended New Hope Christian Schools? Yes No If so, for what grade(s)? _____

What was the reason for withdrawal?

Submit last report card and result of last standard achievement testing with this application.

Health

Health of child: Good Fair Poor If poor, explain: _____

Does your child have any allergies? Yes No Explain: _____

Is your child on special medication? Yes No Explain: _____

Certificate of Immunization is required.

Family Life

What household chores is your child responsible for? _____

What methods of discipline are used in the home? _____

In what family-centered activities does your family participate? _____

Does your child watch television? Yes No Estimate number of hours per week _____

Does your child have homework on a regular basis? Yes No Is the child supervised while doing it? Yes No

Please describe what you believe are the important family-life factors influencing your child's growth:

Church Involvement

Does your child go to Sunday School? Yes No Church? Yes No Name of Church _____