



New Hope Christian School

1st-5th Grade Student Application

Personal Info

Date: _____

Student's Name Last First Middle Gender

"Goes by" Name (if different) Date of Birth Place of Birth

Address City State Zip Code

Grade Entering Student Cell Phone (if applicable) Student Email Address (if applicable)

Schooling ****Submit last report card and results of last achievement testing with this application****

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

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

What was the reason for withdrawal? _____

Has your child encountered difficulty with students, teachers, or other staff members in a previous school? Yes No

If yes, please explain: _____

Last school(s) attended:

Name	Address	Phone	Grades Attended
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Family Life

For what household chore(s) is your child responsible? _____

What methods of discipline are used in the home? _____

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

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

Does your child have homework on a regular basis? Yes No

Health ****Immunization Certificate Required****

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

Does your child have any allergies? Yes No If yes, explain: _____

Is your child on special medication? Yes No If yes, explain: _____

Church Involvement

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