



Scotfield Christian School
APPLICATION FOR ADMISSION
Personal Information

For Grades
1 - 6
Applicants

Full Legal Name _____
Last First Middle

Preferred or Nickname _____ Birth Date ___/___/___ Age in years _____ Male Female

Student Home Address _____ Student S.S. # _____

City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Current School _____ School Phone _____ Current Grade _____

Applying for Grade: 1 2 3 4 5 6

APPLICANT'S EDUCATION HISTORY

If applicable, please list school(s) attended (beginning with most recent):

School Grade(s) _____ Name of School _____

School Address _____ City _____ State _____ Zip _____

School Grade(s) _____ Name of School _____

School Address _____ City _____ State _____ Zip _____

FATHER

Father's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Church Presently Attending _____

Member Yes No

Occupation _____

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Cell Phone _____

Email _____

MOTHER

Mother's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Church Presently Attending _____

Member Yes No

Occupation _____

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Cell Phone _____

Email _____

Additional Family Information

Check if appropriate: Father Deceased Mother Deceased Parents Separated Parents Divorced
 Father Remarried Mother Remarried

If divorced, who has legal custody? _____

With whom does the student live? _____

Step-parent Name _____

Home Address _____ City _____ State _____ Zip _____

To whom should correspondence about this application be sent? Both parents Father Mother

Sibling Information *(Please give names, ages, and school or college, if applicable)*

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Grandparent Information

Grandparent's Name _____

Home Address _____ City _____ State _____ Zip _____

Grandparent's Name _____

Home Address _____ City _____ State _____ Zip _____

May we send information/newsletters from Scofield Christian School to grandparents? Yes No

Reference Information

How did you learn about Scofield Christian School? _____

Name of Non-family reference: _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Additional Information

Has the applicant been evaluated for learning differences or attention, visual, or hearing difficulties? Yes No
If yes, please explain on a separate sheet of paper and provide a copy of test results.

Has the applicant ever been evaluated for emotional or behavioral problems? Yes No
If yes, please explain on a separate sheet of paper and provide a copy of test results.

Has the applicant ever been expelled or suspended from school? Yes No
If yes, please explain on a separate sheet of paper.

If applicant is changing schools, is this Voluntary Involuntary
If involuntary, please explain on a separate sheet of paper.