



Scotfield Christian School
APPLICATION FOR ADMISSION
Personal Information

For
3K - 5K
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 Student Phone

Current School School Phone Current Grade

Applying for Grade: 3K M through F 3K M-W-F 4K M through F 4K M-W-F 5K

Enrichment Day (11:30 - 3:30) Options:
Please select all desired days

- 3K Monday 3K Tuesday 3K Wednesday 3K Thursday 3K Friday
4K Monday 4K Tuesday 4K Wednesday 4K Thursday 4K Friday
5K Monday 5K Tuesday 5K Wednesday 5K Thursday 5K Friday

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

MOTHER

Father's Name

Mother's Name

Home Address

Home Address

City State Zip

City State Zip

Home Phone Fax

Home Phone Fax

Church Presently Attending

Church Presently Attending

Member Yes No

Member Yes No

Occupation

Occupation

Employer

Employer

Employer Address

Employer Address

City State Zip

City State Zip

Work Phone Fax

Work Phone Fax

Cell Phone

Cell Phone

Email

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.