

# MEADOWOOD CHRISTIAN SCHOOL

A Ministry of Meadowood Church

16051 E. Dartmouth Ave. Aurora, CO 80013 • 303-690-2309 • www.meadowoodcs.org

## ENROLLMENT APPLICATION FOR KINDERGARTEN-8<sup>TH</sup> GRADE & B/A CARE

Please write clearly. Please be as thorough as possible. One student per application.  
Return completed application to the school office.

<b>Today's Date:</b> _____ <b>Date of Enrollment:</b> _____ <b>Start Date:</b> _____	<b>Grade Status</b> Kindergarten AM ___ PM ___ 5 <sup>th</sup> Grade ___ 6 <sup>th</sup> Grade ___ 1 <sup>st</sup> Grade ___ 2 <sup>nd</sup> Grade ___ 7 <sup>th</sup> Grade ___ 8 <sup>th</sup> Grade ___ 3 <sup>rd</sup> Grade ___ 4 <sup>th</sup> Grade ___ Before/After Care Needed ___
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### Student Information

<b>Student Name (Last, First, Middle)</b>			<b>Nickname</b>
<b>Gender</b> ___ Male ___ Female	<b>Date of Birth</b>	<b>Age</b>	<b>Primary Language Spoken in the Student's Home</b>
<b>Student Address (Include City, State, Zip Code)</b>			<b>Home Phone #</b>
<b>Status of Parents:</b> ___ Married ___ Divorced ___ Separated ___ Single ___ Widowed <b>Student is Living With:</b> ___ Both Parents in the Same Home ___ Mother ___ Father ___ Grandparents  <b>Other (Please Explain):</b> _____  <b>In the Case of Joint Custody (Please Explain):</b> _____			

### Parent/Guardian Information

<b>Mother's Information</b>		<b>Father's Information</b>	
<b>Name</b>		<b>Name</b>	
<b>Home Address (If Different than Student)</b>		<b>Home Address (If Different than Student)</b>	
<b>Place of Employment</b> _____ <b>Address</b> _____ <b>Phone #</b> _____		<b>Place of Employment</b> _____ <b>Address</b> _____ <b>Phone #</b> _____	
<b>E-Mail</b>		<b>E-Mail</b>	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>

Please circle or highlight which of the above numbers is the best to reach you during school hours.

**List other children in your family/People in household**

Name _____	Age/Grade _____	School _____
Name _____	Age/Grade _____	School _____
Name _____	Age/Grade _____	School _____
Name _____	Age/Grade _____	School _____

**How did you hear about our school?** \_\_\_\_\_

Student Name: \_\_\_\_\_

**Emergency contact information if you are unable to be reached incase of illness or injury. (Other than parents.)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Please list those who are allowed to pick up your student.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Please list those who are NOT authorized to pick up your student.**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Church Information**

Name of Church

Pastor

Denomination

Church Address

Church Phone #

**Church Attendance & Involvement:**

**Regular**=One or more times a week, **Occasional**=One or more times a month, **Seldom**=Less than one time a month

Father: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

Mother: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

Student: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Seldom      Ministry Involvement? \_\_\_\_\_

**Testimony Information: Please write a brief statement of testimony, giving your beliefs regarding your Christian experience.**

Father:

Mother:

How would you describe your student's spiritual life?

**Student Name:**

**Student Academic Information**

<b>School Last Attended</b>	<b>Current Grade Level</b>
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<b>School Address (Include City, State, Zip Code)</b>	<b>School Phone #</b>
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**Other School(s) Attended, Dates and Reason for Transfer:**

School _____	Dates Attended _____	Reason for Transfer _____
School _____	Dates Attended _____	Reason for Transfer _____
School _____	Dates Attended _____	Reason for Transfer _____
School _____	Dates Attended _____	Reason for Transfer _____

**If the student is home-schooled, please provide the name of any person or organization that is being used to evaluate the student:**

**Has the student ever been suspended, expelled, or asked to withdraw from a school? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Has the student experienced difficulties in a previous or current school, behavioral or otherwise? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Has the student ever skipped or repeated a grade? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Has the student ever received any special tutoring? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Has the student ever had any physical or emotional problems that may affect attendance or behavior? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Has the student had any involvement with drugs, smoking, or alcohol? Yes \_\_\_ No \_\_\_**  
**If yes, please explain:**

**Student Health History: Please attach current immunization record**

Please check the illnesses your student has had from birth to present. Include dates if known and any important details.

<u>Illness</u>	<u>Date</u>	<u>Illness</u>	<u>Date</u>
Chicken Pox _____	_____	Scarlet Fever _____	_____
Rubella _____	_____	Poliomyelitis _____	_____
Measles _____	_____	Rheumatic Fever _____	_____
Mumps _____	_____	Pneumonia _____	_____
Whooping Cough _____	_____	Other _____	_____

<u>Known Allergies/Food Allergies:</u>	<u>Reaction</u>	<u>Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Operations, serious injuries, serious illnesses or other existing physical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

List any other health or behavioral issues which you or your family physician feel should be known to school authorities:  
\_\_\_\_\_  
\_\_\_\_\_

Is your student currently under medical treatment? Yes \_\_\_ No \_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent/Guardian Permission for Medical Treatment**

I, \_\_\_\_\_, hereby give my permission to Meadowood Christian School and related programs to obtain any necessary medical personnel to transport and treat my child, \_\_\_\_\_, in an emergency. I understand the school staff will make every attempt to reach me or the emergency contact person(s). I agree and understand all expenses will be my responsibility. I also authorize the transfer of my child's health records to the local hospital or medical personnel. I understand the emergency personnel will determine where to transport.

Hospital of Choice \_\_\_\_\_ Hospital Phone # \_\_\_\_\_  
Address \_\_\_\_\_

We will notify the EMT's of your preference, but are not responsible for their decision of hospital location. If your child must be transported to a specific hospital due to medical reasons, please attach a letter indicating the reasons for the request and sign and date the letter.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Eligibility Requirements and Acknowledgement**

Your signature below affirms your support of our goals and purposes of Meadowood Christian School as they relate to the instruction of your child.

I understand the requirements for admission into Meadowood Christian School.

1. Students must complete a curriculum readiness examination, administered by the school.
2. Upon acceptance the parent and student must read and handbook and sign the Code of Conduct form.
3. Final approval of admission is not given until after an interview is conducted and the application packet is processed.

Parent Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_

# MEADOWOOD CHRISTIAN SCHOOL

## EMERGENCY FORM

Today's Date: \_\_\_\_\_

<b>Child's Information</b>		
Child's Name (Last, First, Middle)	Date of Birth	Age
Home Address (Include City, State, Zip Code)	Home Phone #	
<b>Parent/Guardian Information</b>		
Mother's Name _____	Father's Name _____	
Home Address (If Different from Child) _____	Home Address (If Different from Child) _____	
Work Address _____	Work Address _____	
Home # _____ Cell # _____ Work # _____	Home # _____ Cell # _____ Work # _____	
<b>Child's Physician</b>	<b>Child's Dentist</b>	
Name _____	Name _____	
Address _____	Address _____	
Phone _____	Phone _____	
<b>Emergency Contact Information if you are unable to be reached in case of illness or injury.</b>		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		
<b>Please list those who are allowed to pick up your student.</b>		
Name _____	Phone # _____	Relationship _____
Address _____		
Name _____	Phone # _____	Relationship _____
Address _____		