Redwood Christian School

2039 "E" Street, Eureka, CA 95501 707.442.4625

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Name		
Last	First	Middle
School Year 20 20		
Male / Female	Grade Entering	Age
Date of Birth		
Parent(s) / Guardian Name:		
Mailing Address (if different)		
Home Phone		
Work Phone	Email Address	
EMERGENCY INFORMA	<u>ATION</u>	
Please list two people who wou	ald be available in case of an emergen	cy.
Name		Phone
Name		Phone
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MEDICAL REQUIREMENTS FOR KINDERGARTEN STUDENTS

In order for Kindergarten students to be enrolled, a copy of the **birth certificate** and **immunization record** must be presented, and **immunizations must be up to date**.

"Those who hope in the Lord will renew their strength. They will soar on wings as eagles; they will run and not be weary, they will walk and not faint." Isaiah 40:31

ACADEMIC INFORMATION

Excellent Good Poor	
Has this child ever failed in school? If yes, please explain	
Has this child ever been expelled, dismissed, or refused entry into any explain	
Has this child ever been enrolled in a learning disability, special educate (Individualized Education Plan)? Is yes, please explain	
SPIRITUAL INFORMATION	
Do you consider your family to be a Christian family? Yes Does your family attend church? Yes No Where do you attend church? Pastor's name	
GENERAL INFORMATION	
In what ways are your children disciplined?	
Do your children communicate problems or victories to you? Freely Please comment:	Seldom Never
How did you hear about Redwood Christian School?	n School?
What are your expectations of a Christian education at Redwood Christian S	School?
Signature of Father	Date
Signature of Mother	
or	
Signature of Guardian	Date