

DATE: _____

APPLICATION FOR ENROLLMENT

PAID: () Cash () Check

Non-refundable \$45.00 screening fee must accompany application prior to screening. (This fee will be cashed upon receipt)
A report card is needed at the time of screening.

Students applying for Kindergarten must bring a birth certificate. (A copy will be made in the school office)

| | |
|---------|---|
| Pupil | Applying for _____ grade |
| | Pupil's legal name in full _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (last) (first) (middle) (nickname) </div> |
| | Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (number, street) (city) (zip) Home Phone Number </div> |
| | Birth date ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthplace _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (mo) (day) (year) (city & state, country if not USA) </div> |
| Parent | Name _____ Home Phone Number _____ Cell Phone Number _____ Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (number, street) (city) (zip) Father's Email </div> Employer _____ Business Phone Number _____ |
| | Name _____ Home Phone Number _____ Cell Phone Number _____ Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (number, street) (city) (zip) Mother's Email </div> Employer _____ Business Phone Number _____ |
| | Name _____ Home Phone Number _____ Cell Phone Number _____ Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (number, street) (city) (zip) Mother's Email </div> Employer _____ Business Phone Number _____ |
| General | Pupil lives with: Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Names and ages of other children 1. _____ 2. _____ 3. _____ 4. _____ Church preference _____ Does your family attend regularly? Yes <input type="checkbox"/> No <input type="checkbox"/> School last attended _____ Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (number, street) (city) (zip) School Phone Number </div> Valley Presbyterian School was recommended by _____ |
| | Child's allergies: Foods _____ Medicines _____ Environmental _____ Other medical conditions of which we should be aware: _____ Is your child taking any daily medications? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Disclosure of Medical History and IEP Information: All students, parents and guardians are required to disclose to Valley Presbyterian School all psychological or psychiatric counseling prescribed or received by the applicant student, any prescribed program of medication in connection therewith, or any involvement with the law enforcement or juvenile authorities (this includes arrests, detention or conviction) and suspension or expulsion from other schools. Parents are required to provide the school with copies of IEPs listing special needs and copies of educational testing administered by educational psychologists. This information must be submitted at enrollment. Failure to disclose this information may, in the sole and absolute discretion of Valley Presbyterian School, result in the denial of admission of an applicant or the disenrollment of an enrolled student. |
| | What are your child's special interests and abilities? _____ Why do you wish your child to attend Valley Presbyterian School? _____ |
| Medical | |
| | |

Date of Screening

Time of Screening

To be filled out by enrolling student (Kindergarten through 3rd grade may need help)
(4th through 6th grade should complete by him/herself)

Full Name _____ Name you prefer to be called? _____

Address _____
(number, street) (city) (zip) Home Phone Number _____

When is your birthday? _____

Where did you last attend school? (city) _____ Name of school _____

What does Jesus mean to you? _____

Do you attend church? _____ Yes No Sunday School? Yes No

Where? _____

How many sisters do you have? ____ What ages? ____ ____ ____ Where do they go to school? _____

How many brothers do you have? ____ What ages? ____ ____ ____ Where do they go to school? _____

Do you get an allowance? Yes No How do you get your spending money? _____

What do you usually do after school? _____ In the evening? _____

On the weekend? _____ Do you listen to the radio? Yes No

How often do you go to the movies? _____ What kind of movie do you like best? _____

Who is your favorite actor? _____ When do you watch television? _____

What are your favorite programs? _____

Have any pets? _____ What kind of pets do you have? _____

What are their names? _____ If you could have any pet, what would it be? _____

Do you have a hobby? _____ Do you belong to any clubs? _____

Do you take any lessons after school or on weekends? _____

Where would you like to go on a field trip this year? _____

What is your favorite subject in school? _____

What do you not like about school? _____

