

## **STUDENT INFORMATION**

Name				
	Fi	rst	Middle	Last
Birthdate:				Grade Entering:
-	Month	Day	Year	0

## Copy of birth certificate required.

## **PREVIOUS SCHOOLS**

School Name	Location (City/State)	Dates Attended

Previous school records will be requested. If registering for kindergarten, copy of Early Childhood Screening required. If homeschooled (and at least age 7 on October 1), annual standardized testing results required.

Has student been placed on probation, suspended, or expelled from any school? If yes, please explain.

Has student had any failing grades in the past two years? If yes, please explain.

Has student ever been	recommended for an	evaluation? If ves	please explain.
nus student ever been		cvaluation. If yes	, picase explain.

Does student currently have (or has had in the past) an Individualized Education Plan (IEP) or 504 Plan?	

🗌 Yes 🛛 🗌 No

If yes, which school district? \_\_\_\_\_

<b>OVER</b>	>>>
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OFFICE USE: Reg Received	School Records	Admin Approved
Birth Certificate	Immunizations	

## STUDENT REGISTRATION CONT'D

Does student have any physical, mental, and/or emotional disabilities or struggles that may affect his/her activities or progress at school?				
Does student have any allergies, take med oncerns of which we should be aware? If s	-	ther health	🗌 Yes	🗌 No
f there anything else you feel we should k effectively? Please explain.	ແnow about student in orde	er to teach and/o	r discipline h	im/her
			ning if Hollon	dale
Ve/l understand the importance of provid Christan School will be able to meet the ed Inswers are truthful and complete:	-			
hristan School will be able to meet the ed	ducational needs of my chi	ld. We/I hereby co	ertify that the	e above