



Esther's School

ESTHER'S SCHOOL - APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY:

Date Application Received _____

Acceptance _____

Application Fee Paid _____

Denial _____

STUDENT INFORMATION (New Current

Student Name (Last / First / Initial) _____

Nickname _____

Date of Birth (MM/DD/YYYY) Social Security Number _____

Student E-mail Address (if applicable) _____

STUDENT INFORMATION CON'T...

Sex: Male Female

Current Age: _____

Race or Ethnic Origin: Specific ethnic options are for the purpose of a government statistical report; please choose one option only.

- African American, non-Hispanic
 American Indian or Alaskan Native
 Asian American
 Caucasian American, non-Hispanic
 Hispanic American
 Other: _____

Citizenship if other than U.S. _____

Native Language if other than English _____

Religious Affiliation _____

FAMILY INFORMATION

Marital Status:

Married Divorced Widowed Separated

Student Lives with:

Father Mother Legal Guardian Foster Care Giver

PRIMARY CONTACT INFORMATION

Father Mother Legal Guardian Foster Care Giver

Name (Last / First / Initial) Dr. / Rev. / Mr. / Mrs. / Other _____

Date of Birth (MM/DD/YYYY) Social Security Number _____

Employer / Position _____

Home Address _____

City/State/Zip _____

Daytime Phone (Hm Cell Wk

Evening Phone (Hm Cell Wk

Preferred E-mail Address _____

SECONDARY CONTACT INFORMATION

Father Mother Legal Guardian Foster Care Giver

Name (Last / First / Initial) Dr. / Rev. / Mr. / Mrs. / Other _____

Date of Birth (MM/DD/YYYY) Social Security Number _____

Employer / Position _____

Home Address _____

City/State/Zip _____

Daytime Phone (Hm Cell Wk

Evening Phone (Hm Cell Wk

Preferred E-mail Address _____



ACADEMIC INFORMATION

Date of Enrollment _____
(MM/DD/YYYY)

Grade Entering _____

NOTE: Please attach a copy of last year's report card

Current School _____

School Address _____

Current Grade in School _____

Current Classes _____

Extra-curricular Activities in which the student participated

SCHOOL HISTORY

List the last three (3) schools attended:

School #1 _____

School Address _____

City/State/Zip _____

Grades Attended _____

Dates Attended _____

School #2 _____

School Address _____

City/State/Zip _____

Grades Attended _____

Dates Attended _____

School #3 _____

School Address _____

City/State/Zip _____

Grades Attended _____

Dates Attended _____

DISCIPLINARY INFORMATION

Has the child ever been expelled, dismissed, suspended or refused admission to another school?

No Yes

If yes, please explain (Attach addt'l sheet if necessary)

Has the child ever been retained in a grade?

No Yes

If yes, please explain (Attach addt'l sheet if necessary)

STUDENT ACADEMIC NEEDS

In order to determine what resources may be needed to serve your child, please help us by listing any information or concerns relating to the following (Please reveal this information during the application process and describe circumstances.)

(Attach addt'l sheets if necessary)

Academic (e.g., Has the student ever received tutoring, counseling or instruction to assist learning?)

Behavioral

Emotional

Social



STUDENT MEDICAL INFORMATION

NOTE: Each child will need an immunization record and a medical examination form completed by their doctor.

Completed health forms are required to be submitted to the school office within 15 days of enrollment.

Family Physician / Pediatrician

Address

Phone

Fax

Is child current with all immunizations? No Yes
Has child received annual physical? No Yes

EMERGENCY CONTACT

Person(s) to be notified in case of an emergency when a parent or guardian cannot be reached.

Is this person permitted to pick child up from school?
No Yes

Relationship(s) to Child

Daytime Phone (Hm Cell Wk

STUDENT MEDICAL HISTORY

Check off any of the following items that the child has or has had within the past three years:

- Accidents / Injuries
- Burns
- Convulsions / Seizures
- Depression
- Serious Illness
- Surgery
- Other: _____

Check off any communicable diseases that child has or has had in the past:

- Chicken Po
- German Measles
- HIV
- Measles
- Mumps
- Scarlet Fever
- Small Pox
- Whooping Cough
- Other: _____

CURRENT SPECIAL NEEDS

In order to determine what resources may be needed to serve your child, please help us by listing any information or concerns relating to the following (Please reveal this information during the application process and describe circumstances.)

Does the child have any of the following:
(Attach add'l sheets if necessary)

- Difficulty with Motor & Movement? No Yes
- Speech & Language Difficulties? No Yes
- Vision Impairment? No Yes

Disabilities / Special Needs (Physical / Mental)?
No Yes If yes, please specify all that apply

Allergies / Asthma?
No Yes If yes, please specify all that apply

Please describe child's habits / likes & dislikes:

MEDICAL INSTRUCTIONS

Need for Medication? No Yes
If yes, please specify medication name(s) & routine(s)

Please describe any other special / medical instructions:



