

School Year _____

Eastside Christian Academy **New Student Application**

Student's Full Name: _____

Grade Entering Fall: _____ Date of Birth: _____

Birthplace: _____

Name(s) of Siblings Currently Attending Eastside Christian Academy: _____

School Last Attended (Name and Address): _____

Registering for the Following Program: (Please Circle)

Full-Time Pre-Kindergarten (K4)

Full-Day Kindergarten (K5)

Elementary (Grades 1st – 5th)

Middle School (Grades 6th – 8th)

Student lives with: _____

If the student is not living with both parents, please check the applicable reason:

_____ Father Deceased

_____ Mother Deceased

_____ Parents Divorced

_____ Parents Separated

_____ Other (explain) _____

Parents/Primary Legal Guardian(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Primary E-Mail: _____

Father's Occupation & Place of Work: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Mother's Occupation & Place of Work: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Other Non-Primary Parent/Guardian Information for Record (If applicable):

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Student Information

Please list all schools this child has attended: _____

Has this student ever been asked to leave a school for any reason? If yes, please explain: _____

Does this child have any physical disabilities, learning disabilities, learning challenges, emotional difficulties, or behavior problems? If yes, please explain: _____

Does this child have any food allergies, allergies to medication, or any medical condition which we should be aware of? If yes, please explain: _____

Does the school have permission to give this child Tylenol for a headache? _____

Please list any medications the student takes regularly: _____

List any medications which will be left in the school office: _____

Emergency Information

Eastside Christian Academy will always attempt to contact a parent first in the case of emergency or illness. Please list, in order, the names of additional contacts you would like us to call in the event a parent cannot be reached.

- | | | |
|----|-------------------|------------------------------|
| 1. | Name: _____ | Relationship to Child: _____ |
| | Home Phone: _____ | Cell Phone: _____ |
| 2. | Name: _____ | Relationship to Child: _____ |
| | Home Phone: _____ | Cell Phone: _____ |
| 3. | Name: _____ | Relationship to Child: _____ |
| | Home Phone: _____ | Cell Phone: _____ |

Name of Child's Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Health Insurance: _____ Policy Number: _____

Group Number: _____

Religious Information

Family Church Affiliation: _____

Name of Church: _____

Address of Church: _____

Mother – Please provide a brief statement about your relationship with God: _____

Father – Please provide a brief statement about your relationship with God: _____

Please characterize your church involvement (please check one):

- Members with regular attendance.
- Members with occasional attendance.
- Non-members with regular attendance.
- Non-members with occasional attendance.
- Do not attend a church.

Note of Explanation

Please briefly describe why you are considering Eastside Christian Academy to assist you in the education of your child:

Additional information you would like us to know about your child: _____

Applicant References

Eastside Christian Academy will send the appropriate forms to references for completion.
Reference information and Parent Signature MUST be provided.

Church Reference – Minister, Youth Minister, or other individual in a leadership role at your church (not a relative).

Name: _____ Title/Position: _____
Church Name: _____
Mailing Address: _____
Phone: _____ E-Mail: _____

School Reference – Current Teacher (preferred) or Administrator (not a relative).

Name: _____ Title/Position: _____
School Name: _____
Mailing Address: _____
Phone: _____ E-Mail: _____

____ *I waive my right to access these recommendations written on behalf of my child’s candidacy for admission. *Offers confidentiality consideration to reference.*

____ *I do not waive my right to access these recommendations written on behalf of my child’s candidacy for admission.*

Signature of Parent or Legal Guardian

Date

Financial Information

Please check your choice or payment:

____ 10 Month Payment Plan

____ Payment in Full Before June 1st (3% discount)

*No discount given after June 1st.

Name of Person Financially Responsible: _____ Phone: _____

Statement of Fact

I certify that all the information on this application is true to the best of my knowledge. I have read all the informational materials, and I agree to abide by the school’s policies and procedures.

Signature of Parent or Legal Guardian

Date

Please return this form, along with the non-refundable Registration Fee to:
Eastside Christian Academy
Attn: Admissions
6300 Billtown Road
Louisville, KY 40299