



EASLEY CHRISTIAN SCHOOL

Jr/Sr High Application (Grades 7-12)

Student's Name: _____

Birthdate: _____

Street Address: _____

School Year: _____

City, State, Zip: _____

Sex: **M or F**

Grade level applying for: _____ Student Phone: _____

Name of Parents or Legal Guardian: _____

Relationship: _____ Email: _____

Siblings (ages): _____

Is there anything about the student's home or living situation or drop off and pickup of which we should be aware:

Does your family regularly attend church? **Y or N** Does the student attend church regularly? **Y or N**

Church: _____ Pastor: _____

* Has the student ever been expelled, dropped, or suspended by any school? **Y or N**

* Has the student ever used tobacco, alcoholic beverages, narcotics, or other drugs? **Y or N**

* Has the student ever had a police record? **Y or N**

* Has the student ever been supervised by a parole officer or under custody of juvenile court? **Y or N**

** If YES to any of the previous four questions please explain on a separate sheet of paper.*

List any physical limitations or allergies of which we should be aware: _____

Does the student take any prescription medication regularly? **Y or N** If yes, please give the health condition, type of medication, and frequency of doses: _____

Has this student been hospitalized within the past year? **Y or N** If yes, please give the date _____ and reason: _____

Has this student ever been treated for any nervous, mental or emotional disorder? **Y or N** If yes, please give the date _____ and name of the doctor or facility providing care _____

