



# EASLEY CHRISTIAN SCHOOL

## Elementary Application (Grades Pre-K - 6)

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ School Year: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Sex: **M or F**

Grade being applied for: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings (ages): \_\_\_\_\_

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

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

If you will need daycare, please indicate time: Early stay \_\_\_\_\_ a.m. Late stay \_\_\_\_\_ p.m.

Previous school: \_\_\_\_\_ City, State: \_\_\_\_\_

Has the student repeated any grade? **Y or N** Has the student attended ECS previously? **Y or N**

Are there any limitations or accommodations of which we should be aware? \_\_\_\_\_

Does the student have an IEP or 504 plan? **Y or N** If so, please briefly give the learning challenge being addressed and type of accommodation. \_\_\_\_\_

Does this student take any prescription medication regularly? **Y or N** If so, give type of medication, frequency of doses, and condition requiring medication: \_\_\_\_\_

Has this student been hospitalized within the past year? **Y or N** If so, 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. \_\_\_\_\_

