



SIBLING APPLICATION

STUDENT INFORMATION:

Date _____

Name _____ Grade to Enter _____
(First) (Middle) (Last)

Address _____ Home Phone _____

City _____ County _____ Zip _____ Gender M F

Age _____ Date of Birth _____ Place of Birth _____

Grade Last Completed _____ Grades Skipped or Repeated and Years _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

E-Mail _____ E-Mail _____

SIBLINGS:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION AND HEALTH INFORMATION: (Please submit all results of special educational or physical testing. Include your student's most recent Report Card if applicable.)

List all schools attended including address and phone number:

<u>School</u>	<u>Phone</u>	<u>Grades Attended</u>
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_____	_____	_____
<u>Address</u>	<u>City</u>	<u>State</u>

_____	_____	_____
<u>School</u>	<u>Phone</u>	<u>Grades Attended</u>

_____	_____	_____
<u>Address</u>	<u>City</u>	<u>State</u>

Name of your child's last teacher: _____

Has your child. . .

Ever been diagnosed to have a learning disability or physical problem that affects his/her academic achievements? Yes ____ No ____ (If yes, please explain. All testing records must be included with this application.)

Ever had any physical, emotional or attention problem which requires special medication or limited participation in certain activities? Yes _____ No _____ (If yes, please explain.)

Ever been suspended from school? Yes _____ No _____ (If yes, please explain.)

STUDENT FOCUS:

Please discuss your child's strengths and challenges in the following areas:

Intellectual

Strengths: _____

Challenges: _____

Emotional

Strengths: _____

Challenges: _____

Behavior

Strengths: _____

Challenges: _____

How does your child respond to spiritual training?
