



PARKVIEW  
CHRISTIAN  
SCHOOL

## SIBLING APPLICATION

### STUDENT INFORMATION:

Date \_\_\_\_\_

Name \_\_\_\_\_ Grade to Enter \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 \_\_\_\_\_

Church \_\_\_\_\_ Church \_\_\_\_\_

### SIBLINGS:

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

### 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>
_____		

_____		
<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.)*

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

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

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**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date