

SIBLING APPLICATION

STUDE	ENT INFORMATION:			Date:	
Name				Grade to Enter	
	(First)	(Middle)	(Last)		
Address			Home P	hone	
City		County	Zip	Gender M F	
Age	Date of Birth	Place of Birth			
Grade Last	t Completed	Grades Sk	ipped or Repeated and Years		
PAREN	NT INFORMATION:				
Father's	Name		Mother's Name		
Address					
	(if different from a			erent from above)	
Occupation			_ Occupation		
Employe	r		Employer		
Work Pho	one #		_ Work Phone #		
Cell Phone #			Cell Phone #		
E-Mail			_ E-Mail		
Church			Church		
SIBLIN	IG INFORMATION:				
<u>Name</u>	<u>A</u>	Age <u>Gender</u> <u>Gra</u>	<u>de</u> <u>School</u>		
	ATION AND HEALTH INF				
Please sub	omit all results of special	educational or physical	testing. Please include your	student's most recent Report	
Card, if ap	plicable.				
A. Lis	st all schools attended, ir	ncluding address and pl	hone number:		
<u>School</u>					
			Phone	Grades Attended	
Address		City	State		

School

			Phone	Grades Attended		
Address		City	State			
		Name of your child's last teacher:				
В.	Ha	s your child (additional paper may be used f	or answers)			
	1.	Ever been tested by the public school or by a qualified educational psychologist for a learning disability?				
		Yes No				
		If yes, was your child diagnosed with a learning	ng disability or physical probl	lem that affects his/her academic		
		achievements? YesNo				
		If yes, please explain. All testing records must be included with this application.				
	2.	Ever had any physical, emotional or attention problem which requires special medication or limited				
		participation in certain activities? Yes No				
			(,		
	3.	Ever been suspended from school or been pla	iced under any disciplinary a	action plan? YesNo		
		If yes, please explain.				
C.	Stu	dent Focus				
	Ple	ease discuss your child's strengths and challenges in the following areas:				
	<u>In</u>	<u>tellectual</u>				
	St	rengths:				
	_					
	Cł	nallenges:				
	_					
	Er	<u>notional</u>				
	St	rengths:				
	_					
	Cł	nallenges:				
	_					
	Be	<u>ehavioral</u>				
	St	rengths:				
	_					

	Challenges:					
D.	How does your child respond to spiritual training?					
Father's	s Signature	Date				
Mother	's Signature	Date				