

Applewood Christian School 25396 Highway O, Sedalia, MO 65301, Phone: 660-827-4700, <u>WWW.Applewoodweb.net</u>

STUDENT ENROLLMENT APPLICATION

The following information must be completed and submitted by a parent or guardian.

Date of applicatio	n				
Student Name					
	(Last)		(First)	(M.I.)	
Applying for grade	e	Da	Date of Birth		
Age	Se	ex			
Street Address					
City		State	Zip		
Father's Name			Cell Phone #		
				e #	
Mother's Name					
Employer					
Home Phone #					
-			-		
Church Attenda		uless			
•					
Church address					
			() Occasionally		
Born again? Yes		() Regularly	() eccacionally	() concentration	
-		() Regularly	() Occasionally	() Seldom/None	
Born again? Yes	No				
Student attends	() Weekly	() Regularly	() Occasionally	() Seldom/None	
Does your child unde	erstand the plan o	of salvation? Yes	No Born	again?	

Other children livi Name)	(Age)	(Grade) (School)	(4	Applving	at ACS?)
(unito)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(²	(pp)ying	
Apploweed Chris	tion School door n	at discriminate on the basi	o of i		lor notional or othnia arigin
	tian School does n		5 01 1	ace, co	lor, national or ethnic origin
From whom did y	ou hear about AC	S?			
State briefly your	reason for wanting	g your child to come to AC	S:		
	() (;) (0)				
list your child's a	rea(s) of interest?				
Has your child ev	er:				
Repeated	d or failed a grade	?	() yes () no
Been give	en extra tutoring?		() yes () no
Been eva	luated for admissi	on to Special Education?	() yes () no
Been ass	igned to a Special	Education program?	() yes () no
Please S	pecify				
Require r	more than normal	disciplinary action?	() yes () no
Been abs	ent from school fo	r long periods of time?	() yes () no
Had any	problems or involv	ement with drugs, alcohol,			
or cigaret	ttes?		() yes () no
Had any	physical, emotiona	al, or other problems			
	effect his/her atter	ndance or ability to			
that may			,)	
-	in school?		() yes () 110

REFERENCES:

Please give the Pastoral Referral Form to your pastor and ask him to fill it out and send it directly to the school as soon as possible. Personal interviews will not be held until the Pastor's response is received by the school. If the student is 13 years of age he/she will have to give their personal testimony.

I/We understand that this application will be reviewed and that my/our child and I/we will be interviewed before admission is approved or disapproved.

		Date
Father's Signature		
		Date
Mother's Signature		
		Date
Student's Signature if in grades 7-12		2000
Name and address of former school (if ap	plicable)	
Street address:		
City:	_ State:	Zip Code:

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PASTORAL REFERRAL FORM

The pastor of the applicant's attending church is required to complete and mail this form to the above address.

Applicant:		esent Grade:	Date:
The above named applicant has applied to Applewood applicant, we need your input. We would appreciate information will be kept in strict confidence. The appl attention would be appreciated.	nd Christian Schoo the following infor	mation about this appl	icant and his/her family. The
For Student Applicant; fill out this section	<u>»n:</u>		
*Describe the family's church attendance:			
Regularly- (2 wee Father: () Weekly () Regular Mother: () Weekly () Regular Student: () Weekly () Regular	'ly 'ly	Occasionally-(mon ()Occasionally ()Occasionally ()Occasionally	() Seldom/none
*Which are members: () Father	() Mother	() Student	
*To the best of your knowledge is the applica	ant born again/	saved? Yes	No
*Which best describes the applicant's relatio	onship to their j	parent's?	
() Excellent, seldom any problems() Many problems	()Occasiona ()Unknown	l problems	
*What best describes the applicant's choices	s?		
() Honors God & self, edifies others, lives acco	ording to Biblica	standards, Identifie	s with other Christians.
() Reflects & identifies with the world around the	hem, lives by po	pular trends, makes	unwise choices.
*What best describes the applicant's overall	Christian testi	nony (mark all that	applies)?
() Strong & Positive () Above aver	rage & growing	() Growin	ng
() Sometimes questionable () Poor	() Unknown		
Do you recommend this student be admitted to a Please write a general statement regarding the statemen			

For Teacher Applicant; please fill out this section:

*Describe th	ne Teacher's church attendance	:	
() Weekly	Regularly- (2 weeks a month) () Regularly		
*To the best	t of your knowledge is the appli	cant born again/saved	!? Yes No
*What best	describes the applicant's choic	es?	
() Honors C	God & self, edifies others, lives ac	cording to Biblical stand	lards.
() Reflects	the world around them, lives by p	opular trends, makes ur	nwise choices.
*What best	describes the applicant's overa	II Christian testimony	(mark all that applies)?
() Strong &	Positive () Above av	erage & growing	() Growing
() Sometim	es questionable () Poor	() Unknown	
Pastor's sig	nature:		
Pastor's pri	nted name:		
Church Nar	ne:		
Church Add	dress:		
Church Pho	one #:	Best time to call:	