

APPLICATION FOR ADMISSION

Shades Mountain Christian School
2290 Old Tyler Road ~ Hoover, AL 35226 (205) 978-6001 ~ Fax: (205) 978-9120

Date: _____

STUDENT BIOGRAPHICAL INFORMATION

Student Name _____
Last First Middle Preferred Name

Date Of Birth (mm/dd/yy) _____ Grade To Enter _____

Student's SSN _____ School District In Which Student Resides _____

Address Where Student Lives _____
Street City State Zip

Student Lives With: Father Mother Other Who Has Legal Custody Of This Student? _____

Parent's Marital Status: Married Separated Divorced Widowed Single

Student's Physician: _____ Physician's Office Phone: _____

**Please
Attach
Student's
Photo**

FAMILY INFORMATION

Family Email Address (only 1 per family please) _____

Father's Name _____

Mother's Name _____

Guardian's Name _____

Address _____

Address _____

Address _____

Occupation _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Cell Phone _____

Pager _____

Pager _____

Pager _____

Do not contact

Do not contact

Do not contact

Father – Have you personally received Jesus Christ as your Savior and Lord? Yes No

Have you read the Statement of Faith of the school? Yes No

The church you attend: _____ Are you a member? Yes No

Mother – Have you personally received Jesus Christ as your Savior and Lord? Yes No

Have you read the Statement of Faith of the school? Yes No

The church you attend: _____ Are you a member? Yes No

Guardian – Have you personally received Jesus Christ as your Savior and Lord? Yes No

Have you read the Statement of Faith of the school? Yes No

The church you attend: _____ Are you a member? Yes No

On a separate sheet of paper, please state in detail how and when you received Christ as your personal Savior and Lord, as well as His meaning in your life. A written testimony is requested from both parents. This application is not complete without these.

GRANDPARENT INFORMATION (optional)

MATERNAL

Full Name _____

Address _____

Home Phone _____
Email _____

PATERNAL

Full Name _____

Address _____

Home Phone _____
Email _____

STUDENT ACADEMIC INFORMATION

1. List all schools previously attended

Current School _____ Grade Levels _____ Year(s) _____
Complete Address _____

Prior School _____ Grade Levels _____ Year(s) _____
Complete Address _____

Other Schools Attended

Name of School _____ Grade Levels _____ Year(s) _____
Name of School _____ Grade Levels _____ Year(s) _____

If additional space is required, please list on a separate sheet of paper.

2. Has your child repeated a grade? Yes No

Has your child been in gifted or accelerated classes? Yes No

If an above answer is "yes," please explain _____

3. Has your child been suspended or removed from any school for misconduct? Yes No

If "yes," please give an explanation including the date of the event _____

4. What is your child's attitude toward school and teachers? _____

5. Does your child have a history of a physical, mental, or emotional condition which has required professional attention or which may require special attention at Shades Mountain Christian School?
 Yes No If "yes," please explain and include copies of all reports _____

6. Has your child ever been diagnosed with a learning disability or enrolled in a special class or received tutoring?
 Yes No If "yes," please explain and include copies of all reports _____
