

COVENANT CHRISTIAN SCHOOL
 1855 Orange-Olive Road Orange, CA 92665
 (714) 998-4852 (714) 998-5425 fax
www.covschool.org

Status

New []
 Return []
 Church []

APPLICATION FOR ENROLLMENT
 (COMPLETE BOTH SIDES)

Payment Date/Amt.

#1 _____
 #2 _____
 #3 _____

Note: The Enrollment Fee is non-refundable.

STUDENT Information:

_____ (_____) M ____ F ____ / _____ / _____
 Last Name First (Goes by) Birthdate **Grade Enrolling**

_____ (_____) _____
 Address City, Zip Code Area Code Home Phone

PARENT/GUARDIAN Information:

_____ / _____ / _____ / _____
FATHER - Last Name First Mar. Status Resp. for Fees? E-mail address

Lives with Student? _____ / _____ / (_____) _____
 Address if different from Student Area Code Home Phone

_____ / _____ / (_____) _____
 Employer Address (City only) Occupation Area Code Business Phone

_____ / _____ / _____ / _____
MOTHER - Last Name First Mar. Status Resp. for Fees? E-mail address

Lives with Student? _____ / _____ / (_____) _____
 Address if different from Student Area Code Home Phone

_____ / _____ / (_____) _____
 Employer Address (City only) Occupation Area Code Business Phone

_____ / _____ / _____ / _____
STEP-PARENT/OTHER GUARDIAN-Name, Relationship Mar. Status Resp. for Fees? E-mail address

Lives with Student? _____ / _____ / (_____) _____
 Address if different from Student Area Code Home Phone

_____ / _____ / (_____) _____
 Employer Address (City only) Occupation Area Code Business Phone

FAMILY Information:

Other Children in Family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

EDUCATIONAL BACKGROUND: If new to Covenant School, list previous school(s) attended, including complete address (list most recent first). We will request records from previous schools after registration is complete.

Name: _____ Address: _____ Date Att'd: _____

City, State, ,Zip: _____

Name: _____ Address: _____ Date Att'd: _____

City, State, Zip: _____

1. What particular traits, strengths or abilities does your child possess? _____

2. List your child's extra curricular activities: _____

3. Does student have any significant mental, physical or emotional limitations that affect school performance?

Please explain: _____

4. Has your child ever been retained from promotion? _____ If so, what grade? _____

Please explain: _____

5, Has student ever been suspended, expelled, or had any disciplinary difficulty in school?

School: _____ Grade: _____ Year: _____

Please explain: _____

ADDITIONAL INFORMATION ABOUT STUDENT:

HEALTH:

Does student have allergies? _____ To what? _____

Does student take medication regularly? _____ For what? _____

Name any handicaps that may interfere with normal activity: _____

Past illnesses or accidents we should know about: _____

BEHAVIORAL:

Does child have any fears we need to know about? _____

Does child have any behavioral difficulties? _____

Does child require direction to stay on task? _____

SPIRITUAL BACKGROUND:

Are you a Member of Covenant Presbyterian Church? _____ Yes _____ No

We attend church at: _____ Regular Attenders? _____

Please answer "yes" or "no" in space provided. Add comments to questions for additional information.

_____ Does child have a personal relationship with Jesus?

_____ Does child pray regularly with family?

_____ Does child read the Bible on their own?

_____ Does student participate in a children's ministry program? _____

If so, with which church? _____

Why I believe in Christian education and seek enrollment at Covenant Christian School:

Mother's faith background: _____

Father's faith background: _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S)

Father's Signature

Date

Mother's Signature

Date