

Name _____ Age _____ Name _____ Age _____

RELIGION:

Are you a Communicant Member of Covenant Presbyterian Church? _____ Yes _____ No
(Check here _____ if attending Covenant Presbyterian Church, but have not become members.)

We attend church at: _____ Regular Attendees? _____

Does child attend Sunday School? _____ How often? _____

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

School: _____ Address: _____ Dates Attq: _____

City, State, ,Zip: _____

School: _____ Address: _____ Dates Attq: _____

City, State, Zip: _____

ADDITIONAL INFORMATION ABOUT STUDENT:

HEALTH:

Does student have allergies? _____ If yes, to what? _____

Does student take medication regularly? _____ If yes, for what? _____

List any medical conditions that may interfere with normal activity: _____

Past illnesses or accidents we should know about: _____

BEHAVIORAL:

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

Does your child have any behavioral problems we should know about? _____

Does your child have attention deficit? _____

EDUCATIONAL:

Has your child received any special educational testing? _____ Diagnosis? _____

Recommendations of previous teachers: _____

How did you hear about Covenant Christian School? _____

Signature of Parent or Guardian

Date

***Covenant Christian School desires to instill a love of God and His Word in our students,
as well as to develop academic capabilities that will ensure life-long success.***