



# Pontiac Christian School

## STUDENT APPLICATION

Date: \_\_\_\_\_

Name of Student \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Last school child attended \_\_\_\_\_

Address of school \_\_\_\_\_

Do you plan to have this student attend Pontiac Christian School for the full year – September to June? \_\_\_\_\_

Has this student ever repeated any grades? \_\_\_yes \_\_\_no If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Does this student have any behavioral needs? \_\_\_yes \_\_\_no If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has this student ever been tested, diagnosed or enrolled in any special education program (e.g. Resource room, reading difficulty, learning disability, attention deficit disorder, etc.)? \_\_\_yes \_\_\_no If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Does this student have a current Individual Education Program (IEP)? \_\_\_yes \_\_\_no

Has this student EVER had an IEP or similar program for academic issues? \_\_\_yes \_\_\_no Grades? \_\_\_\_\_

Describe any physical disabilities this student may have (asthma, heart, hearing, speech problems, anxiety, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Does this student take any special medication? \_\_\_yes \_\_\_no If so, for what? (attention, allergies, etc.)

\_\_\_\_\_

Does this student need to wear eyeglasses? \_\_\_yes \_\_\_no If so, at all times? \_\_\_yes \_\_\_no

Does this student have any character traits you feel a teacher should be aware of in advance?

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Who will be home when this student returns home each day from school? \_\_\_\_\_

What hobbies or special interests does this student have? \_\_\_\_\_

What restrictions, if any, are placed on this student's television viewing/video game playing?

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Does this student have a set bed time? \_\_\_yes \_\_\_no If so, what time? \_\_\_\_\_

Please give any information which will help our school to best educate this student if they are accepted.

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Any other information that our school must know regarding this student and/or family?

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The following is to be filled out by the student if he or she is applying for sixth, seventh or eighth grade.

Are you a Christian? \_\_\_\_\_ If so, please share your testimony. \_\_\_\_\_

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Are you \_\_\_\_\_ willing to be governed by all the rules  
Student First & Last Name

of this school and to cooperate wholeheartedly in our school program? \_\_\_yes \_\_\_no

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date