



## STUDENT APPLICATION

“He is the one we proclaim, admonishing and teaching everyone with all wisdom, so that we may present everyone fully mature in Christ.”  
Colossians 1:28 (NIV)

### PARENT/GUARDIAN INFORMATION

1) Parent Name: \_\_\_\_\_  
First Last

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Role:  Father  Mother  Guardian Occupation: \_\_\_\_\_

2) Parent Name: \_\_\_\_\_  
First Last

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Role:  Father  Mother  Guardian Occupation: \_\_\_\_\_

If parents/guardians are separated or divorced, please indicate with who the student(s) live with: \_\_\_\_\_

What church do you presently attend, if any? \_\_\_\_\_

How did you hear about New Hope Christian School, and why did you choose us for your child's education? \_\_\_\_\_

### ADDITIONAL AND EMERGENCY CONTACT INFORMATION

AUTHORIZED PICK-UPS: List the names and relationships of others authorized to pick up your student. People authorized to pick up students must present photo identification upon their arrival. New Hope Christian School staff must release students to parents unless there is a court order in the student's enrollment file that prohibits released to a particular parent. It is your responsibility to provide this documentation to New Hope Christian School.

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Last Relationship to Students

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First Last Relationship to Students

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Last Relationship to Students

EMERGENCY CONTACTS: Please list three responsible people to contact if parents/guardians cannot be reached.

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Last Relationship to Students

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Last Relationship to Students

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Last Relationship to Students

MEDICAL CONTACTS:

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STUDENT INFORMATION

1) Student Name: \_\_\_\_\_ Gender: [  ] Male [  ] Female  
 First Last  
 Age in August of the Coming School Year: \_\_\_\_\_ Grade for the Coming School Year: \_\_\_\_\_  
 Have there been any disciplinary concerns at previous schools regarding this student? \_\_\_\_\_  
 \_\_\_\_\_  
 What are this student's hobbies and interests? What are they good at? \_\_\_\_\_  
 \_\_\_\_\_

2) Student Name: \_\_\_\_\_ Gender: [  ] Male [  ] Female  
 First Last  
 Age in August of the Coming School Year: \_\_\_\_\_ Grade for the Coming School Year: \_\_\_\_\_  
 Have there been any disciplinary concerns at previous schools regarding this student? \_\_\_\_\_  
 \_\_\_\_\_  
 What are this student's hobbies and interests? What are they good at? \_\_\_\_\_  
 \_\_\_\_\_

3) Student Name: \_\_\_\_\_ Gender: [  ] Male [  ] Female  
 First Last  
 Age in August of the Coming School Year: \_\_\_\_\_ Grade for the Coming School Year: \_\_\_\_\_  
 Have there been any disciplinary concerns at previous schools regarding this student? \_\_\_\_\_  
 \_\_\_\_\_  
 What are this student's hobbies and interests? What are they good at? \_\_\_\_\_  
 \_\_\_\_\_

4) Student Name: \_\_\_\_\_ Gender: [  ] Male [  ] Female  
 First Last  
 Age in August of the Coming School Year: \_\_\_\_\_ Grade for the Coming School Year: \_\_\_\_\_  
 Have there been any disciplinary concerns at previous schools regarding this student? \_\_\_\_\_  
 \_\_\_\_\_  
 What are this student's hobbies and interests? What are they good at? \_\_\_\_\_  
 \_\_\_\_\_

Do you have any questions or concerns regarding our school and your child's education here?

I certify the information I have provided is accurate:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_