

Has the applicant ever been suspended, expelled, denied re-enrollment, counseled not to return to a school, or been the subject of any major school disciplinary action? Yes No If yes, please explain on a separate sheet of paper.

Has the applicant ever been evaluated for academic, speech, behavioral, physical, substance abuse, emotional, or attention difficulties by a school official, psychologist, physician, or other professional? Yes No If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities? Yes No If yes, please explain. _____

Are there any specific factors or conditions, including any special medications or allergies, affecting your child of which the school should be informed? Yes No If yes, please explain. _____

I acknowledge that, as an independent school, SRCS is not obligated to accommodate state or federal education plans. Yes No

In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Seven Rivers Christian School. Failure to notify us could result in your child's separation from Seven Rivers Christian School.

Does the applicant have any siblings? Yes No If yes, please complete the following.

Name	Birthdate	Grade	School	Name	Birthdate	Grade	School

Key factors influencing your application to Seven Rivers: Spiritual Curriculum Reputation Faculty Facilities
 Class Size Athletics Other _____

Check the additional offerings at SRCS that are of particular interest to the applicant. Art Drama Band Missions
 Yearbook Intramurals Athletics _____ Other _____

Family's church attendance: Whole Family Active One Parent Active Attend Occasionally Children Attend Never
Place of Worship _____ Pastor _____ Member? Yes No
Address _____
Street City State Zip

How did you hear about Seven Rivers Christian School? Please give names where possible.

Alumnus _____ Website _____ Church _____
 Social Media _____ SRCS Staff _____ Advertising _____
 Friend _____ Doctor _____ Other _____

Do you have any relatives currently attending SRCS? Yes No If yes, please list names. _____

Please review the applicant checklist provided to be sure all required information is included.

Please sign below:

Parent or Guardian Signature

Parent or Guardian Signature

Date



FAMILY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name _____ Grade _____ Teacher _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____ Ethnicity _____ Male/Female
Circle One

In the event of a medical emergency, if the school is unable to notify me or a temporary caregiver(s), I hereby authorize the Principal or Principal's designee to have my child transported to a clinic or to a hospital for emergency treatment. I will be responsible for all costs incurred.

Parent/Guardian Signature _____ Date _____

Physician's Name: _____ Phone # _____ Preferred Hospital _____

MEDICAL ALERT INFORMATION (i.e., allergies, medical conditions, handicapping conditions)

FAMILY AND STUDENT INFORMATION

Father's/Guardian's Name _____ **Email** _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____ Employer _____

Mother's/Guardian's Name _____ **Email** _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____ Employer _____

Local person to contact if parent(s) are not available: _____ Phone # _____

Seven Rivers Christian School has my permission to release my child to the persons listed below for transportation or to assume temporary care or responsibility of my child in case of emergency.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____