

Student Information

Date _____

Full Legal Name _____
Last First Middle

Prefers to be called _____ Social Security No. _____

Sex: M / F Birth date _____ Age _____ Grade Entering _____

Parental/Guardian Information

FATHER _____
Last First Middle

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____

Relation to Student _____ Live with Student Yes No

Please describe your Christian experience beginning with your initial relationship to Jesus Christ.

MOTHER _____
Last First Middle

Street _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation _____

Relation to Student _____ Live with Student Yes No

Please describe your Christian experience beginning with your initial relationship to Jesus Christ.

Name and ages of any siblings: _____

Church/Denominational Affiliation

Church you attend _____

Church Address _____ Telephone _____

Pastor _____ Member Yes No

Church Attendance Regularly Occasionally Seldom

Please describe the involvement of your family in your local church _____

East Gate Christian Academy believes that church attendance is a vital part of a student's Christian education. If you are not attending church on a regular basis, would you consider regular attendance? Yes No

How did you hear about East Gate Christian Academy? _____

Are both parents in agreement on enrollment? Yes No If no, please explain _____

FOR YOUR CONVENIENCE PLEASE USE ATTACHED ENVELOPE. THANK YOU.

Academic Discipline

1. Has your child experienced any of the following academic problems?

- | | |
|--|--|
| <input type="checkbox"/> Tutorial assistance | <input type="checkbox"/> Attention deficit disorder |
| <input type="checkbox"/> Modification of grading scales | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Special classroom accommodations (oral testing, extended times) | <input type="checkbox"/> Other learning difficulties |

2. If your child has experienced any of the above, please complete the information below.

a) Has a formal educational evaluation been completed? Yes No

b) If so, give date(s) and by whom it was given _____

PLEASE NOTE: Students with academic difficulties applying for admission to East Gate Christian Academy must submit with application all confidential records, present school records, and any educational evaluations before the admissions process can proceed. Any information that is withheld in regard to learning difficulties could result in denial of admission or immediate dismissal from the Academy where acceptance has already been granted.

3. Pursuant to East Gate Christian Academy Board Policy is this student:

A) Currently under expulsion from a public or private school in Massachusetts or another state.

Yes No

B) Currently under the threat of expulsion from a public or private school in Massachusetts or another state.

Yes No

If the answer to either of the above questions is yes, indicate the appropriate reason(s).

- | | |
|---|--|
| <input type="checkbox"/> Weapon(s) related | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Willful infliction of injury to another person | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Alcohol | |

I hereby swear and affirm that the responses to this application are true and accurate.

Signature of Affiant (Must be the Parent/Guardian)

Date

APPLICATION FEE: \$75.00 (Note: Application fee is non-refundable.)

DATE RECEIVED _____

STUDENT RECORD RELEASE

Please release records for

Student's Name _____ Date of Birth _____ Grade _____

All Category I, Category II and other discipline records should be included.

Records to be released by

School _____

Address _____

City _____ State _____ Zip _____

**To: East Gate Christian Academy
397 Bay Street
Fall River, MA 02724**

It should be understood that such records may not be made available to any person or agency other than the person named herein.

Date

Signature of Parent/Guardian

Date Mailed _____

FOR YOUR CONVENIENCE PLEASE USE ATTACHED ENVELOPE. THANK YOU.