Attach

Recent

Photo

Emmanuel Christian School

2505 West Garriott Road
Enid, Oklahoma 73703
(580) 237-0032

FOR OFFICE USE ONLY

Date Received _____
Grade _____
App. Fee Paid _____
Status _____
App # _____
Interviewed _____
Accepted _____
ID# _____
EBC Discount _____
Date to Enter _____
M/D/Y

STUDENT APPLICATION
(for additional children)

FAMILY NAME _____
Last Father's first Mother's First

I. STUDENT INFORMATION

Student's Name _____ Name used _____
Last First Middle

Applying for grade _____

Boy____ Girl____ Age____ Date of Birth_____ Home Phone _____

Present Address _____
Street or Rural Route City State Zip

School Attending or Last Attended _____

_____ Phone _____
Address City State Zip

Please list schools attended during the past four years:

School	Address	Dates	Grades Completed

Has the student ever been recommended for Special Education or Learning Disabled Classes? _____Has the student ever been suspended? ____, expelled? ____, or asked to withdraw? ____. If so, please give full particulars on a separate sheet of paper, including the principal's name and address of the school and include with the application. Has the student ever repeated a grade? ____. If so, state grade and date _____.

Why is your student withdrawing from his/her present school? _____

School Grade Completed _____ Presently Enrolled at _____
Name of School