



Eastside Christian School

2450 Lower Roswell Road
 Marietta, Georgia 30068
 770-971-2332 FAX 770-578-7967

Equipping students to be pure in character and strong in spirit as they use their talents and abilities to impact our world for Christ

Applicant's name _____
Last First Middle (required) Name called Suffix (Jr., I, II)
 Gender: Male Female Current Grade: _____ Date of Birth: ____/____/____ Age as of September 1, 2012: _____

Home address _____ Home Phone _____
Street City State Zip County

For state reporting purposes, what public school is the applicant eligible to attend: (required)
 School Name: _____ District: (Cobb, Paulding, Marietta): _____
 Family church affiliation: _____

Please list chronologically all other children under the age of 18 living with the family:

Name	Age/Grade in 2012-2013	School currently attending

Circle all which apply: The applicant is a sibling of a former student or alumni/child of alumni. Year of graduation? _____
 Has the applicant previously applied or attended ECS? Yes No If yes, what year? _____

If divorced, who has primary custody? _____ A copy of custody papers must be remitted at family interview.
 Student resides with (Check all): Father Mother Stepfather Stepmother Guardian Grandparents
 Circle title for salutation: Mr. and Mrs. Mr. Mrs. Ms. Rev. and Mrs. Other _____

	Father (<input type="checkbox"/> Stepfather)	Mother (<input type="checkbox"/> Stepmother)
First and last name (called by)		
Business firm name		
Title/position		
Cell number		
Business number		
E-mail address		

Email addresses are required for parent contact information. The school, PTF and room moms will contact you through email to communicate grade level and event information, including the weekly newsletter. If you do not wish to have your email address included in receiving reminders, the weekly newsletter, and notices electronically, circle no here: **NO**

If applicable, please provide the following information on the parent not living with the child:
 Full name: _____ Spouse's name: _____
 Home address: _____ City, state, and zip: _____
 Home phone: _____ Cell Phone: _____ Work phone: _____
 Occupation/firm name: _____
 Please send: No Mailings All Mailings and Email Communication

For Office Use Only: Date received _____	Application fee: Check/Cash _____	Check # _____
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SUPPLEMENTAL INFORMATION

Has the applicant:

Ever repeated a grade: Yes No If yes, what grade? _____

Reason for repeating _____

Ever been diagnosed with learning, social, physical, or emotional disabilities (gifted education, special learning programs, speech, ADD or ADHD, or occupational therapy etc.)? (Response will be held confidential among school personnel)

Yes No If yes, please describe:

Ever been referred for or received professional, educational, psychological, or personal counseling or testing? Yes No

If yes, the school must be furnished with a copy of the test results at the time the application is submitted.

Ever attended a school or program, and/or received services designed for students who have academic, behavior, or other specific needs (advanced/gifted education, special learning programs, speech, ADD or ADHD or occupational therapy, etc.)?

Yes No If yes, please describe:

Ever been suspended, expelled, or withdrawn from any school for any reason? Yes No

Ever had any conduct or discipline problems? Yes No

Ever had any involvement with drugs or alcohol? Yes No

Ever been brought before the Juvenile Court or law enforcement agency? Yes No

If yes, to any of the above, an explanation must be provided on a separate page.

Does your child have any ongoing health problems? Yes No

If yes, please identify: _____

Does the applicant require any daily medication(s): Yes No Name of medication (s): _____

Identify the academic and/or athletic co-curricular activities in which the applicant has interest in participating: