



APPLICATION FOR ENROLLMENT

An application fee of \$50 must be submitted with the application prior to testing.

Name of Student _____ Date _____

Birth date _____ Age _____ Sex _____ Nickname _____

Father's name _____ Occupation _____

Work phone _____ Cell phone _____

E-mail address _____

Mother's name _____ Occupation _____

Work phone _____ Cell phone _____

E-mail address _____

Home address _____

Street City Zip County

Home phone _____ E-mail address _____

PREFERRED CONTACT PERSON _____

Marital status of parents: _____ Married _____ Separated _____ Divorced _____ Other (explain below)

Last school attended _____ City _____

County _____ Last grade attended _____ Home schooled _____

Name of church attending _____

Referred by _____ Reason _____

A. FAMILY HISTORY Check where applicable.

Child is living with:

_____ natural mother (only) _____ stepmother _____ legal guardian
_____ natural father (only) _____ stepfather _____ adoptive/foster parents
_____ living with both birth parents

Other children in the home:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Since the child's birth, he/she has experienced:

Reaction of child:

_____ death in the family	_____
_____ separation of parents	_____
_____ divorce of parents	_____
_____ remarriage of mother	_____
_____ remarriage of father	_____
_____ other major trauma (identify)	_____

Is there a history of learning difficulties in the immediate or extended family?

_____ yes _____ no

If yes, please explain: _____

Briefly describe your child's relationship with you, your spouse, and the other members of the family: _____

B. MEDICAL HISTORY Check where applicable.

_____ recent physical examination	Date _____
_____ recent eye examination	Date _____
_____ recent hearing examination	Date _____
_____ recent speech evaluation	Date _____

_____ allergies (food, seasonal, environmental) please list: _____

_____ asthma

_____ wears glasses

_____ seizures

_____ hearing difficulties

_____ speech difficulties

_____ history of ear infections

Explain any item checked above:

Is the child presently on any medication? ____ yes ____ no Prescribed by a doctor? ____yes ____ no

If yes, please identify the medication type and dosage: _____

Explain any noticeable effects on the child's behavior from the medication mentioned above:

C. DEVELOPMENTAL HISTORY Check where applicable.

Problems in infancy or early childhood:

_____ colic

_____ talking

_____ crawling

_____ bedwetting

_____ walking

_____ sleeping

_____ eating

_____ generally slow in development

Explain any item checked above:

How does the child write? _____ right-handed
_____ ambidextrous

_____ left-handed
_____ mirror writer

What are the child's strengths and special interests in school and at home? _____

D. SCHOOL HISTORY

List all schools previously attended (pre-school to present):

School	Grades	Reason for Change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check where applicable:

- _____ repeated grade(s) Please list: _____
- _____ had difficulty adjusting to change (ex: school to school, grade to grade, etc)
from _____ to _____ from _____ to _____
- _____ began kindergarten late Recommended by _____
- _____ enrolled in special classes Recommended by _____
- _____ participated in other supplemental services, example: has an IEP
Please list: _____

Please explain any items checked above:

E. SOCIAL BEHAVIOR HISTORY Circle where applicable.

Is/does the child:

- | | |
|----------------------|---|
| independent | withdrawn |
| anxious | moody |
| dishonest | confident |
| shy | easily frustrated |
| passive | prefers playing with much older children |
| lacks common sense | prefers playing with much younger children |
| easily distracted | prefers adult interaction vs. interaction with children |
| overly fearful | difficult to manage at home |
| enjoys school | unresponsive to people but enjoys things |
| makes friends easily | unlikely to share his/her problems |
| stubborn | |
| aggressive | |

over-reacts to problems or
change
relates well to own age
group

relates well to adults
self-centered
dependent

In what areas do you feel your son/daughter needs help?

Is there any additional information you would like to share with the school about your child?
_____ yes _____ no If yes, please use the space below.

PERMISSION FOR TESTING

We give our permission to Hope Springs Christian Learning Center, Inc. to test and evaluate our son/daughter for specific learning differences. The Director will use these testing results to determine whether a child is a candidate for enrollment at Hope Springs CLC, Inc. The testing fee of \$400.00 is due the day of testing and is not refundable.

Father

Date

Mother

Date

Note: The Parental Agreement and Doctrinal Statement forms from the Prospectus packet should be signed and turned in with the Application form along with the \$50.00 fee.