

3. Has your child, to your knowledge

a. ever used any type of drugs, alcohol, tobacco? YES NO

b. ever been in any type of trouble with the law? YES NO

Further explanation:

Does your child speak any languages in addition to English? _____

Does he/she have any unique ways of expressing wants or needs? _____

Would you describe the child as active or quiet? _____

What are the child's interests and favorite activities? _____

Does the child have any special fears of which you are aware? _____

SOCIAL RELATIONSHIPS:

With what age children has the child had social and play experience? _____

By nature, is the child: Friendly Aggressive Shy Withdrawn Other: _____

ACADEMIC INFORMATION:

List all schools previously attended, beginning with the most recent:

Dates	Grade(s)	Name of School	Address

Academic grades have been: ___ Superior ___ Above Average ___ Average ___ Below Average

Has the student ever failed or been retained? YES NO If yes, explain and list the grade(s).

How many days of school did the student miss last year? _____

Do we have permission to contact your student's previous school teacher and administrator? YES NO

If no, please explain: _____

EATING:

General attitude toward eating: _____

Special likes: _____

Dislikes: _____

Is the family vegetarian? _____ Dietary restrictions? _____

BEHAVIOR:

Methods most effective in dealing with good behaviors: _____

Methods most effective in dealing with misbehavior: _____

SPECIAL NEEDS:

Aside from health issues, does the child have any special needs that we should know about?

Is there anything else you would like your child's teacher to know?

MEDICAL:

Medical Information:

Allergies YES NO Daily Meds YES NO Other Medical Conditions YES NO

If "Yes" to any of the above, explain below:

Family Physician's name: _____ Phone: () _____

Name of Clinic: _____

MEDICAL RELEASE

As parent or legal guardian, I authorize a licensed physician to examine the above-named student(s) in the event of injury, to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the school authorities to send the above-named student(s) to the hospital or doctor most accessible.

Parent Signature

Date

EMERGENCY CONTACTS: If a student is ill or injured at school, we will attempt to call the parent(s) first. If a parent can not be reached, we need a name and number of a family member or friend who can pick up the child from school.

Name	Phone	Relationship to Student
_____	_____	_____
_____	_____	_____

PERMISSION TO POST

All parents who send their children to Ebenezer Christian School give permission for the school to use pictures of their children for promotional purposes such as the Eagle Edition and our website.

***Parents who wish NOT to have pictures of their children used by the school need to contact the office and request a "Photo/Media Non-Release Form".**

STATEMENT OF FAITH FOR 5TH-8TH

If your student is entering grades 5-8, please have a Student Statement of Faith form completed as part of their application material.