



Teaching Them For Him

For Office Use Only	
Date Received	_____
Entered into SMS:	Y
Interviewed:	Y
Students Tested:	Y
Down payment:	Y
Accepted:	Y N

FAMILY APPLICATION FOR ADMISSION

All information must be provided for this application to be considered.

STUDENT INFORMATION *(Please fill out a separate Student Information Form for each child and attach to this application)*

Student Name (name child will go by)	Entering Grade	Sex	Birthdate	Age	School Last Attended

FAMILY INFORMATION

Home Address: _____ Street Address City/State/Zip	
Mailing Address: _____ (if different) Street Address City/State/Zip	
Father/guardian name: _____ Phone: () _____ Cell Phone: () _____ Business Phone: () _____ E-mail: _____ Occupation: _____ Employer: _____	Mother/guardian name: _____ Phone: () _____ Cell Phone: () _____ Business Phone: () _____ E-mail: _____ Occupation: _____ Employer: _____
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other <input type="checkbox"/> _____	
Are there any custody regulations regarding your children? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
Church Affiliation: _____	
Education of Father/guardian : _____ (years) _____ (years) (high school) (college/university)	
Education of Mother/guardian : _____ (years) _____ (years) (high school) (college/university)	

Other children in family:

Name: _____ Age: _____ DOB: _____

School: _____

Name: _____ Age: _____ DOB: _____

School: _____

Name: _____ Age: _____ DOB: _____

School: _____

Emergency Contacts: Please provide names and contact information for your children in case the school cannot contact you directly.

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

1. Name and address of person responsible for bills, if other than parents:

Name	Address	City	State	Zip
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2. Name and address of living grandparents:

Name	Address	City	State	Zip
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Name	Address	City	State	Zip
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3. Why is your student transferring from his/her present school?

4. Why do you want your child to attend Ebenezer Christian School?

5. Is it your intention to have your child graduate from Ebenezer Christian School? Yes No
If not, explain:

6. Is there any medical reason the applicant cannot participate in the physical education program? Yes No
If "yes", please explain:

7. What is your relationship to Jesus Christ?

8. What is your spouse's relationship to Jesus Christ?

9. What is the frequency of the parents' church attendance? Weekly Frequently Infrequently

10. What is the frequency of the student's church or Sunday school attendance? Weekly Frequently Infrequently

11. Please indicate where you received information about Ebenezer Christian School.
 Website Newspaper Friends Other:

Please include all the following forms when submitting your Application into the Ebenezer Christian School Society:

- Statement of Belief
- Pastor's Questionnaire
- Student Information Form (one per student)
- Request for Records (for students seeking enrollment from another school system)
- Statement of Faith (for students entering grades 5-8)

Please send the completed Application forms to:

Ebenezer Christian School
9390 Guide Meridian Rd.
Lynden, WA 98264

Students entering grades 1-8 will be tested for academic proficiency. Once testing is complete and the Application forms are turned in, an interview with the School Board will be arranged.

Approved 7-2013