

**SHILOH CHRISTIAN SCHOOL ADMISSIONS APPLICATION**

Note: This application does not assure final enrollment but provides information upon which a decision will be based. Assessment before acceptance will be done on all incoming students. The STUDENT NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION. Your registration fee must accompany this form to go on the class waiting list. If you are on the waiting list, and we have no room, we will refund the fee. A copy of the birth certificate and immunization record must accompany this application form if you are a new student.

OFFICE USE ONLY: Date received \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Immunization Record  
\_\_\_\_\_ Authorization for Emergency Medical Treatment  
\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Parental Agreement Form  
\_\_\_\_\_ Interview  
\_\_\_\_\_ Assessment Completed  
\_\_\_\_\_ Parent Notified

Non-Discrimination Policy: Shiloh Christian School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, athletics, or any other school-administered programs.

Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Application for grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ CBID Card? Y or N

Address: \_\_\_\_\_

Family's Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Resides with (check one)  Mother/Father  Mother only  Father only  
 Father/Step Mother  Mother/Step Father  Guardian

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parents)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Affirmation: I hereby affirm that all the above information contained in this application is true and accurate to the best of my knowledge. I understand that providing any false information would be sufficient reason for the rejection of this application.

\_\_\_\_\_  
Father or Guardian

\_\_\_\_\_  
Mother or Guardian

