

HYLAND CHRISTIAN SCHOOL

Changing Lives One Child At A Time

Application for Admission

Date _____

Student's Name _____ DOB _____

Parents Name _____ (Father)

_____ (Mother)

Address _____

Street

City

State

Zip

Phone _____ (home) _____ (cell) _____ (work)

Applying for entrance in grade _____ for the year of _____

How did you learn about our school?

What is your reason for choosing Hyland Christian School?

Are you interested in the academic or Christian environment?

Are you a member of a local church? _____ Yes _____ No

If yes, where and how often do you attend?

Would your child object to complying to a dress code?

What is the average grade your child is making?

Is your child having any academic problems? If yes, please explain.

Has your child ever repeated a grade?

Are there any indications that your child might have ADD or ADHD, or has he/she been diagnosed with such or any other learning disabilities?

Is your child having or has had any problems such as drugs or discipline problems, or have they ever been suspended from school? If yes, please explain. _____
