

EASTWOOD CHRISTIAN SCHOOL

1701 East Trinity Boulevard
Montgomery, Alabama 36106
Telephone: (334) 272-8195

Application for Enrollment
2010-2011

Office Use Only:
Date: _____
Registration Check # _____
Amt: _____
Test Check # _____
Rec'd by: _____

Please include a recent family photo.

Date: _____

Student Information:

Student's Name: _____ Preferred name: _____
(Last) (First) (Middle)

Grade Entering: _____ Sex: _____

Date of Birth: _____ Age: _____ Social Sec.#: _____-_____-_____

Address: _____

Home Phone: _____

Current School: _____

School Address: (including zip) _____

Parent Information:

	Father	Mother
Name: Lt. Col. /Col. /Mr./Dr./Rev.	_____	Mrs./Miss/Ms _____
Home Address:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Work Address:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Employer FAX:	_____	_____
Primary E-Mail Address	_____	

Church Information:

Home Church: _____

Members: (YES/NO) If no, please explain. _____

Family Information:

Names of Other Children:	Date of Birth:	Grade Level:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Information:

1. Is the student living with both parents? Yes / No

If not, with whom is he/she living? _____

In the case of divorced/separated families, the legal obligation of the school is to report and communicate issues of the child to the parent having legal custody. A copy of custody information is required for the student's record.

2. Has the student ever been suspended, expelled, or asked to withdraw from school? Yes / No

3. Have you been asked not to return to any school? Yes / No

4. Has the student ever been retained? Yes / No Grade(s) _____

5. Has the student ever been:

- Yes / No diagnosed to have a learning disability?
- Yes / No recommended for a special education class?
- Yes / No screened for Attention Deficit Disorder? (ADD or ADHD)
- Yes / No referred for other psychoeducational or language assessment?

6. List any pertinent medical conditions of the applicant:

7. Identify specific talents, interests, or abilities:

8. How did you hear about Eastwood Christian School? _____

9. Why do you wish to leave your present school? (If needed, use back of page) _____

10. What attracts you to Eastwood? _____

11. Are there any special circumstances in your family at the present time that we need to be made aware of? (i.e. extended illness, marital separation, pending divorce, possible relocation, etc.)

Personal References:

Name	Address and Phone Numbers
1. _____	_____
2. _____	_____
3. _____	_____

Commitment

I wish to register my child for Eastwood Christian School for the 2010-2011 school year. I have read the Statement of Faith and agree that my child may be taught according to the doctrinal basis and the classical, Christian philosophy of Eastwood Christian School. Yes / No

Are you financially current and in good standing at your current school? Yes/No

I give permission for Eastwood Christian School’s Administration to contact my child’s current school. Yes / No

Enclosed is:

1. Registration fee of \$250, which is **non-refundable** unless my application is not accepted (applications received after January 29, 2010, are considered late registrants and are therefore subject to the late registration fee of \$350).
2. A non-refundable testing fee of \$25. (Please make separate checks for registration and testing)
3. Signed Family Commitment Form
4. Most recent progress reports and/or standardized test scores on this student if available (new applicants only)
5. Current family photograph (new applicants only)

To the best of my/our knowledge, all the information provided is true.

(Father)

(Mother)

Eastwood Christian School admits students of any race, color, national or ethnic origin who

- 1) Demonstrate an understanding of the school’s vision as defined in its principles and
- 2) Support the school’s prerogative to teach and conduct affairs as defined by the school’s principles and policies.
- 3) Meet any general qualifications that are required of all students.



A Christ Centered Classical School

STUDENT RECOMMENDATION FORM
(For students entering grades 1-12)

Name of Applicant _____ Date _____

Because Eastwood Christian School is a classical, Christian, and covenant school, we try to evaluate each student's character and ability in that light in order to help assure success in our college preparatory curriculum. Please give a copy of this form to your child's primary teacher and a copy to a member of the administration such as a principal or headmaster. This form should be returned in a sealed envelope to Eastwood Christian School.

General Citizenship	Leadership	Cooperation
<input type="radio"/> Very solid citizen, well mannered	<input type="radio"/> Positive influence	<input type="radio"/> Cooperative and constructive
<input type="radio"/> Fairly mature	<input type="radio"/> Capable of leadership but not a leader	<input type="radio"/> Generally cooperative
<input type="radio"/> Adequate, not outstanding, makes excuses	<input type="radio"/> A follower	<input type="radio"/> Cooperative when serves personal interests
<input type="radio"/> Immature, often in trouble	<input type="radio"/> Negative influence	<input type="radio"/> Decidedly uncooperative
Dependability	Emotional Stability	Academics
<input type="radio"/> Consistently	<input type="radio"/> Exceptionally stable	<input type="radio"/> Is in academic trouble
<input type="radio"/> Generally dependable	<input type="radio"/> Basically stable	
<input type="radio"/> Fulfills obligations when convenient	<input type="radio"/> Erratic	
<input type="radio"/> Undependable	<input type="radio"/> Hyperemotional	

Would you want to have this student in your classroom again? _____
What additional observations do you have regarding this applicant or applicant's family?

RECOMMENDATIONS

I recommend this applicant to Eastwood Christian School in terms of his/her academic performance and personal character:

Enthusiastically Strongly Fairly strongly Without enthusiasm Not recommended

Signed: _____ Please Print Name: _____

In what capacity do you know the student? _____ Phone Number: _____

This information is treated confidentially. By signing this form I understand that I waive my rights to read this form or see the comments in the recommendation.

Parent Signature: _____

ONLY TWO RECOMMENDATION FORMS PER STUDENT WILL BE ACCEPTED

Eastwood Christian School
1701 E. Trinity Blvd. Montgomery, AL 36106
TEL. 334-272-8195 FAX 334-386-2399