NORTH VALLEY CHRISTIAN SCHOOL

Application for Admission

Application 2024-2025

Early Childhood Program

Date: _____ Grade in September: _____

Student Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____

Date of Birth: _____ Birthplace: _____ Male ____ Female: ____

Pupil lives with: _____ Home Language: _____

Church affiliation: _____ Address: _____

School last attended: _____ Dates: _____

Reason for leaving: _____

Address: _____
Street City State Zip

Is student toilet trained? Yes_____ No _____

Was student premature? Yes_____ No_____ By how much? _____

Was or is student developmentally delayed? Yes_____ No_____

*Has student ever received educational or psychological testing, tutoring, remediation, or special educational services? _____

If so, what was the diagnosis? _____

What age(s) were services provided? _____

What services were provided (i.e., Resource program, special day classes, speech, vision services, etc?) _____

* Has student ever been placed on an Individualized Educational Plan (IEP)? _____

If so, what was the IEP diagnosis and what services were recommended or received? _____

_____

Date of last IEP meeting _____ Please supply North Valley Christian School with a copy of the most recent complete IEP.

* Is student taking any medications or receiving educational therapy? _____

If so, for what diagnosis? _____

* Please provide documentation of any tutoring, remediation or special services, IEP's, tutoring records, etc.,) with the completed application. Failure to disclose educational or psychological testing and/or remediation will result in the student's dismissal from North Valley Christian School.

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Family Information

Father/Guardian

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
Street City State Zip

Mother/Guardian

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Profession/Position: _____ Email: _____

Business Name: _____ Phone: _____

Business Address: _____
Street City State Zip

Have you applied to North Valley Christian School before? _____ If yes, what year? _____

How did you find North Valley Christian School? Internet _____

Referred by: _____ Other _____

Parents' Comments

What do you believe is your child's greatest strength? _____

_____

Please note any academic and/or social weakness of which we should be aware: _____

_____

What are you looking to be provided by North Valley Christian School for your child? _____

_____

Additional Comments: _____

Important Note: Any pertinent information not disclosed will result in non-acceptance or immediate dismissal from NVCS.
By my signature below, I certify that this information is true and correct to the best of my knowledge and belief.
Parent Signature _____

Please complete both pages 1 and 2