



# NORTH VALLEY CHRISTIAN SCHOOL

## APPLICATION FOR ADMISSION 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 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 Centers of Learning.

