

STUDENT APPLICATION FORM

Elementary, Junior High, High School

Grades K-12
559.638.2529
559.638.7030 Fax

1128 S. Reed Ave.
Reedley, CA 93654

STUDENT'S COMPLETE NAME _____ **Grade Entering** _____

SSN _____ - _____ - _____ Birth date _____ - _____ - _____ Male _____ Female _____

OPTIONAL:

Race/Ethnicity: African American (Black) _____ American Indian or Alaska Native _____ Asian _____
Hispanic _____ Pacific Islander _____ Caucasian (White) _____ Other _____

Address _____ City _____ Zip _____

Home Phone _____ Parent's Email Address _____

FATHER'S NAME _____ IHS Alum of 19 _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Married _____ Divorced _____ Separated _____ Widowed _____ Remarried _____ Wife's Name _____

MOTHER'S NAME _____ IHS Alum of 19 _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Married _____ Divorced _____ Separated _____ Widowed _____ Remarried _____ Husband's Name _____

(Fill out Guardian information ONLY if student DOES NOT reside with a parent listed)

GUARDIAN'S NAME _____ IHS Alum of 19 _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

OTHER CHILDREN IN FAMILY

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

SCHOOL LAST ATTENDED - REQUIRED INFORMATION

School _____ Date last attended _____

School Address _____ Any Grade Repeated _____

Has the student ever been dismissed or suspended at any school? Yes _____ No _____ If yes, please explain:

Has the student been home schooled: Yes _____ No _____ If yes, what grades? _____

What home school program? _____

ACADEMIC ASSISTANCE:

Has this student ever been assessed for a learning disability or received help in any academic area? If yes, please specify:

If the student has been tested, please include a copy of the assessment results with the student application. We do not have a Special Education Department and have limited assistance that we can offer identified Special Ed students.

IMPORTANT

Has the student or any family member ever been involved with police authorities? Yes____ No____

If yes, explain:

CHURCH

Church attended by student _____ Member: Yes ____ No ____

Church address _____

Youth Pastor's Name _____ Do parents attend the same church: Yes ____ No ____

If not, where do parents attend church _____

HEALTH

What is the general health of the student: Fair____ Good____ Excellent____

Does the student have any physical disabilities: Yes____ No____

If yes, please explain _____

I hereby certify that the information on this form is **true and accurate**.

Parent Signatures:

Mother _____ Date _____

Father _____ Date _____

Guardian _____ Date _____

Relationship to student _____

Referred by _____

Primary Email for correspondence: _____

Immanuel Schools admits students of any race, color, and national and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national and ethnic origin in admissions policies, scholarship programs, or athletic and other school-administered programs. Immanuel Schools reserves the right to select students on the basis of academic performance, religious commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with Immanuel Schools' administration and to abide by its policies.