

ADMISSION PROCEDURES & APPLICATION

An application fee of \$100.00 must accompany each application. Applications will not be processed without the fee.

Student Information

STUDENT'S FIRST NAME MIDDLE LAST

GRADE LEVEL / FOR THE ACADEMIC YEAR BEGINNING

STUDENT'S AGE / DATE OF BIRTH MALE FEMALE

PHONE NUMBER

ADDRESS

CITY / STATE / ZIP CODE

LIST ANY EXTRACURRICULAR INTEREST

Family Information

MOTHER'S FIRST NAME MIDDLE INITIAL LAST NAME

MOTHER'S MAIDEN NAME

EMAIL ADDRESS

MOTHER'S EMPLOYER

EMPLOYER'S STREET ADDRESS

CITY / STATE / ZIP CODE

BUSINESS PHONE NUMBER

NATURE OF BUSINESS

MOTHER'S CHURCH MEMBERSHIP

FATHER'S FIRST NAME MIDDLE INITIAL LAST NAME

EMAIL ADDRESS

FATHER'S EMPLOYER

EMPLOYER'S STREET ADDRESS

CITY / STATE / ZIP CODE

BUSINESS PHONE NUMBER

NATURE OF BUSINESS

FATHER'S CHURCH MEMBERSHIP

ARE NATURAL PARENTS LIVING TOGETHER? YES NO

IF NOT, WHO HAS LEGAL CUSTODY OF THIS STUDENT?

WITH WHOM DOES THE STUDENT LIVE?

DO YOU HAVE A CHILD ENROLLED AT NASHVILLE CHRISTIAN? YES NO

ARE YOU AN ALUMNI OF NASHVILLE CHRISTIAN SCHOOL? YES NO

IF SO, HOW MANY / WHAT YEARS?

DO YOU HAVE SIBLINGS WHO ATTENDED NASHVILLE CHRISTIAN? YES NO

SIBLING'S NAME DATE OF BIRTH GRADE

SIBLING'S NAME DATE OF BIRTH GRADE

SIBLING'S NAME DATE OF BIRTH GRADE

HOW DID YOU HEAR ABOUT NASHVILLE CHRISTIAN SCHOOL?

CURRENT NASHVILLE CHRISTIAN FAMILY

FORMER NASHVILLE CHRISTIAN FAMILY

INTERNET (PLEASE NAME WEBSITE)

OTHER

Educational Background

LAST SCHOOL ATTENDED

GRADE

PHONE NUMBER

MAY WE CONTACT THE SCHOOL? YES NO

HAS APPLICANT EVER BEEN SUSPENDED, DISMISSED OR ASKED TO WITHDRAW

FROM ANY EDUCATIONAL INSTITUTION? YES NO

IF YES PLEASE STATE CIRCUMSTANCES INVOLVED?

Medical Information

DOES APPLICANT HAVE ANY PHYSICAL OR EMOTIONAL CONDITION FOR WHICH REGULAR MEDICATION IS TAKEN? YES NO

IF YES DESCRIBE.

DOES THE APPLICANT HAVE A LEARNING DIFFERENCE? YES NO

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED IF PARENT CAN'T BE REACHED.

RELATIONSHIP TO APPLICANT PHONE NUMBER

APPLICANT'S DOCTOR

ADDRESS/PHONE NUMBER

PLEASE LIST ANY PHYSICAL OR CHRONIC ILLNESS AND MEDICATIONS REQUIRED.

SIGNED / DATE