

East Liverpool Christian School
46682 Florence Street
East Liverpool, OH 43920
Phone: 1-330-385-5588
Fax: 1-330-385-1267
E-Mail: elcsoffice@elchristian.org
Website: www.elchristian.org

For School Use Only:
Year _____ Grade _____
Received _____ Ref. Forms P ___ F ___
Interview _____ Grade Card _____ Imm. _____
B.C. _____ Auth. _____ Custody Papers _____
App. Fee _____ Acc. _____ Rej. _____

NEW STUDENT APPLICATION FORM

Student's Full Name _____
Last Name First Middle Nickname

Street Address _____

City _____ State _____ Zip Code _____ Phone (____) _____
unlisted yes or no

Birthdate _____ Birthplace _____ Sex _____

E-Mail Address _____

School District in which you live _____ Present Grade _____

Name & Address of last school attended _____

Grade for which admission is being sought _____

Is applicant in good health? _____ Please explain any physical disabilities _____

Has the student repeated any grade? _____ If yes, explain what grade and the reason for retention _____

Was the student ever suspended or dismissed from any school for academic or disciplinary reasons?
Yes ___ No ___ If yes, please explain _____

Explain any scholastic or disciplinary difficulties the student has had in school _____

Does the student have an IEP or receive special services? _____

Father's Name _____ Employment _____

Occupation _____

Mother's Name _____ Employment _____

Occupation _____

Guardian's Name _____ Employment _____

Occupation _____

Church Family Attends _____

Church Address _____

Church Phone (____) _____

Pastor's Name _____

Give names of other children in the family

Name	Age	Attend ELCS?	Why, if not?
------	-----	--------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How has the student done in school thus far? _____

Tell about your child. _____

Has the student had any difficulties with civil authorities? Yes ___ No ___

If yes, please explain.

State your reason for wanting to change schools _____

Give a concise statement of each parent's personal relationship with Christ.

Father: _____

Mother: _____

Give detailed reasons as to why you are interested in sending your child to ELCS.
