



**NEIGHBORHOOD  
CHRISTIAN SCHOOL**  
655 South First Street, Box C  
Dixon, CA 95620  
(707) 678-9336 – Fax (707) 678-6640  
www.NeighborhoodChristian.org

# STUDENT APPLICATION

## STUDENT INFORMATION

Fill out one for each student

Student's Name \_\_\_\_\_ Name to be used in school \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Applying for Grade \_\_\_\_\_ Phone Number \_\_\_\_\_

Student lives primarily with (circle): Mother Father Stepmother Stepfather Guardian Other (specify) \_\_\_\_\_

Ethnicity of Student (circle one): White Black/African American Hispanic Asian  
(this information is required by IRS)  
American/Alaskan Indian Native Hawaiian/Pacific Islander Other

## STUDENT BACKGROUND

Does your child enjoy going to church? Yes / No \_\_\_\_\_ What does your child like or dislike about church? \_\_\_\_\_

On a scale of 1 to 10 (10 is highest, 5 is average) how might you rate your child's interests (on left) and abilities (on right) in:

Music \_\_\_/\_\_\_ Arts and Crafts \_\_\_/\_\_\_ Athletics \_\_\_/\_\_\_ Relationships with people \_\_\_/\_\_\_  
Math \_\_\_/\_\_\_ Reading and Language \_\_\_/\_\_\_ Memorization \_\_\_/\_\_\_

Would you say your child tends to be (circle one): Active Reserved Between the two

What are your child's favorite activities, toys, hobbies, etc.? \_\_\_\_\_

Has your child been diagnosed to have any hearing impairments, eye problems, allergies, disabilities, etc.? Please specify (write "None" if there are none): \_\_\_\_\_

Try to evaluate your child's common response to authority (circle one): Acceptant Reluctant Defiant  
Comments: \_\_\_\_\_

What methods of discipline do you use that are most effective for your child? \_\_\_\_\_

Is there anything else you would like to share about your child? \_\_\_\_\_

(Please complete the other side of this form.)

# EDUCATIONAL BACKGROUND

---

## Last School Attended

Name of School

Street Address

---

City

State

Zip

Phone

Fax

Email

---

## Grades on last report card:

Math

Reading

Language

Spelling

Social Studies

Science

Conduct

---

Is your child receiving special help during school for reading or math?

---

Has your child been tested for learning disabilities? (If so, please attach test results to application)

---

Do you think your child needs to be tested for learning difficulties? If yes, Why?

---

Did your child ever repeat a grade? If yes, which grade?

---

What do you hope to see accomplished in the life of your child through our school this year?

---

---

---

### Office Use Only

Registration Fee

\_\_\_\_\_

Date Paid

\_\_\_\_\_

Check #

\_\_\_\_\_

FACTS Form Received

\_\_\_\_\_

Asthma Action Plan

\_\_\_\_\_

Health Records

\_\_\_\_\_

Birth Certificate

\_\_\_\_\_

Records Requested

\_\_\_\_\_

Records Received

\_\_\_\_\_

Tested

\_\_\_\_\_