

# EMMANUEL CHRISTIAN SCHOOL

## APPLICATION FOR ADMISSION (2010-2011)

1001 N. Marquis Hwy. Hartsville, SC 29550 \* (843) 332-0164 \* www.ecscrusaders.com

### For School Use:

Date Rec'd: \_\_\_\_\_

Priority #: \_\_\_\_\_

Reg. Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

### Status:

D

CC

S

AC

Application for grade: \_\_\_\_\_ Current Grade: \_\_\_\_\_

If applying for 2yr-4yr, indicate: \_\_\_ 3 Days or \_\_\_ 5 Days

New Student \_\_\_\_\_

If applying for 2yr-K5, indicate: \_\_\_ 1/2 Day or \_\_\_ Full Day

Returning Student \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Goes By: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F Race: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Other siblings at ECS names & grades: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

### FATHER / MALE GUARDIAN INFORMATION

Parent I.D. # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Legal Relationship to Student: \_\_\_\_\_ Lives With Student: \_\_\_ Yes \_\_\_ No

Financially Responsible: \_\_\_ Yes \_\_\_ No **Father's Email :** \_\_\_\_\_

### MOTHER / FEMALE GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Legal Relationship to Student: \_\_\_\_\_ Lives With Student: \_\_\_ Yes \_\_\_ No

Financially Responsible: \_\_\_ Yes \_\_\_ No **Mother's Email :** \_\_\_\_\_

### EMERGENCY INFORMATION

Indicate a responsible adult to contact in case of emergency if parents cannot be contacted:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Meds/Gen Allergies: \_\_\_\_\_

Permissible drugs: Tylenol: Y / N Other: \_\_\_\_\_

### ADMISSIONS INFORMATION

School Attended Last Year: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Have all financial obligations been fulfilled at the school listed above? (please circle one) Yes / No

Has any grade been repeated? Yes / No If yes, which one: \_\_\_\_\_ Reason: \_\_\_\_\_

### APPLICANT:

Are you willing to follow the policies in our handbook & commit to work diligently in the academic program at ECS? Yes / No

The specific name and city of the church where you and your family attend: \_\_\_\_\_

Do you attend regularly? Yes / No Does your family? Yes / No Denomination: \_\_\_\_\_

(OVER)

**CONFIDENTIAL**

Check the appropriate box:

- Yes  No Does the applicant have any significant physical impairment? If so, what? \_\_\_\_\_
- Yes  No Does the applicant take medication for attention deficit issues or been diagnosed with learning disabilities?
- Yes  No Has the applicant's physical condition changed in any way since last year? If so, how \_\_\_\_\_  
\_\_\_\_\_
- Yes  No Does the applicant desire to return to ECS?
- Yes  No Has the applicant ever been suspended or dismissed for academic, disciplinary, or other reasons?
- Yes  No Has the applicant ever skipped a grade or received any remedial or accelerated instruction?

**OUR AGREEMENT TOGETHER**

We have read and understand the Parent/Student Handbook and we are in agreement with the policies set forth. We give Emmanuel Christian School permission for my child(ren) to take part in all school activities, including sports activities, school-sponsored trips away from the school premises, and to use my child's picture for printed ads and on the ECS website. We further agree to hold the school, church and its agents harmless for any liability to my child, or parent or guardian thereof, because of any claims against the school, church or any agent thereof. Should legal action, for any reason, be taken against Emmanuel Christian School, Emmanuel Baptist Church, or any employee or any agent thereof, and the school, church, or its agent not be found at fault; we agree to pay any attorney fees, court fees, damages, or other costs that Emmanuel Christian School, Emmanuel Baptist Church, or its agent should incur to defend itself against such action. Should legal action be required to collect my account, if it becomes delinquent, we agree to pay any attorney's fees, collection fees, or court fees that Emmanuel Christian School, Emmanuel Baptist Church, or its agents should incur.

We agree to uphold and support the beliefs and policies as stated in the Parent/Student Handbook including dress and discipline, as well as, those policies applying to the high academic standards of Emmanuel Christian School. We agree to take a proactive role by encouraging our child to study at home and overseeing the completion of his/her homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, **we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal. If we are unable to comply with or support the philosophies and principles of ECS, we understand we will notify the school and be required to withdraw from the school.**

We shall endeavor to support and uphold the principles, practices, and educational policies of the school in every way. This statement of cooperation will be in effect for as long as my child(ren) attend Emmanuel Christian School.

\_\_\_\_\_  
Father's Signature (Guardian)

\_\_\_\_\_  
Student's Signature (4th grade and above)

\_\_\_\_\_  
Mother's Signature (Guardian)

\_\_\_\_\_  
Date

Your application fee must accompany this application.

\$100.00 for the 1st child in your family applying **on or before March 31.**  
\$75.00 for each additional child in same family applying **on or before March 31.**

**Beginning April 1<sup>st</sup>**, the cost will be \$125.00 for every child applying.

Please make checks payable to **Emmanuel Christian School**