

# Algood Christian Elementary Application



(Please print in ink)

Pupil's Legal Name \_\_\_\_\_  
 Last First Middle Nickname

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Mo. Day Yr. City State

Race/Ethnicity: Hispanic American Indian Asian Black Pacific Islander White Multiple  
 Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 No. Street City State Zip

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Information	Father	Mother	Guardian (if applicable)
Legal Name			
Check One	Natural __ Step __ Foster __	Natural __ Step __ Foster __	Relation to Child:
Home Address if Different from Above			
Home Telephone			
Cell Phone			
Email			
Occupation			
Education			
Business Address			
Work Phone			
Birth Date			
Birth Place			
U.S. Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
SDA Member	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:

Other Persons living with the family \_\_\_\_\_ Relationship to child \_\_\_\_\_

Church child attends \_\_\_\_\_ Denomination \_\_\_\_\_

Baptism: Yes  No  Place: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Children in family in order of birth including this child:				Transfer Students Only: NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.	
Names	Living at home	Sex	Birth Date Mo. Da. Yr.		
					School Last attended: _____
					Address: _____ Street & Number
					City State Zip

Please provide a record from a physician of all immunizations given.

Check any of the following diseases the student has had:

- Mumps
- Whooping Cough
- Diphtheria
- Measles
- Typhoid
- Pneumonia
- Tonsillitis
- Rheumatism
- Chicken Pox
- Smallpox
- Scarlet Fever
- Polio Shots
- Chorea
- Injury Please explain: \_\_\_\_\_
- Immunized against Diphtheria
- Small Pox Vaccination
- Operation Please explain: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Current physical exam forms brought for grades (K or 1) \_\_\_\_\_; (7) \_\_\_\_\_ or new \_\_\_\_\_

Factors which may interfere with the child's learning: Hearing \_\_\_\_\_; Sight \_\_\_\_\_; Speech \_\_\_\_\_; Malnutrition \_\_\_\_\_; Heart \_\_\_\_\_; Nervousness \_\_\_\_\_;

Easy fatigue \_\_\_\_\_; Emotional problems \_\_\_\_\_; Language other than English used in the home \_\_\_\_\_

Person to notify in emergency: 1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to call in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

If this physician is not available, does the school have your permission to call another? \_\_\_\_\_

My child will go to and from school: Walk \_\_\_\_\_; Bicycle \_\_\_\_\_; Family Car \_\_\_\_\_; Car Pool \_\_\_\_\_; Public Transportation \_\_\_\_\_

Where will child go regularly after school? \_\_\_\_\_ (Parental note needed for any change.)

If applicable during year, date of withdrawal: \_\_\_\_\_ Reason: \_\_\_\_\_

Has student ever been suspended or expelled from any school? \_\_\_\_\_ If so, explain on back.

Eighth Grade Diploma Date: \_\_\_\_\_ Eighth Grade Certificate Date: \_\_\_\_\_

We understand the requirements and regulations of the school and pledge our full cooperation.

Pupil Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Legal Name \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Nickname

Circle Grade K 1 2 3 4 5 6 7 8 9 10 11 12

Approved for School Year  2022  2023  2024  2025  2026  2027  2028  2029  2030  2031  2032  2033

School Board Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_