

## 7<sup>th</sup> through 12<sup>th</sup> Grade Students

This form should be completed by the parents and the student together.

### Student Profile \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Applying for admission to grade: \_\_\_\_\_  
Current School: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you attended this school? \_\_\_\_\_  
Grade Point Average: \_\_\_\_\_

**Please include copy of report cards and any standardized testing information for the past two school terms.**

Reasons for considering a school change: \_\_\_\_\_  
\_\_\_\_\_

Special talents, abilities, or areas of excellence: \_\_\_\_\_

Have you been diagnosed with ADD or ADHD? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you take medicine for this diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you had special educational testing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please include copies of all educational testing reports.  
Have you ever been referred to a resource room or specialist? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the program: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever used illegal drugs, alcohol or tobacco products? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

### Spiritual Growth

Have you accepted Jesus Christ as your personal savior? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you attend church regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you attend a mid week program regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sponsoring Church \_\_\_\_\_ Leader: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

