STUDENT IN	NFORMATION
Name(Last)	
Address	(First) (Middle)
City / State	ZIF
Telephone	Birthplace
School Last Attended	Birtriplace
Address	
Last Grade Completed	
FAMILY IN	FORMATION
Father's Name	
Employment	Business Phone
Mother's Name	Business Phone
Employment	
Position Emergency telephone number,	Business Phone
other than those already listed	
	Widow
Divorced Children in family of school age if not	Separated applying:
	Age
Reason they are not applying:	
RELIGIOUS I	NFORMATION
Church Attending	
Address	
Pastor Father: Christian? Yes	Phone No
Mother: Christian? Yes	No
Has applicant ever made a profession	of faith in Christ?
Yes No	

Term 20_____

Date ___

	- A A B		
MEDICAL INFO	1 1 1 1 1	A VIII III II	
	I A B A I	- VI III E	

ME	DICAL INFORMATION
Family Physician Phone	
Does student have	e any physical defects or allergies?
Has student receiv	ved immunizations? DTP/DTaP/DT/Td
Varicella	
SCHO	DLASTIC INFORMATION
admission to anoth	n expelled, dismissed, suspended, or refused her school?
las student ever had	disciplinary difficulty at school?
Does student have a	juvenile or arrest record?
	d tobacco or nonprescription drugs of any kind?
	emic level of student's previous work: Good Average Poor
Has student ever faile	ed an academic subject in school?
GEN	NERAL INFORMATION
	out this school?this school:
• •	lled out completely before it can be processed.
nust accompany App	ion, and Testing Fees of \$ lication and are not refundable. An interview with the ent will be required before final acceptance.