



**Redeemer Christian School  
Student Application  
2017 – 2018**

**CHILD INFORMATION:**

Child's Full Name \_\_\_\_\_

Name Usually Called \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_M\_\_\_F

Street Address \_\_\_\_\_

Town and Zip Code \_\_\_\_\_

Telephone Number ( \_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
(For Office Use Only)

**PARENT INFORMATION:**

Does your child live with both parents? \_\_\_Yes \_\_\_No If no, please explain the custodial and financial arrangements on the back of this form.

Mother's Name \_\_\_\_\_

Mother's Address, if different from child \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address, if different from child \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Over Please →

**FAMILY INFORMATION:**

Please list brothers/sisters (please indicate ages and whether they live with the child)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please list any other person living with the child and their relationship (if any) to the child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CHILD HISTORY:**

Is Child completely toilet-trained? \_\_\_\_ Yes \_\_\_\_ No If no, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child left-handed or right-handed, if known? \_\_\_\_\_

Does your child have any allergies including food:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special medical, behavioral or speech issues we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information related to your child's communication, comforting, behavior, habits, etc (use other sheet of paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I have read and acknowledge all of the information on this application to be true. Both parents must sign below:

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_