

School Last Attended

School Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ Grade: _____

Has child repeated any grade? _____ If so, what grade? _____

Has child attended this school previously? _____ If so, when? _____

Does this child have a learning disability or limitation that might require special professional assistance? _____

If yes, please describe _____

Reason for selecting this school: _____

How did you hear about Green Valley Christian School? _____

Should you leave our school and you have a balance owing on your account, we will not forward your records.

SPECIAL INFORMATION

Does the child take prescription medicine regularly? Yes _____ No _____

If so, please list medication, frequency, and condition requiring it. _____

Has the child been hospitalized within the past year? Yes _____ No _____

If so, please give dates and reasons. _____

Has the child ever been treated for any nervous, mental, or emotional disorder? Yes _____ No _____

If so, give the name of doctor or facility providing care and dates of care. _____

Do you attend church regularly? _____ If so, give name of church: _____