



# FULL GOSPEL CHRISTIAN SCHOOL

A Ministry of the Full Gospel Church



110 Union St ♦ Westfield ♦ MA ♦ 01085

## ELEMENTARY SCHOOL APPLICATION

Application Date \_\_\_\_\_

### Student Information

Full Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years \_\_\_\_ months

Place of Birth \_\_\_\_\_ Male  Female

### Parent Information

#### Father:

Full Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Mother:

Full Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Family  
Background**

Language(s) Spoken at Home \_\_\_\_\_

**Student Resides with:**

Mother and Father     Mother     Father     Guardian   
Stepmother     Stepfather

**Special Circumstance:**

Father is Deceased     Mother is Deceased   
Parents are Separated     Parents are Divorced

**Parent with Legal Custody:**

Father     Mother     Joint

**List Brothers and Sisters:**

<i>Name</i>	<i>Age</i>	<i>Grade</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency  
Contact**

Please provide information on two additional people who **DO NOT** reside with the student applicant or with each other, to contact in case of an emergency. Also, **DO NOT** list your parents, since they will be contacted first.

1. Full Name \_\_\_\_\_

*Last*                      *First*                      *Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

2. Full Name \_\_\_\_\_

*Last*                      *First*                      *Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship \_\_\_\_\_

**Academic  
Background**

Current School \_\_\_\_\_  
School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Last Grade Completed \_\_\_\_\_  
Type of School: Public  Private  Foreign  Religious   
School Principal (if known) \_\_\_\_\_

To better serve the needs of the student, please answer the following questions:

1. Has the student ever been dismissed or suspended from school? Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the student ever been tested or received special help for reading or learning difficulty?

Yes  No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the student ever been diagnosed or enrolled in any special education programs or school for learning difficulty, attention deficit, etc.? Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the student ever skipped or repeated a grade? Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What are the student's academic strengths?

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

6. What are the student's academic weaknesses?

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

7. What are the student's most enjoyable subjects?

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

8. What are the student's least enjoyable subjects?

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

**Church  
Background**  
(Please have  
your pastor  
fill this  
section out)

Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Church Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Years Attending \_\_\_\_\_  
Church Denomination \_\_\_\_\_

**Church Membership:**

Mother and Father     Mother     Father     Guardian   
Stepmother     Stepfather     Neither Parent or Guardian

**Please Check Appropriate Boxes:**

Student Attends Church Regularly                       Parents Attend Church Regularly  
 Student Attends Sunday School                               Parent(s) Serve in the Church

Pastor Name \_\_\_\_\_ Pastor Signature \_\_\_\_\_

---

**Enrollment  
Agreement**

I understand that *Full Gospel Christian School* does not discriminate in its admittance practices against any person due to race, color, national or ethnic origin or gender. Also, it does not discriminate on the basis of race, color, national or ethnic origin or gender in administration of educational policies, scholarship programs or any other school programs.

I hereby certify that the facts set forth in this *Student Application* are true and complete to the best of my knowledge. I understand that the falsification, failure to comply with *Full Gospel Christian School* rules and regulations or significant omission of fact may represent me from being admitted or if admitted may subject me to immediate dismissal.

I understand that in the event the student withdraws enrollment or is dismissed from *Full Gospel Christian School* during the course of the school year, tuition will not be refunded. However, all circumstances will be examined and evaluated on individual basis. In addition, all accounts must be paid before any student records are released.

I understand the philosophy and mission of *Full Gospel Christian School*. I have read and agree with the Statement of Faith. I have also read, understand and will comply with the rules and regulations

I certify that I have carefully read and do understand the above statements.

_____ Signature of Student	_____ Date
_____ Signature of Father	_____ Date
_____ Signature of Mother	_____ Date