

family	y Name Desired Enrollment Date
Indicate	es forms needed per student
Adm	nission Checklist
	□ Applying Family Application
	□ Current Teacher Recommendation* (K-12 only)
	□ Pastor/Youth Pastor/Sunday School Teacher/Spiritual Mentor Recommendation*
	□ Student* (4th-12th only) and Parent Response Questions to bring to Interview
	□ Interview and Tour with Administrator
Regi	stration Checklist (will receive during interview with administrator)
	□ Annual Family Covenant
	□ Tuition Payment Agreement and Convenience Discount Pack Agreement
	□ Emergency Medical Information Form*
	□ Transfer of Student Records Form signed*
	□ Report Cards (Prior Two Years) OR Transcripts*
	□ Standardized Test Scores*
	□ Copy of Immunization Records*
	□ Copy of Birth Certificate*
	□ First Grade Physical (if entering 1st grade and must be on State of California REPORT OF FOR SCHOOL ENTRY PM 171 A
	form provided by your pediatrician)
	□ PE Physical (for all high school students on form provided by the office)
	□ Copies of any Court Orders regarding Custody or Legal Guardianship*
	□ New & Transfer Student One Time Non-Refundable Registration Fee*



APPLYING FAMILY APPLICATION

Please Print

Student's Legal Last Name	First Name	School Currently Attending	Grade Applying For	DOB	Age	Gender	Social Security Number
Name of Biological/Adoptive Father						e	
Church Affiliation							
Attendance Pattern: Weekly Monthly Occasionally Pastor's Name Name of Biological/Adoptive Mother							
Home Address							
Home Phone Numb Employed By	oer			Cell Phone Position			
Work PhoneChurch Affiliation				Personal EmailAddress			
		onthly Occasion		Pastor's Name			

Family Origin:	□ African American □ Asian/Pacific □ Other	□ Caucasian □ Hispanic □ Native	American
What language(s) oth	ner than English do you speak?		
		rced 🗆 Other	
Who has Local Custo	ody		
KCS must have a copy of the	e court order to be on file at all times. Should a change in changes and provide the necessary pa	custody or marital status occur, the parents are responsible	to report ALL
Name of Step Father			
-			
City		StateZip Code	
		Cell Phone	
		Position	
		Personal Email	
		Address	
		Pastor's Name	
_			
~		StateZip Code	
		Cell Phone	
1 0 0		Position	
		Personal Email	
		Address	
Attendance Pattern: [□ Weekly □ Monthly □ Occasionally	Pastor's Name	
	ren have any specific learning problems or	-	
		ving difficulty with (tardies, cutting class	
Have any of your chil	dren ever been expelled or suspended?	Yes □ No If yes, please explain	

Date

Signature of Parent Completing Form

Kings Christian School, Inc. 900 East D Street Lemoore, CA 93245 (559) 924-8301 FAX (559) 924-0607

Current Teacher Recommendation

(to be filled out for Kindergarten-12th grades)

Student's Name				
eacherSchool				
We appreciate the time and effort given to answer this recommendation. Please mail to the address above.				
Academic Evaluation Below Average Average Above Average Reading Ability Writing Ability Math Ability Oral Communication Effort Academic Evaluation Below Average Above Average Ab	Character Evaluation Below Average Average Above Average Self-Discipline Respect for Authority Honesty Peer Relationships Teachable spirit Character Evaluation Below Average Average Above Average ———————————————————————————————————			
Has this student been in special education classes Y/N If yes, please explain:	•			
Have the parents been cooperative and supportive procedures? Y/N If no, please explain				
Have there been any discipline, academic, or tard	ly issues? Y/N If yes, please explain:			
Any comments or areas of concern?				
	 Date			

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Pastor Recommendation

May be completed by Youth Pastor, Sunday School Teacher, or Spiritual Mentor

Family							
Name							
Student's Name							
Is this family a member of your congregation?		□ Yes	□ No				
Do they attend regularly?	□ Yes	□ No					
Are they active participants in the church program/ac	tivities?	□ Yes	□ Yes □ No				
Do you recommend this family for admission to Kings	Christian?	□ Yes	□ No		☐ Yes with reservations		
Please comment on any negative responses to the above	ve questions:						
Additional Evaluation Grades 3-12:	Poor	1	Average		Excellent		
Interest in things of God	1	2	3	4	5		
Leadership ability	1	2	3	4	5		
Emotional stability	1	2	3	4	5		
Personal integrity	1	2	3	4	5		
Conduct	1	2	3	4	5		
Concern for others	1	2	3	4	5		
Spiritual fervor	1	2	3	4	5		
Overall character	1	2	3	4	5		
Signature			Da	ıte			
Title	Church						

Your honest assessment of this student will be held in complete confidence. Please complete this form and return it to Kings Christian School at the address above. We appreciate the time and effort given to answer this recommendation.

Student Response Questions (4th grade-High School) -Bring to interview with Administrator -One per student applying Are you a Christian? If so, when did you become a Christian? Explain how it has made a difference in your life. Why do you want to come to Kings Christian School? What kind of student are you? What school activities have you taken part in during the past two years? What academic, athletic, and/or extracurricular activities are you interested in participating in? Do you have any hobbies or special interests? If yes, please tell us about them. Please describe your personality. Have you ever been suspended or expelled from school? If yes, please explain. Have you ever used or experimented with drugs, cigarettes, or alcohol? If yes, please explain.

Have you been found guilty of an unlawful act? If yes, please explain.

Parent Response Questions

Parent Signature	Date
Have any of your children had any disciplinary difficulty at school or at ho	ome? If yes, please explain.
Should you decide to have your family enroll at KCS, are there any special that your children would need?	l physical or academic accomodations
What do you expect Kings Christian School to do for your children?	
What are your goals for your family over the next three or four years?	
How did you hear about Kings Christian School?	
-Bring to interview with Administrator -One per family -Bring recent report card on each student to interview	