

Child's Name _____ SS # _____ Grade Entering _____

Date of Application _____ Sex _____ Birth Date _____



Evangel Classical Christian School Student Sibling Application

Family Information

Family Name _____ Family Phone _____

Family Address _____
(street address) (city) (state) (zip)

Evangel PCA Church Member _____ yes _____ no

Father's Name _____ Work Phone _____

Employer _____ Position _____

Email Address _____ Emergency/Cell Phone _____

Mother's Name _____ Work Phone _____

Employer _____ Position _____

Email Address _____ Emergency/Cell Phone _____

Siblings: _____
(name) (age) (name) (age)

(name) (age) (name) (age)

Siblings' Schools _____

Church Affiliation _____ Address _____

Pastor _____ Youth Pastor _____

Student's School History

School last attended _____ Dates Attended _____

Address _____
(street address) (city) (state) (zip) (phone)

Other Schools Attended _____ Dates Attended _____

Student's extracurricular activities and hobbies _____

If your child was previously enrolled in school or has been home-schooled, list the curricula most recently studied.

Grammar _____ History _____

Bible _____ Math _____

Literature/Reading _____ Latin _____

Child's Profile:

Evangel Classical Christian School is not staffed to handle children with significant learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions.

- | | | |
|--|-----|----|
| 1. Has your child ever been referred for testing or placed in a special program? | Yes | No |
| 2. Has your child received any other special help or tutoring? | Yes | No |
| 3. Has your child ever repeated a grade for any reason? | Yes | No |
| 4. Has your child ever been suspended or expelled from a school? | Yes | No |
| 5. Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problem? | Yes | No |

If you answered yes to any questions above, please explain. _____

- | | | |
|---|-----|----|
| 6. Has your child ever been diagnosed by a counselor/doctor/psychiatrist as having hyperactivity or attention deficit disorder? | Yes | No |
|---|-----|----|

If so, explain. _____

- | | | |
|--|-----|----|
| 7. Do you suspect or have you been told that your child might have dyslexia? | Yes | No |
|--|-----|----|

8. Please describe your child's character strengths and weaknesses. _____

9. Please describe your child's academic strengths and weaknesses. _____

10. Beyond providing your child with a Christian and classical education, are there other expectations you have of the school? _____

TO MAKE THIS APPLICATION COMPLETE, PLEASE INCLUDE:

- A \$400.00 New Student Fee. (If you are already on the waiting list and have paid \$50, the \$350 balance is due with this completed application.) If your child is not accepted into ECCS, the \$350.00 will be returned to you. The fee is not refundable if your child is accepted and you choose not to enroll him/her.
- There is a \$1,000 family cap on the New Student Fee.

**BEFORE YOUR CHILD WILL BE ALLOWED TO
ATTEND ECCS WE MUST HAVE:**

- A copy of your child's most recent achievement test scores.
- A copy of your child's immunization records.
- Report cards from the most recent quarter and the previous year.
- A copy of any divorce/custody decision as it pertains to the child.

Please mail your completed application along with the appropriate fees to:

Evangel Classical Christian School
423 Thompson Road
Alabaster, AL 35007

After the school receives the completed application and your child has been evaluated for proper grade placement, we will contact you to arrange an interview with you and a Board member. Following a favorable interview, you will be notified of your child's acceptance if we are able to place him/her in a class. Upon acceptance into the school, the Family Commitment becomes effective.

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to the school.

Father or Guardian _____ Date _____

Mother or Guardian _____ Date _____



Request School Records Form

Parents:

Please take this completed form to your child's current school to have his/her records transferred to ECCS.

To principal/counselor/headmaster at: _____

Child's Current School/Address/Phone Number

I request that teacher recommendations, academic records, transcripts, standardized test results, and health and immunization records for my child be sent to:

Evangel Classical Christian School
423 Thompson Road
Alabaster, AL 35007

Phone: (205) 216-0149

Child's Name _____

Primary Teacher _____

Parent Signature _____ Date _____



Evangel Classical Christian School Student Recommendation Form

Name of Applicant _____

School Year _____ (upcoming)

Grade _____ (upcoming)

Because ECCS is both classical and Christian, we try to evaluate each student's character and ability in that regard to assure success in our curriculum. Please give a copy of this form **to your child's primary teacher and a copy to another adult** non-family member who has close personal knowledge of your child's character, ability, and behavior in a group setting. You may select a principal, counselor, teacher, coach, Sunday school teacher or choir director.

- General Citizenship** Well-mannered, solid citizen Fairly mature Adequate, makes excuses, not outstanding Immature, often in trouble
- Leadership** Positive influence Capable of leadership, but not a leader A follower A negative influence
- Cooperation** Cooperative and constructive Generally cooperative Cooperative only to serve a personal interest Uncooperative
- Dependability** Consistently dependable Generally dependable Fulfills obligations when convenient Undependable
- Responsibility** Completes tasks, confesses failures Prepared, not always quality work Inattentive, sometimes unprepared Irresponsible
- Emotional Stability** Exceptionally stable Basically stable Erratic Hyperemotional

Is the teacher the only person who has disciplined this child? Yes ___ No ___

If no, explain the circumstances. _____

Would you want to have this child in your classroom again? Yes ___ No ___

What additional observations do you have regarding this child's behavior? _____

What is the level of parent involvement/ support? High _____ Moderate _____ Low _____

Please comment. _____

What are the applicant's major personal strengths? _____

What are the applicant's major personal weaknesses? _____

Recommendation

I recommend this applicant to Evangel Classical Christian School in terms of his/her performance and personal character: Enthusiastically Strongly Without enthusiasm Not recommended

Signed _____ Please print name _____

Phone number _____

This information is treated confidentially. By signing this form I understand that I waive my rights to see the comments.

Parent Signature _____

Mail to:
 Evangel Classical Christian School
 Attn: Admissions
 423 Thompson Road
 Alabaster, AL 35007



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- Leadership** Positive influence Capable of leader- A follower A negative influence

___ Evangel Church member

___ Teacher at ECCS

___ ECCS Board member

___ Siblings enrolled at ECCS

In which grade do you wish to enroll your child? _____

For which year do you wish to enroll your child? _____

Will you need After-hours care for your child? _____

If so, what are your anticipated hours of need? After school until _____.

A registration fee of \$50.00 must accompany this form.

Age requirements for acceptance into kindergarten (K5) and first grade are as follows:

Kindergarten: Child must be five (5) years of age by September 1st of the year they will begin class. Consideration may be given to children with birthdays September 1-15, contingent on meeting all other admission criteria.

First Grade: Child must be six (6) years of age by September 1st of the year they will begin class.

After receiving the waiting list form, your child will be placed on the waiting list in either priority or non-priority status. At the appropriate time, you will receive an application to complete and return with appropriate fees and your child will be scheduled for evaluation for placement in class.

Check number _____
Check Amount _____

