



"They will soar on wings like eagles..."
Isaiah 40:31

CHRISTIAN LIFE SCHOOL

10700-75th Street Kenosha, Wisconsin 53142
(262) 694-3900 Fax (262) 694-3312

www.kclsed.org

Application for Admission

ID# _____

Student Information

Office Use Only

Student Name: _____
Last First Middle Nickname

Home Address: _____

Grade Entering: _____ Birth Date: _____ Sex: M F

Home Phone: _____ Personal Email: _____

Ethnic Background: _____ Language Spoken at Home: _____

Family Information

Indicate if child lives with: Both Parents Father Mother Guardian Other _____

Parent's marital status: Married Divorced Separated Mother deceased Father deceased

Father/Guardian Name: _____
 Stepfather

Mother/Guardian Name: _____
 Stepmother

Address: _____
If different than student

Address: _____
If different than student

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Separate mailings to each parent? YES NO

Siblings

Name: _____ Age: _____ Grade: _____ CLS: Y or N

Name: _____ Age: _____ Grade: _____ CLS: Y or N

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Application for Admission

Religious Information

Church/Parish: _____ Denominational Affiliation: _____

Address: _____

Phone #: _____ Pastor's Name: _____

Are parents' current members? Yes No Years attended: _____

Parents' church attendance: weekly regularly occasionally none

Student's church and/or Sunday School attendance: weekly regularly occasionally none

Student's youth group attendance: weekly regularly occasionally none

List involvement in other church-related activities: _____

Check if applicant has received any of the following:

Baptism Baptism of Holy Spirit First Communion Confirmation

Academic Information

Application for: K 1 2 3 4 5 6 7 8 9 10 11 12 SOS DL Other _____

What school is the applicant currently attending? _____

Present School's Address: _____

Phone #: _____ Email Address: _____

Principal/Counselor's Name: _____

Has student ever been suspended: Yes No Expelled: Yes No Asked to withdraw: Yes No?
(If so, please give particulars on a separate sheet of paper.)

Has student ever repeated any grades? Please explain. _____

List subjects that student is functioning below grade level in: _____

List subjects that student is functioning above grade level in: _____

Has student ever attended summer school? Yes No When? _____ Where? _____

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Has student ever had any physical, emotional, or learning problems? _____

Has student ever been tested for, diagnosed with, or enrolled in any special education programs or special schools (i.e. resource room, reading difficulty, L.D. placement, attention deficit, dyslexia, etc.)?

Has the applicant ever had a psycho-educational evaluation? Yes No

Does the applicant currently have an IEP? Yes No

If you answer, "yes" to the above, when was the applicant tested? *(Evaluations (IEP) must be forwarded from the school.)*

Is student receiving any classroom accommodations? _____

Has student ever been involved or received tutorial instruction? _____

Health Information

Does the applicant have any physical conditions/limitations that the school should be aware of (hearing, vision, diabetes, allergies, wheel chair bound, etc.)? Is there medication involved? Please explain.

Is student currently under psychiatric care or counseling? Describe: _____

Please fill out and complete all *Student Health* forms included in packet.

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General Information

Transportation

If you live in Wisconsin, state the school district you live in _____.
Please fill out attached *Transportation Information* form.

Carpooling

Christian Life School families come from surrounding Wisconsin and Illinois cities; therefore, we do not offer bus service. Carpooling is a viable alternative for many. If you are interested in participating in car-pooling, please indicate below.

Yes No

I give my permission for my name, address, and phone number to be included in the carpool directory.

If you checked **YES**, your name will be put on a CLS Carpool Directory and given out to other families in your zip code region. It will be each family's responsibility to contact the others for arrangements in carpooling.

School Directory

Christian Life School provides a school directory, which lists name, grade, address, and telephone numbers of each student and their participating families.

Yes No

I give my permission for my name, address, and phone number to be included in the school directory.

Please fill out & complete all attached forms and return to main office.

I hereby affirm that all information supplied is complete and accurate. I understand that withholding information requested or giving false information may make my child ineligible for admission or continued enrollment.

Parent/Guardian Signature

Date

Christian Life School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarships, athletics or any other school-administered programs. Christian Life School does not discriminate on the basis of race, color, national and ethnic origin in the hiring of its certified or non-certified personnel.

Office Use Only

ID# _____

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Application forms received: _____

Registration fee paid: Yes No

Test date: _____ Completed: _____

Interview date: _____ Completed: _____

Accepted Yes No Date: _____

Letter of acceptance or declination sent: _____

Applicant
Photo