



East Palmyra Christian School

High School Student Enrollment Form

for the year _____

Our Mission: To offer a Christian educational alternative that integrates faith and learning through a Biblical worldview. We strive to equip our students to develop their gifts, to become discerning disciples, and to joyfully serve God in their life's calling in their community and world.

2023 East Palmyra-Port Gibson Road, Palmyra, NY 14522
 (315)597-4400 Phone (315)597-9717 Fax www.eastpalchristian.com

Date: _____ Admission Date Desired: _____ Grade for which applying: _____

Student Information:

Student's Name _____ Home address _____ City _____
 Zip _____ Phone _____ Date of Birth _____ Social Security _____
 Ethnicity: Dominican African American Asian/Pacific Islander Hispanic/Latino
 Native American Caucasian other _____
 Application for Admission to Grade _____ In which school district does the student reside? _____
 Male _____ Female _____ Place of Birth: _____

Please list the school(s) the student has previously attended:

School	Dates	Grades Completed

To what grade has the present school assigned the student? _____

Has the student repeated or skipped any grades or received any compensatory help? Yes ___ No ___
 If yes, please state grades and reasons: _____

Briefly describe the student's performance in school (or school-like settings) by referring to test results, grades, teacher comments, etc. _____

Special Education Student? _____ Academically talented? _____

Explain any concerns you have (such as speech, emotional, social, physical, cognitive, other)

Has the student had any disciplinary difficulties or problems with legal authorities? Yes ___ No ___
 If yes, please explain. _____

What is the marital relationship in the home?

_____ Parents are: married and living together, ___ separated, ___ divorced, ___ one parent deceased

_____ Child lives with natural parent and stepparent. If the parents are divorced or separated, who has legal custody of your child/children? (Please name the parent or legal guardian and submit a copy of the legal papers.) _____

Who has permission, besides yourself, to bring and/or pick up the student from school? Also state person's relationship to your child(ren).

What are the names and birthdays of siblings living at home?

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Church the family/student attends: _____

Church of which you are a member: _____ Church Phone: _____

Pastor's Name: _____ Pastor's Telephone: _____

Church Address: _____

How did you hear of East Palmyra Christian School? _____

Parent(s) signature(s) _____ Date: _____

**EPCS admits students of any sex, color or ethnic origin.
Only forms fully completed will be considered**

Emergency Information

Contact 1 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Contact 2 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Contact 3 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Doctor _____ Phone _____ Dentist _____ Phone _____

Does the student receive any medication? _____ Type: _____ Reason: _____

Special Medical Considerations: _____

Allergies: _____

Medical Alert Text: _____ Alert Exp. _____