

the freedom school

freeing hearts, minds, hands, lives

Application for Admission | 2011-2012

1. Student Information

Student Name (last, first, middle) _____ Social Security Number _____-_____-_____
 Gender M F Date of Birth ___/___/___ Age ___ years ___ months Last grade completed _____ Grade entering The Freedom School _____
 Race American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White or Caucasian
 Hispanic or Latino Other (specify) _____ Biracial

2. Parent/Guardian Information

Parents are: married and living together separated divorced not married one parent deceased

Student lives with: parents father mother other (specify) _____

Parent or Guardian Name: _____ Relationship to student: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Mobile) _____ (Business) _____ Email address _____

Occupation: _____ Place of Business _____ Position _____

Parent or Guardian Name: _____ Relationship to student: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Mobile) _____ (Business) _____ Email address _____

Occupation: _____ Place of Business _____ Position _____

Additional Caregiver (if applicable): _____ Relationship to student: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Mobile) _____ (Business) _____ Email address _____

Occupation: _____ Place of Business _____ Position _____

3. If there are other children in your family and/or living in your home, please complete the following:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

“where the spirit of the lord is, there is freedom” 2 corinthians 3:17

1483 82nd street, university city, missouri 63132 phone 314.432.7396 fax 314.432.2585

website thefreedomschool.org

4. Medical Information

Emergency Contacts

(name) _____ (relationship) _____ (telephone) _____

(name) _____ (relationship) _____ (telephone) _____

Student's physician (name) _____ (telephone) _____

Allergies _____ Special needs or concerns _____

5. Educational Background

Schools previously attended:

School	Address/State/ZIP	Dates	Grades Completed

Does your student have an IEP or ISP? If so, please explain _____

Has your student ever been suspended or expelled? If so, please explain _____

Has your student ever been retained? If so, please list grade and date _____

Why is your student transferring from his/her present school? _____

Why do you want your student to enter The Freedom School? _____

6. Spiritual Background

Do you consider yourself to be a Christian; that is, a follower of Jesus Christ? Yes No

7. Marketing Information

Where did you receive information about The Freedom School? _____

8. Parent Guardian Signature

Parent/Guardian Signature Date

The Freedom 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 and ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletics, or any other school administered program.

OFFICE USE ONLY

Early Childhood Student Screening Results (DIAL-4)

Language _____ Concepts _____ Motor _____ Self-Help _____ Social Development _____ Composite _____ Behavioral _____

Elementary Student Screening Results (Reading and Math)

Oral Reading Independent _____ Instructional _____ Frustration _____ Comprehension Independent _____ Instructional _____ Frustration _____

Math Grade Level _____