



Northern Neck Christian School

Application for 2021-2022



Date Application Received _____

Northern Neck Christian School

Application School Year 2021-2022

Full name of child _____
First Middle Last

Nickname _____ Male _____ Female _____ Age _____

Date of Birth _____

Father/Guardian's Name _____

Home Address _____ City _____ State _____ Zip _____

Phone (H/W/C) _____ Email _____

Occupation _____

Business Address _____ City _____ State _____ Zip _____

Mother/Guardian's Name _____

Home Address _____ City _____ State _____ Zip _____

Phone (H/W/C) _____ Email _____

Occupation _____

Business Address _____ City _____ State _____ Zip _____

Child lives with _____ Relationship _____

Brothers and Sisters (use separate sheet if necessary)

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

_____ Age _____ Male/Female _____

Previous School Experience: Please complete the following for all schools your child has attended. *We reserve the right to contact your child's previous school(s) and/or your child's former teacher(s).*

School	Phone	Dates of Attendance	Teacher's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I first learned of the Northern Neck Christian School through _____

Does the child have any known educational, psychological, speech/language, or learning difficulties? *Yes or No.* If yes, please explain (use separate sheet if necessary) and provide a copy of all test and evaluation results.

Is child toilet trained? _____ Note: Children ***must*** be toilet trained by the time they enter school.

Please initial the following statements:

I understand that I am to provide the birth certificate and proof of immunization

Signature of Father or Guardian

Date _____

Signature of Mother or Guardian

Date _____

The Northern Neck Christian School admits students of any race, religion, sex, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate in the administration of its educational policies, admissions policies, and other school administered programs.

Northern Neck Christian School

Parent Questionnaire

At the Northern Neck Christian School, we believe that we are partners with the parents in the education of the child. This questionnaire asks you some specific questions about your child and family, the answers will help us get to know your child better. Please consider elaborating in the additional comments section in Part V or on a separate sheet any points which you feel are particularly pertinent or not adequately covered. Thank you.

Child's Name _____

PART I – FAMILY INFORMATION

Check if appropriate

Mother Deceased _____ Parents Separated _____ Mother Remarried _____

Father Deceased _____ Parents Divorced _____ Father Remarried _____

If the parents are separated, with whom does the child reside? _____

Are there other adults, other than the parents, involved in the regular care of the child (i.e. Step-parent, Grandparent, etc.)?

If so, what are their names, relationship to the applicant and how much time do they spend with your child?

Names and cell phone number of emergency contact, and anyone who will pick up your child.

PART II – MEDICAL INFORMATION

Does the child have allergies: Please circle: Yes or No.

To foods? _____ Drugs? _____

Seasonal? _____ Others? _____

Does the child have any chronic physical or medical conditions which may affect his/her ability to learn?

Describe: _____

Does the child have any chronic illness? Does this illness cause prolonged absences from school? Describe.

Does the child take daily medication at any time of the year? Describe condition and medication.

PART III – DEVELOPMENTAL INFORMATION

What group/school experiences has your child had? Please give dates: _____

What was your child's response to these situations? _____

What are your child's favorite activities and/or playthings? _____

Does your child separate easily from you and/or other caregivers? _____

Does your child have responsibilities at home? Describe _____

Which item(s) best describe your child's learning style (check all that apply)?

Enjoys big movement _____ Prefers to observe _____ Self motivated _____ Needs repetition _____

Likes working with hands _____ Needs one on one _____ Eager to try new things _____

Absorbs information by being read/talked to _____

How does your child interact with siblings? _____

How does your child socialize with other children? _____

Describe your child's personality? (shy, passive, assertive, confident, etc.) _____

How does your child respond to new situations? _____

Does your child have any particular or unusual fears? _____

Have there been any significant/traumatic events in your child's life? _____

What are your child's strengths? _____

Are there any areas in which your child may need help? _____

How many hours does your child watch television daily? _____ Do you restrict your child's viewing in any way?

Do you read to your child? _____ How frequently? _____

What is your child's waking time? _____ Bed Time? _____ Does your child still take naps? _____

If your child still naps, what is his/her usual naptime and duration? _____

PART IV – PARENTAL INFORMATION

If applicable, have you had any (positive or negative) experiences at the child's current school that you would like to share with us? _____

Are both parents in agreement regarding educational goals for the child and approaches to child rearing?

What form of discipline do you use at home?

Does either parent travel frequently? _____ How does the child react when the parent(s) are away? _____

PART V – SUPPLEMENTAL INFORMATION

Does anyone in your family have any specific traditions, skills, languages, or experiences which you might be willing to share with your child's class or the school in general? If so, please describe: _____

Questions you would like to have addressed or Additional Comments: _____

I certify that the answers provided herein are true and complete to the best of my knowledge.

Signature of Father/Parent/Guardian

Date

Signature of Mother/Parent/Guardian