

STUDENT REGISTRATION



This form must accompany the \$100 non-refundable registration fee.

Date of form: _____ School year entering: _____ Grade entering: _____

Preschool and Kindergarten Program Options

3-year-old Preschool Half-day (8:15 – 11:30) Full-day (8:15 – 3:15) 5-days a week 3-days a week (M/W/F)
4-year-old Preschool Half-day (8:15 – 11:30) Full-day (8:15 – 3:15) (Full-day & half-day available 5-days a week)
Kindergarten Half-day (8:15 – 12:00) Full-day (8:15 – 3:15) (Full-day & half-day available 5-days a week)

STUDENT INFORMATION

Legal name of student (first, middle, last): _____

Date of birth: _____ Birth city/state/country: _____

Cell # of student (if applicable): (____) _____ Email (if applicable): _____

Primary residence: _____

City: _____ State: _____ Zip code: _____

Race/Ethnicity (choose one): American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or Pacific Islander White/Non-Hispanic Other

PARENT/GUARDIAN INFORMATION

Parent/Guardian One (first/last name): _____

Contact Information: Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____ Address: _____

Relationship to applicant: Mother Father Grandparent Other _____

Parent/Guardian Two (first/last name): _____

Contact Information: Cell Phone: (____) _____ Work Phone: (____) _____

Email: _____ Address: _____

Relationship to applicant: Mother Father Grandparent Other _____

SPIRITUAL

How often does this student attend church: Regularly Occasionally Does not attend

Name of the church this student is currently attending: _____

Does this student attend a youth program in their church (youth group, Awanas, etc.)? Yes No

OFFICE USE ONLY

Fee Paid: \$ _____ Cash Check # _____ Card Date: _____ Received by: _____

Notes: _____

ACADEMIC HISTORY

List all of the schools this student has attended:

Student has only been home-schooled.

School Name: _____ **City/State :** _____

From (grade): _____ To (grade): _____

Reason for leaving: Moved out of area Completed last grade offered Wanted Christian education

Was unhappy with current school (please explain): _____

School Name: _____ **City/State :** _____

From (grade): _____ To (grade): _____

School Name: _____ **City/State :** _____

From (grade): _____ To (grade): _____

ADDITIONAL INFORMATION

Is this student currently on an educational and/or service plan?

IEP 504 Title 1 Grade plan began: _____ Reason for plan: _____

(please attach a copy of the applicable plan)

Student has never been on an educational and/or service plan

Have any of the following ever applied to this student?

- | | | |
|-----------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> ADD or ADHD diagnosis | <input type="checkbox"/> Alcohol consumption | <input type="checkbox"/> Anger management concerns |
| <input type="checkbox"/> Anxiety Disorder diagnosis | <input type="checkbox"/> Asthma requiring a rescue inhaler | <input type="checkbox"/> Autism or Asperger's diagnosis |
| <input type="checkbox"/> Behavior concerns | <input type="checkbox"/> Bullying | <input type="checkbox"/> Depression diagnosis |
| <input type="checkbox"/> Eating Disorder diagnosis | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Illegal drug use |
| <input type="checkbox"/> Self-harm behavior | <input type="checkbox"/> Smoking and/or vaping | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> They have received counseling | <input type="checkbox"/> Visual impairment |

Repeating a grade was recommended (please explain) _____

Skipping a grade was recommended (please explain) _____

Suspension or expulsion from school (please explain) _____

Testing or recommended testing for giftedness (please explain) _____

Testing or recommended testing for a possible learning disability (please explain) _____

They were accused of or were convicted of committing a crime (please explain) _____

Student has never experienced any of the above

Is there anything else about this student you think the school should know? _____

MEDICAL INFORMATION

Does this student have any food allergies? No Yes (list) _____

Does this student have any environmental allergies? No Yes (list) _____

Is this student allergic to any medication? No Yes (list) _____

Does this student require an EpiPen for an allergic reaction? No Yes

Does this student require an inhaler for asthma? No Yes

If you answered yes to any of the above medical questions, you will be contacted by the school to discuss specific details.

EMERGENCY CONTACTS

Please include three emergency contacts and list them in priority order.

FIRST EMERGENCY CONTACT: Mother Father Grandparent

SECOND EMERGENCY CONTACT: Mother Father Other (complete below)

Name (if other than mother/father): _____ Cell Phone: (____) _____

Relationship to student: Grandparent Aunt Uncle Friend of family Other

THIRD EMERGENCY CONTACT: Mother Father Other (complete below)

Name (if other than mother/father): _____ Cell Phone: (____) _____

Relationship to student: Grandparent Aunt Uncle Friend of family Other

AGREEMENT

My signature below affirms that the information contained in this registration form is correct, complete, and honestly presented. I understand that withholding or misrepresenting information may jeopardize my child's enrollment at Valley Christian School.

Signature of parent/guardian: _____

Signature of parent/guardian: _____

Signature of student (7th – 12th grade): _____

REGISTRATION FEE

How are you paying the \$100 Registration Fee? Cash Check I would like to pay with a credit card

NOTE: The registration fee must accompany this student registration form.

Please submit this form and payment to our school office – Attn: Admissions.

Valley Christian School - 2526 Sunset Lane, Missoula, MT 59804

406-549-0482

Valley Christian School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its admissions policies.