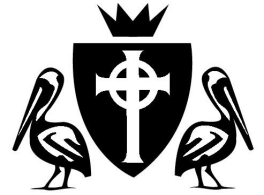


Student Application for Admission 2010-2011

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-787-1036 Fax: 314-432-3989 Email: school@cpctl.org



PLEASE TYPE OR PRINT ALL REQUESTED INFORMATION

Please note that a non-refundable \$60 application fee must accompany this form.

Child's Legal Name: _____
Last First Middle

Sex: _____ Child Prefers to be Called: _____ Date of Birth: _____

Address: _____
Street City Zip Code

Phone: _____ Email: _____ Grade level applying for: _____

Parent Information (check all that apply):

married _____ single _____ separated _____ divorced _____

father remarried _____ father deceased _____ mother remarried _____ mother deceased _____

Child lives with: parents _____ father _____ mother _____ other (please specify): _____

Father's Name: _____ Occupation: _____

Place of employment: _____ Phone: _____

Church membership: _____ Denomination: _____

Mother's Name: _____ Occupation: _____

Place of employment: _____ Phone: _____

Church membership: _____ Denomination: _____

Siblings:	Name	Date of Birth	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous school attendance (beginning with most recent school):

School Name	Dates	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contacts:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Pediatrician: _____ Phone: _____

Allergies: _____

Special Needs or Concerns: _____

Has your child ever received an Educational Diagnosis? Yes: _____ No: _____

If yes, what is the date of the last evaluation? _____

Diagnosis: _____

How did you hear about Covenant School? _____

Any Additional Comments: _____

Testimony

To the parents:

Covenant Christian School assists the Christian parent in the nurture of their covenant children, educating them in a Christian world and life view according to the truth of God's Word. A written testimony of your relationship with Jesus Christ must accompany this application. If you have any questions about these testimonies please call the school at 314-787-1036. Please feel free to use a separate sheet of paper if necessary. If one of the parents chooses not to complete a testimony please indicate in the space provided.

Father's Testimony:

Father's signature: _____

Mother's Testimony:

Mother's signature: _____