



**Log Church
Christian School**

209 S. 4th Street, Brewster, WA 98812

Student Information

Grades 7-12

Name _____ Grade _____ Sex _____ Birth Date _____

Address _____ Zip _____ Phone _____

EDUCATIONAL HISTORY **New Student ONLY******

Most recent school: _____ Address _____ Phone _____

Others: _____ Address _____ Phone _____

PLEASE SUBMIT LAST REPORT CARD WITH THIS APPLICATION IF NEW/TRANSFERRING STUDENT

List two people other than relatives that we can contact as references.

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Have you ever been suspended, expelled, or asked to leave another school? If so, please explain the circumstances.

Have you had any special classes in Reading, Speech, Math or other Academic areas? If yes, what classes?

My biggest difficulty in school usually is _____

Have you had homework on a regular basis? No Yes How many nights a week? _____

I will accept home assignments: Gladly _____ As part of school life _____ Reluctantly _____

I usually turn in homework: On time _____ Late _____

HOME LIFE

Do you make friends easily? No Yes Do you watch TV? No Yes

How many hours per week? _____ Does you have your own room? No Yes I share it with _____

How many hours do you sleep per night? _____ What activities take up most of your time? _____

List extra responsibilities you have outside of school, for example, chores, athletics, piano lessons, etc. _____

What are your special interests and hobbies? _____

HEALTH INFORMATION:

Health of Student: Good _____ Fair _____ Poor _____ Please explain _____

Does he/she have any allergies? No Yes Please list _____

Is he/she on special medications? No Yes What medications? _____

Does he have any special health needs? _____

Child's Physician _____ at _____

(Please complete back side of form)

PERSONAL CONVICTIONS:

Do you consider yourself a Christian? Explain why.

Why do you want to attend Log Church Christian School?

***I have filled this form out to the best of my ability, answering honestly and openly.**

Student Signature _____ Date _____

CONFIDENTIAL INFORMATION:

Are there custody issues we should be aware of? No Yes

Are there custody papers on file? No Yes

Is there a second parent mailing address? _____

Should both names and addresses be listed in our Parent Directory? No Yes

Do you want to be listed in our Parent Directory? No Yes

Anything not stated above that we should know about your child that will allow us to guard his/her heart?

FRIENDS AND FAMILY:

Do you have any friends or family members that would like to be on our mailing list to keep them informed about LCCS?

Other than parent/grandparent, who can pick up your child? _____

Maternal Grandparents

Name: _____ Phone _____

Address: _____

Paternal Grandparents

Name: _____ Phone _____

Address: _____

Friends and Family

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____