

Application for Admission

Enrollment Year: _____ - _____ New Student Return Enrollment

Grade Level Enrolling For: Pre-K ½ Day (3 yrs) Pre-K All Day (4 yrs) Kindergarten 1st Grade
 2nd Grade 3rd Grade 4th Grade 5th Grade

Personal Information

Student's Legal Name _____
First Middle Last Preferred

Home Address _____
Street City State Zip Code

Date of Birth _____ Age _____ Sex: Male Female

Optional Information: This information will not be a factor in the admission process. Your cooperation is strictly voluntary, but would be appreciated:

Race/National Origin: American Indian/Native Alaskan Asian Native/Pacific Islander
 African American/Black Hispanic/Latino Caucasian/White Undocumented

Religious Preference: _____ Local Church: _____

Family Information

Father Stepfather Guardian

Name _____

Address (if different) _____

Occupation _____ Phone _____

Mother Stepmother Guardian

Name _____

Address (if different) _____

Occupation _____ Phone _____

Previous School Information

School (s) Attended _____

Home School District _____ Retained Yes No If so, grade? _____

Has student ever been suspended, expelled, or experienced disciplinary difficulties at another school? Yes No

If so, explain? _____

Has this student ever been evaluated or referred for evaluation for learning difficulties or school adjustment problems? Yes No

If so, explain? _____

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Sibling Information

| | | |
|-----------------------|-----------|--------------------------------|
| Name of sibling _____ | Age _____ | Present School Attending _____ |
| Name of sibling _____ | Age _____ | Present School Attending _____ |
| Name of sibling _____ | Age _____ | Present School Attending _____ |

Pick-Up Information

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Entering Information

What most influenced your decision to enroll at SFC? _____

Medical Release

In event of illness or emergency and parents cannot be reached, we should notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Health: excellent good fair poor

List any mental, emotional or physical handicaps which may affect the child's activities or progress.

Does the student regularly require any medication? No Yes

If yes, explain. _____

Does the student have any known allergies (food, drug, etc.)? No Yes

If yes, explain. _____

Physician's Name _____ Phone _____

Hospital _____ Insurance _____

Notice of Non-Discrimination

Southern Nazarene University policy prohibits discrimination on the basis of race, sex, religion, age, color, creed, national or ethnic origin, or disability in the admission of students and in the operation of all University programs, activities, and services. Any concerns regarding discrimination should be addressed to the SNU Provost, University Coordinator of Section 504 of the Rehabilitation Act of 1973 and Title IX.