



8555 Uva Drive P.O. Box 9 Redwood Valley CA 95470
485-8778

Application For Admission

Student's Full Name: _____

Social Security Number: _____

Grade Entering: _____ Age: _____ Date of Birth: _____

Interested in Car Pooling

Does child live with both parents? _____ If not, please explain:

Father's Name: _____

Home Address: _____ City: _____
Zip: _____

Mailing Address: _____ City: _____
Zip: _____

Email Address: _____ Cell Phone #: _____ Pager #: _____

Home Phone #: _____

Mother's Name: _____

OFFICE USE ONLY

_____ Date Received

- Interview
- Testing
- Letters of Reference
- Report Card
- Transcript
- Parent Commitment
- Immunizations
- Birth Certificate
- Medical Consent
- Parent Survey
- Health Exam
- Enrollment Fee

_____ Date Accepted

Home Address: _____ City: _____
_____ Zip: _____

Mailing Address: _____ City: _____
_____ Zip: _____

Email Address: _____ Cell Phone #: _____ Pager #: _____

Home Phone #: _____

Family Information:

Father's Occupation: _____
Employer: _____

Employer's Address: _____ Work Phone #: _____

Is Father and/or Grandfather a full time Pastor in either Lake or Mendocino County? _____

If yes, Church Name: _____ Church Phone #: _____

Mother's Occupation: _____
_____ Employer: _____

Employer's Address: _____ Work Phone #: _____

Emergency Contacts:

Name: _____ Relationship: _____
Phone #: _____

Name: _____ Relationship: _____
Phone #: _____

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Please list all other children living with your family:

Name: _____ Age _____ Name of school they attend: _____

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Briefly state why you would like your child to attend this school:

Student Information:

School last attended:

Address:

Name of Principal: _____ Name of
Teacher: _____

Grade in school last year: _____ Passed: _____ Retained: _____ Expelled: _____
Suspended: _____

Explain:

Check any special problems your child might have:

Discipline: _____ Reading: _____ Math: _____ Family Life: _____
Speech: _____ Vision: _____

Hearing: _____ Health: _____ Handicaps: _____ Other: _____

Briefly explain those checked above:

Has your child had any heart trouble, operations, bone fractures, allergies (bee stings), or any other diseases or illnesses that we should know about? Yes:

_____ No: _____

If so, please explain:

Should your child participate in our regular physical education program? Yes:

_____ No: _____

If not, please explain:

Church Information:

We attend church at:

Our church attendance is:

Weekly: _____ Occasionally: _____ Rarely: _____

What is your church involvement? (Offices held or ministries serving in, etc.)

Husband:

Wife:

Have you read and do you support Deep Valley Christian School's Statement of Faith? _____

Please return completed Applications to the Bookkeeping Office,

Attention: Peggy Huffman

Revised: 7/22/2008 11:02 AM