



Application Checklist

130-30 31st Ave., Flushing, NY 11354 - (718) 461-4409 - Fax: (718) 461-7368

Start Date : ___/___/___ End Date : ___/___/___

How did you hear about our school? () Newspaper Ad, () Radio, () Website,
() Queens Family Magazine, () Referral _____

Student Information

Student's Name _____
First Middle Last

Home Address _____
Street

_____ *City/Town Zip Code*

Home Phone _____

Date of Birth (mm/dd/yy) _____ sex: M F

Social Security _____ - _____ - _____

Home Language (other than English) _____

Ethnicity:

- African-American
- Asian
- American Indian
- Biracial
- Hispanic
- Hawaiian/Pacific Isl.
- Caribbean
- Other

Application for Admission to Grade _____

Emergency Information

Contact 1 _____
Relationship _____
Phone _____ Cell Home Work
(Circle One)

Contact 2 _____
Relationship _____
Phone _____ Cell Home Work
(Circle One)

Contact 3 _____
Relationship _____
Phone _____ Cell Home Work
(Circle One)

Doctor _____
Phone _____

Dentist _____
Phone _____

Psychologist _____
Phone _____

Parent/Guardian Information

Mother's (or Guardian's) Title: Mrs. Ms. Dr. Rev.
Name _____
First Last

Address (if different than student's) _____

Employer _____

Position _____

Day Time Phone # _____ Cell # _____

Home Phone _____

E-mail _____

Father's (or Guardian's) Title: Mr. Dr. Rev.
Name _____
First Last

Address (if different than student's) _____

Employer _____

Position _____

Day Time Phone # _____ Cell # _____

Home Phone _____

E-mail _____

Student resides with _____

Church Information

Does your family regularly attend a local church? _____

If no, please explain: _____

Church Name _____

Denomination _____

Church Address _____

Church City, State, Zip _____

Pastor _____

Church Phone Number _____

Please complete reverse side



Parent(s) Please Complete: (attach a separate sheet if necessary)

Have you personally received Jesus Christ as your Lord and Savior? _____

What is your perspective on what it means to be a Christian? _____

In which school district does your child reside? _____

List all of the previous schools your child has attended, beginning with the most recent

<i>Name of School</i>	<i>Address</i>	<i>Phone</i>	<i>Grade</i>	<i>Years Attended</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever been in or recommended for Special Education classes? *Yes* *No*

Has your child ever been in or recommended for Behavior Disorder classes? *Yes* *No*

Has your child ever been diagnosed with ADD/ADHD? *Yes* *No*

Has your child ever been diagnosed with dyslexia? *Yes* *No*

Has your child ever repeated a grade? *Yes* *No*

Was your child ever denied admission to a school? *Yes* *No*

Was your child ever suspended or expelled from school? *Yes* *No*

If the answer is yes to any of the above, please explain fully. _____

Does your child have or has your child had an Individualized Education Plan (IEP) or 504 Plan? _____
If your child has an IEP, please attach it to this form.

Please indicate the academic level of your child's previous work (*Circle One*)

Excellent *Good* *Average* *Poor*

Please describe your child's greatest needs (academic, behavioral, social, spiritual) and how FGCS can help meet those needs. _____

Please describe your child's strengths and interests and how FGCS can help nurture them. _____

I (We) certify that all of the information given in this application is accurate. In addition, I (we) give Full Gospel Christian School permission to use photographs of my (our) child for school websites and events.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____