

OVERLAND CHRISTIAN SCHOOLS

Grade School Application for Admission

Application Fee - \$25 (\$50 after June 30)

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Gender: M F Birthdate ____/____/____ Age ____ S.S. # ____-____-____

Grade Entering ____ Semester: Fall Spring 20____ Date: ____/____/____

Previous School Attended _____

Address _____
(Street) (City) (State) (Zip Code)

Has this child ever been dismissed or suspended while attending any school? YES NO
(If yes, please explain.)

PARENT/LEGAL GUARDIAN INFORMATION

Father/Legal Guardian

Name _____ Employer _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____ E-mail Address _____

Mother/Legal Guardian

Name _____ Employer _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Cell Phone: () _____ - _____ E-mail Address _____

Please list the name(s) of any person(s) who should not be allowed to transport your child.

Home Church _____ Does your family attend weekly? YES NO

Pastor _____ Phone Number: () _____ - _____

Will you insist that this student comply with all the rules of OCS? YES NO

Do you guarantee payment of this student's school expenses? YES NO

How do you plan to pay? Full Payment By Semester Through F.A.C.T.S.

Parent's Signature _____ Date _____

EMERGENCY INFORMATION

Emergency Contact Person (if parent/legal guardian cannot be contacted)

Name _____ **Relationship** _____

Home Phone: () _____ - _____ **Work Phone:** () _____ - _____

Cell Phone: () _____ - _____

Family Doctor _____ **Phone Number:** () _____ - _____

KC Area Hospital Preference _____

Insurance Company _____ **Policy Number** _____

(Optional)

I authorize a representative of Overland Christian School to dispense the following over-the-counter medication to my child for minor pain or discomfort as needed:

Acetamenaphin Ibuprofen Naproxem Sodium _____

I understand that Overland Christian School and its personnel assume or accept no liability for dispensing the above mentioned medications.

Parent's Signature _____ **Date** _____

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Date Application Received ___/___/___ **Date Transcript Received** ___/___/___

Reference Letters Requested _____ **Date References Received** ___/___/___

Placement Testing Required _____ **Test Results** _____ **Date** ___/___/___

Principal Approval _____ **Date** ___/___/___

Business Office Approval _____ **Date** ___/___/___

Accepted _____ **Denied** _____ **Date Letter Mailed** ___/___/___

Provisional Acceptance _____ **Conditions** _____