



**HOPE SPRINGS
Christian Learning Center, Inc.**



APPLICATION FOR ENROLLMENT

An application fee of \$50 must be submitted with the application prior to testing.

Name of Student _____ Date _____

Birth date _____ Age _____ Sex _____ Last grade attended _____

Last school attended _____ County _____

Father's name _____ Occupation _____
Work phone _____ Cell phone _____

Mother's name _____ Occupation _____
Work phone _____ Cell phone _____

Home address _____
Street City Zip County

Home phone _____ E-mail address _____

Marital status of parents: ___ Married ___ Separated ___ Divorced ___ Other (explain below)

Name of church attending _____

Referred by _____ Reason _____

A. FAMILY HISTORY Check where applicable.

Child is living with:

____ natural mother (only) ___ stepmother ___ legal guardian
____ natural father (only) ___ stepfather ___ adoptive/foster parents
____ living with both birth parents

Other children in the home:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOPE SPRINGS Christian Learning Center, Inc. admits students of any race, color, and national or ethnic origin.

Since the child's birth, he/she has experienced:

Reaction of child:

- | | |
|--|-------|
| <input type="checkbox"/> death in the family | _____ |
| <input type="checkbox"/> separation of parents | _____ |
| <input type="checkbox"/> divorce of parents | _____ |
| <input type="checkbox"/> remarriage of mother | _____ |
| <input type="checkbox"/> remarriage of father | _____ |
| <input type="checkbox"/> other major trauma (identify) | _____ |

Is there a history of learning difficulties in the immediate or extended family?

yes no

If yes, please explain: _____

Briefly describe your child's relationship with you, your spouse, and the other members of the family: _____

B. MEDICAL HISTORY Check where applicable.

- | | |
|--|------------|
| <input type="checkbox"/> recent physical examination | Date _____ |
| <input type="checkbox"/> recent eye examination | Date _____ |
| <input type="checkbox"/> recent hearing examination | Date _____ |
| <input type="checkbox"/> recent speech evaluation | Date _____ |

allergies (food, seasonal, environmental) please list: _____

- | | |
|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> wears glasses |
| <input type="checkbox"/> seizures | <input type="checkbox"/> hearing difficulties |
| <input type="checkbox"/> speech difficulties | <input type="checkbox"/> history of ear infections |

Explain any item checked above: _____

Is the child presently on any medication? yes no Prescribed by a doctor? yes no

If yes, please identify the medication type and dosage: _____

Explain any noticeable effects on the child's behavior from the medication mentioned above: _____

C. DEVELOPMENTAL HISTORY Check where applicable.

Problems in infancy or early childhood:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> colic | <input type="checkbox"/> talking |
| <input type="checkbox"/> crawling | <input type="checkbox"/> bedwetting |
| <input type="checkbox"/> walking | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> eating | <input type="checkbox"/> generally slow in development |

Explain any item checked above: _____

How does the child write? right-handed left-handed
 ambidextrous mirror writer

What are the child's strengths and special interests in school and at home? _____

D. SCHOOL HISTORY

List all schools previously attended (pre-school to present):

School	Grades	Reason for Change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check where applicable:

- repeated grade(s) Please list: _____
- had difficulty adjusting to change (ex: school to school, grade to grade, etc)
from _____ to _____ from _____ to _____
- began kindergarten late Recommended by _____
- enrolled in special classes Recommended by _____
- participated in other supplemental services, example: has an I.E.P.
Please list: _____

Please explain any items checked above: _____

E. SOCIAL BEHAVIOR HISTORY Check where applicable.

Is the child:

- | | |
|---|--|
| <input type="checkbox"/> independent | <input type="checkbox"/> prefers playing with much older children |
| <input type="checkbox"/> anxious | <input type="checkbox"/> prefers playing with much younger children |
| <input type="checkbox"/> dishonest | <input type="checkbox"/> prefers adult interaction vs. interaction with children |
| <input type="checkbox"/> shy | <input type="checkbox"/> difficult to manage at home |
| <input type="checkbox"/> passive | <input type="checkbox"/> unresponsive to people but enjoys things |
| <input type="checkbox"/> lacks common sense | <input type="checkbox"/> unlikely to share his/her problems |
| <input type="checkbox"/> easily distracted | <input type="checkbox"/> over-reacts to problems or change |
| <input type="checkbox"/> overly fearful | <input type="checkbox"/> relates well to own age group |
| <input type="checkbox"/> enjoys school | <input type="checkbox"/> relates well to adults |
| <input type="checkbox"/> makes friends easily | <input type="checkbox"/> self-centered |
| <input type="checkbox"/> stubborn | <input type="checkbox"/> dependent |
| <input type="checkbox"/> aggressive | |
| <input type="checkbox"/> withdrawn | |
| <input type="checkbox"/> moody | |
| <input type="checkbox"/> confident | |
| <input type="checkbox"/> easily frustrated | |

In what areas do you feel your son/daughter needs help?

Is there any additional information you would like to share with the school about your child?

_____ yes _____ no If yes, please use the space below.

PERMISSION FOR TESTING

We give our permission to Hope Springs Christian Learning Center, Inc. to test our son/daughter for specific learning differences. The testing fee of \$400.00 is due the day of testing and is not refundable.

Father

Date

Mother

Date

Note: The Parental Agreement and Doctrinal Statement forms from the Prospectus packet should be signed and turned in with the Application form along with the \$50.00 fee.

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