



**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 \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Last grade attended \_\_\_\_\_

Last School Attended \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parents are: \_\_\_\_\_ married, living together; \_\_\_\_\_ Separated; \_\_\_\_\_ Divorced; \_\_\_\_\_ other (explain below)

Name of Church Attending \_\_\_\_\_

Referred By \_\_\_\_\_ Reason \_\_\_\_\_

**A. FAMILY HISTORY.** Check where applicable.

This child is: \_\_\_\_\_ living with birth parent(s), \_\_\_\_\_ adopted, \_\_\_\_\_ living with foster parent(s).

Since the child's birth, he/ she has experienced;	Reaction of child;
_____ death in the family	_____
_____ separation of parents	_____
_____ divorce of parents	_____
_____ remarriage of mother	_____
_____ remarriage of father	_____
_____ other major trauma (identify)	_____

Child is living with;

_____ natural mother (only)	_____ stepmother	_____ legal guardian
_____ natural father (only)	_____ stepfather	_____ adoptive/foster 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.

Is there a history of learning difficulties in the family? \_\_\_\_\_ yes. \_\_\_\_\_ no.

If yes, please explain \_\_\_\_\_

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

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**B. MEDICAL HISTORY.** Check where applicable.

_____ recent physical examination	Date _____
_____ recent eye examination	Date _____
_____ recent hearing examination	Date _____
_____ recent speech evaluation	Date _____

_____ allergies. (Please identify below)	_____ needs glasses
_____ asthma	_____ wears glasses
_____ seizures	_____ hearing difficulties
_____ speech difficulties	_____ history of ear infections

Explain any item checked above \_\_\_\_\_

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

If yes, please identify the medication type, dosage \_\_\_\_\_

Explain any noticeable effects of the medication mentioned above on the child's behavior. \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this child;  right-handed,  left-handed,  ambidextrous,  mirror writer?

What are the child's special interests and skill areas? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. SCHOOL HISTORY**

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

SCHOOL	GRADES	REASON FOR CHANGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check where applicable:

repeated grade (s). Grade(s) repeated \_\_\_\_\_

had difficulty adjusting to change from \_\_\_\_\_ to \_\_\_\_\_

began kindergarten late. Recommended by \_\_\_\_\_

enrolled in special classes. Recommended by \_\_\_\_\_

participated in other supplemental services.

Please explain any items checked above \_\_\_\_\_

**E. SOCIAL BEHAVIOR HISTORY**

Check where applicable:

Is the child:

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

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

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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.

How did you find out about our school? \_\_\_\_\_

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**PERMISSION FOR TESTING**

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

\_\_\_\_\_  
*Father*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother*

\_\_\_\_\_  
*Date*

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**Note: This form should be accompanied by a signed Parental Agreement and Doctrinal Statement, as well as the Application fee.**