

Deep Valley Christian School
Elementary Enrollment Application (K-6th)
2024-2025



Student's Name: _____ Student's Birth Date: _____

Parents' Names: _____

Mailing Address: _____

Mother's cellphone #: _____ Father's cellphone #: _____

Best email for contact: _____

Grade Entering _____ Grades Skipped _____ Grades Repeated _____

Family Information:

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

Mother's Occupation: _____ Work phone #: _____

Mother's Address (if different than above): _____

Father's Occupation: _____ Work phone #: _____

Father's Address (if different than above): _____

Please list all other children living with your family:

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

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

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

Briefly state why you would like you child to attend Deep Valley Christian School:

Student Information:

School last attended: _____

Address: _____

Name of Principal: _____ Name of Teacher: _____

Reason for Leaving: _____

For Office Use Only:

_____ Application Rc'd

_____ Enrollment Fee

Interview date: _____

Testing date: _____

Records Request

Parent Commitment

Medical Consent

Financial Policy

Please answer each of the following questions (for any answers marked “yes”, please give more details on a separate sheet of paper including previous school name, principal name, and school address):

- Has the student ever been suspended, expelled, or asked to withdraw from school? Yes / No
- Does this student have a current IEP (Individualized Education Plan)? Yes / No
- Has this student had an IEP in the past? Yes / No
- Does this student have a 504 (Medical diagnosed disability)? Yes / No
- Has this student been identified as a GATE (Gifted and Talented) student? Yes / No
- Does the student require ELL services (English Language Learner)? Yes / No
- Does this student have any diagnosed health/medical concerns (i.e. ADD, ADHD, Depression, Anxiety, etc.)? Yes / No
- Has your child had any heart trouble, bone fractures, allergies (bee stings), or any other diseases or illnesses of which we should be aware? Yes / No
- Does your child have any behavioral issues, health issues, or physical problems (vision, hearing, speech), of which we should be aware? Yes / No

Briefly describe student’s extra-curricular activities and interests:

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.)

Mother: _____

Father: _____

Please Initial:

_____ I have read Deep Valley Christian School’s Statement of Faith and I understand that my children will be taught by staff and from curriculum that are in agreement with this statement.

Parent/Guardian Signature: _____ Date: _____

Please return application and enrollment fee to front office.