



DEEP VALLEY CHRISTIAN SCHOOL

PO Box 9 • 8555 Uva Drive, Redwood Valley, CA 95470 • (707) 485-8778

APPLICATION FOR ADMISSION – 2024-2025

OFFICE USE ONLY

Student's Full Name _____

Grade Entering _____ Age _____ Date of Birth _____

Grades Skipped _____ Grades Repeated _____

Does child live with both parents? Yes No If No, please explain:

Mother's Name _____

Home Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Email Address _____ Cell Phone # _____

Home Phone # _____

Father's Name: _____

Home Address _____ City/Zip: _____

Mailing Address _____ City/Zip _____

Email Address _____ Cell Phone #: _____

Home Phone # _____

Family Information:

Father's Occupation _____ Employer _____

Employer's Address _____ Work Phone # _____

Mother's Occupation _____ Employer _____

Employer's Address _____ Work Phone # _____

Emergency Contacts:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

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 your child to attend this school: _____

Date Received _____

Interview

Testing

Report Card

Medical Consent

Parent Commitment

Financial Agreement

Health Exam

Immunizations

Birth Certificate

Enrollment Fee _____

Date Completed _____

Please complete both sides/pages.

Student Information:

School last attended _____

Address _____

Name of Principal _____ Name of Teacher _____

Reason for Leaving: _____

Has your student ever been suspended, expelled, or asked to withdraw from school? Yes No

If yes, please give full details on a separate sheet of paper, including the school name, principal's name and address of the school.

Please answer each of the following questions:

Does this student have a current IEP (Individualized Education Plan)? Yes No

Has this student been on 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?
(ADD, ADHD, Depression, Anxiety, Severe Allergies, etc.) Yes No

Does your child have any other health issues or physical problems (illness or disease, vision, hearing, speech, allergies, recent operations), of which we should be aware? Yes: No

If "Yes" to either, please explain: _____

Is your child seeing a therapist or counselor for any reason? Yes: No:

If "Yes" please explain: _____

Briefly describe student's extra-curricular interests and abilities:

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.)

Husband _____

Wife _____

Have you read and do you support Deep Valley Christian School's Statement of Faith? Yes: No:

Please return Application and Fee to the Main Office or to the Registrar or Administrator.