

Engleside Christian School
 8428 Highland Lane, Alexandria, VA 22309
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<i>For Office Use Only</i>	
Date Received	_____
Interview Date	_____
Registration Fee	_____
Test Date	_____
Transcripts Received	_____
Start Date	_____

**APPLICATION FOR STUDENT ENROLLMENT
 2018-2019 School Year**

Date of Application _____

PARENT/GUARDIAN INFORMATION

Mailing Address _____

Parent A Dr. Mr. Mrs. Ms. Rev. _____
First *Last*

Email Address _____

Relation to Student *Father Mother Grandfather Grandmother* Other _____

Employer _____ Title _____

Parent B Dr. Mr. Mrs. Ms. Rev. _____
First *Last*

Email Address _____

Relation to Student *Father Mother Grandfather Grandmother* Other _____

Employer _____ Title _____

Phone Contact Information

Please list primary contact numbers first. All numbers will be included in ECS's OneCallNow emergency notification list unless "exclude" is entered in the last column

Contact Data for	10-digit Phone Number	Phone Type	<i>OneCallNow</i>
Parent A Parent B		Home Cell Work	
Parent A Parent B		Home Cell Work	
Parent A Parent B		Home Cell Work	
Parent A Parent B		Home Cell Work	
Parent A Parent B		Home Cell Work	

STUDENT INFORMATION

Please list prospective students in order **FROM YOUNGEST TO OLDEST**.

Youngest Prospective Student

Name _____
First Middle Last _____ *Goes By*

Date of Birth _____ SY18-19 Grade Level _____
Month/Day/Year

Gender: *Male Female* Social Security Number _____

Current Academic/Day Care Setting _____

Additional Prospective Students

Name _____
First Middle Last _____ *Goes By*

Date of Birth _____ SY18-19 Grade Level _____
Month/Day/Year

Gender: *Male Female* Social Security Number _____

Current Academic/Day Care Setting _____

Name _____
First Middle Last _____ *Goes By*

Date of Birth _____ SY18-19 Grade Level _____
Month/Day/Year

Gender: *Male Female* Social Security Number _____

Current Academic/Day Care Setting _____

Please Note: During the academic consultation, applicants will be asked about the academic progress, attendance patterns, social/behavioral and physical development of each prospective student.

Are there other children in your home aged 3-12 that are NOT seeking enrollment at ECS? _____

If yes, please explain briefly why you are not seeking enrollment for them at this time:

EXTENDED CARE INFORMATION

Please check as applicable for the 2018-19 school year:

- Not Anticipated at this time
- Regular AM Care (6:30-8:00 billed monthly August-May)
- Regular 4:30 PM Care (3:25-4:30 billed monthly August-May)
- Regular 6:00 PM Care (3:25-6:00 billed monthly August-May)
- Occasional Drop-in Care (AM and/or PM care billed on a daily basis)

CHURCH INFORMATION

Church Name _____

Address/Phone _____

Pastor's Name _____

Please Note: During the interview process, applicants should be prepared to discuss their pattern of church attendance, level of involvement in the church, and personal relationship with God.

PURPOSE FOR SEEKING ENROLLMENT AT ECS

In the space below, explain briefly why you are applying at ECS – what you hope your child will gain from being in our classroom setting.

STATEMENT OF COOPERATION

In applying for enrollment at Engleside Christian School, I understand that ...

- It is my responsibility as a parent/guardian to pay tuition as stated on the current financial information sheet. I understand that no records will be released until all bills are paid up-to-date and that delinquent payments can be cause for suspension. In the event of enrollment termination, I understand that tuition and extended care fees will be prorated to the date of actual termination ONLY upon written request based on job relocation requiring a move out of the immediate area; other fees will not be prorated or refunded. I also understand that assessments will be made to cover school property that is lost or damaged directly or indirectly by my child.
- In order for my child to derive the maximum benefit from his education, I may need to work with him at home to help him master the material presented in class.
- The administration of the school has the final responsibility for the grade placement of my child.
- The teacher and the administration are hereby given full discretion in the discipline of my child while under the supervision of ECS in the classroom, during classroom-related activities, and extended care. This includes the issuing of tallies and potential suspensions or expulsion.
- We are expected to support the ECS statements of faith and practice in our home. We will direct any questions or concerns about ECS statements of faith and practice to the administrator.
- If any problem between ECS and us should arise, we will contact the appropriate individual (the teacher first for classroom-related matters; the administrator for matters of institutional policy) in a timely manner to seek a Biblical resolution. If we cannot reach a mutual solution, we agree to withdraw our child/children quietly from the school rather than to encourage discord or unrest among other parents.
- My child is to take part in all required school activities including trips sponsored by the school and/or its related ministry groups involving my child. I absolve the school from liability to me or my child at school or school activities. In case of accident or serious illness, I request the school to call my physician and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.
- The school reserves the right to dismiss any student who is found to be out of harmony with the rules and policies of Engleside Christian School.
- I acknowledge that if my child is a student enrolled at ECS, his/her picture may be included in school publications and promotional materials.
- I have read the following ECS documents (included with the information packet or from the ECS website) before submitting this application: ECS Overview, Statement of Faith and Practice, and the Financial Information sheet.

I have read the above *Statement of Cooperation* and agree to comply with it.

Signature of Adult A _____ Date _____

Signature of Adult B _____ Date _____

ECS will contact you to schedule an Academic Consultation upon receipt of your completed application form.