



Application for Admission

Parent(s) Name _____ Date _____

Address _____ Phone(s) _____

City, State and Zip Code _____

Email Address(s) _____

Children you are interested in enrolling:

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

Name _____ Birthdate _____ Grade _____

School your child(ren) last attended _____

Reason for leaving? _____

Are your child's/children's immunization records up to date? Yes No

Has your child(ren) had any behavioral problems? _____

Has your child(ren) been suspended or denied enrollment in any other school? _____

If yes, please explain _____

What church do you attend? _____

Pastor's name _____ Do you attend weekly? _____

Why are you interested in having your child/children attend East Martin Christian School?
(You may use the back of this form as needed)

East Martin Christian School
516 118th Avenue
Martin, MI 49070