



# 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  
516 118<sup>th</sup> Avenue  
Martin, MI 49070**