

Stockdale Christian School
4901 California Avenue
Bakersfield, CA 93309
(661) 327-3927

OFFICE USE ONLY
Date of Application _____
Fee Received _____

APPLICATION FOR ADMISSION

This application does not assure enrollment, but provides information upon which to base a decision. Further data will also be processed through an interview with both parents and the child(ren) and testing will be completed on all new students. An application/testing fee is payable upon returning this application to the office. You will be notified of your child(ren)'s acceptance to Stockdale Christian School after the interview and testing process has been completed and the Admissions Committee has met for final determination of admittance.

ADMISSIONS COMMITTEE DISPOSITION :		
Testing:	Tour:	Interview:
Report Card:	Test Scores:	Pastor's Signature:

PART I - STUDENT INFORMATION

APPLYING FOR WHICH GRADE? _____ APPLYING FOR SCHOOL YEAR 20____ TO 20____

NAME _____ Nickname _____ Sex _____ Age _____

Home Address _____ City _____ Zip _____

Telephone () _____ Date of Birth _____ Place of Birth _____

Dad Cell _____ Mom Cell _____ Email _____

School last attended _____ Phone # _____

How long? _____ Address _____

Name of Principal _____ Name of last teacher _____

If student has repeated or skipped any grade, state grade and reason _____

Give grades/marks on last report card for grading period _____ to _____

Bible Reading Math History/Social Studies Science Citizenship Other

Has student ever had any disciplinary difficulty in school? Yes No If yes, explain briefly _____

Has student ever been suspended or expelled from school? Yes No If yes, Please state reason _____

Indicate mental, emotional or special disabilities which may affect the student's activities or progress. (Reply will be held in strict confidence) _____

List special interests or hobbies of the student _____

Does your student receive medication? Yes No List medication taken and for what condition _____

Does your student make friends readily? _____

How do you gauge your child as a student? _____

What motivates your student to learn? _____

What forms of discipline have you found effective with your student ? _____

What one character trait of your student do you value greatest ? _____

PART II - FAMILY INFORMATION

FATHER'S NAME _____ Occupation _____

Employer _____ Address _____ Phone # _____

MOTHER'S NAME _____ Occupation _____

Employer _____ Address _____ Phone # _____

MARITAL STATUS : Married ___ Widowed ___ Divorced ___ Separated ___ Remarried ___ Single ___

OTHER GUARDIAN

Name _____ Relationship _____ Occupation _____

Employer _____ Address _____ Phone # _____

PART III - LIFESTYLE INFORMATION

1. List all children in your family (names and ages) . _____

2. List special interest or hobbies you do together as a family. _____

3. What practices do you follow that provide spiritual strength for your family ? _____

4. What kind of music does your family enjoy ? _____

5. What is your feeling about the influence of TV on your student(s)? _____

6. Are there any unusual factors in your student's life (absence of father or mother, grandparents in the home, serious illnesses, accidents or premature birth, etc.) ? _____

7. What contributions does your student make to the household ? (i.e., household chores, etc.) _____

8. Have you been satisfied with your student's education up until now ? _____

9. If not, what areas do you desire to see improved ? _____

10. Why did you select Stockdale Christian for your student's education ? _____

11. In your opinion, what is a Christian school and what makes it different from public school? _____

PART IV - RELIGIOUS INFORMATION

SECTION A - To be filled in by mother

1. HOME ADDRESS (if different from child): _____

2. Church attending: _____ Are you a member ? _____

Church address : _____ How long? _____

Pastor: _____ Phone # _____

Pastor's signature _____ Date _____

Who does your child attend church with? _____

3. Please give a statement as to your personal experience and faith in Jesus Christ _____

STUDENT'S SALVATION EXPERIENCE: _____

4. Why do you want your child to attend Stockdale Christian? _____

5. What do you want your child taught about God? _____

6. What are your priorities regarding the total education for your child? _____

7. What do you feel are the characteristics of a Christian family? _____

I authorize Stockdale Christian School to employ such discipline, which may include corporal punishment, as the school administration deems wise and expedient for my child. I understand I will always be contacted for agreement before any corporal punishment is administered.

Mother's signature (or legal guardian)

Date

RACIAL NON-DISCRIMINATION STATEMENT

The school has a racially non-discriminatory policy. Stockdale Christian School shall make no distinction in its admission or educational services on the grounds of race, color, or national origin.

(over)

PART IV - RELIGIOUS INFO, CON'T.

SECTION B - To be filled out by father

1. Home address (if different from child): _____

2. Church attending: _____ Are you a member ? _____

Church address : _____ How long? _____

Pastor: _____ Phone# _____

Pastor's signature _____ Date _____

Who does your child attend church with? _____

3. Please give a statement as to your personal experience and faith in Jesus Christ _____

STUDENT'S SALVATION EXPERIENCE: _____

4. Why do you want your child to attend Stockdale Christian? _____

5. What do you want your child taught about God? _____

6. What are your priorities regarding the total education for your child? _____

7. What do you feel are the characteristics of a Christian family? _____

I authorize Stockdale Christian School to employ such discipline, which may include corporal punishment, as the school administration deems wise and expedient for my child. I understand I will always be contacted for agreement before any corporal punishment is administered.

Father's signature (or legal guardian) _____ Date _____

Stockdale Christian School
is a ministry of
Bakersfield's First Assembly of God Church