

# APPLICATION FOR ADMISSION

## EVANGEL CHRISTIAN ACADEMY

Date of Application \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Grade \_\_\_\_\_ Application for grade \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race:  White  African American  Asian  Hispanic  Native American  Other \_\_\_\_\_

Present School \_\_\_\_\_  Public  Private

Address of Present School \_\_\_\_\_

Principal/School Head \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Does student have a current IEP?  Yes  No **If yes, submit diagnostic evaluation.**

Does student have a current IAP/504 designation?  Yes  No **If yes, submit diagnostic evaluation.**

Has student ever been required to have psychological testing?  Yes  No **If yes, submit diagnostic evaluation.**

### FATHER

### MOTHER

Full Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Business Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

Are parents divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ With whom is child living? \_\_\_\_\_

Please indicate how you became interested in Evangel: \_\_\_\_\_

Have you seen, received, or heard any of the following about Evangel? (Check all that apply)  TV  Newspaper  Radio

Direct Mail  Sports Reports  Other \_\_\_\_\_

Has the applicant ever skipped or repeated a grade? Yes No If yes, indicate the grade and circumstances: \_\_\_\_\_

Describe any special circumstances which have affected the applicant's performance in school. (For example, illness or physical handicaps, particular learning difficulties, or frequent changes in homes or schools.) \_\_\_\_\_

Has the applicant ever been suspended, expelled, or withdrawn from another school for academic or disciplinary reasons at the request of the school authorities? None of the above. If yes, please explain the circumstances: \_\_\_\_\_

Has the applicant ever been charged with a misdemeanor or felony offense with the juvenile authorities? Yes No If yes, explain: \_\_\_\_\_

Does the applicant have now, or in the past, any significant medical problems? (Include any special physical and/or medical considerations or limitations.) Yes No If yes, explain: \_\_\_\_\_

Describe any unusual talents or achievements the applicant has shown either in or outside of school: \_\_\_\_\_

- ◆ Admission is open to academically qualified students without regard to race, creed, ethnic origin, or gender.
- ◆ For students entering K5 through 12th grades, a parent should arrange for all transcripts and testing results from previous schools to be sent to Evangel Christian Academy. **An application is not complete until all documents are received.**

I attest that all the above information is true and accurate:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Upon completion of this application (one per applicant), please return form and nonrefundable \$50 application fee to the Evangel Elementary Office at 5716 Buncombe Road, Shreveport, LA 71129 for **K5 through 6th grades** or the Evangel Admissions Office at 7425 Broadacres Road, Shreveport, LA 71129 for **7th through 12th grades**. Check or money order should be made out to: Evangel Christian Academy. If you need more information, call the Admissions Office at 318.687.2477.

### **Application Check List (the following must be included with your application):**

- Completed application form. Application must be signed by a parent/legal guardian.
- Copy of birth certificate
- Transcript and/or report cards, standardized testing scores
- Any diagnostic testing for special education, psychological evaluation, etc., if applicable
- \$50 nonrefundable application fee
- Health/Immunization Record