

Application For Admission

Summer Camp

& Extended Care

For School Age Children





1119 South Cherry St., Tomball, Texas 77375 281•351•8197 www.stepbystepchristianschool.org

281•516•0253 (fax)

Application Process

The following items are needed to complete the application process:

Application for Admission, including Family Information, Health	Copy of student's health insurance card		
Information, & Academic Profile	Medical Records, including documentation of any special		
Enrollment Record Short Form	needs, physical conditions, etc.		
Enrollment Fee	Food Allergy Emergency Care Plan signed by a health-care		
Copy of student's social security card (for student's permanent	professional, if applicable		
record)	Copy of custody papers, if student does not reside with both		
Copy of student's birth certificate	parents		

Step By Step Christian School welcomes applications from students desiring a Christ-centered, challenging, academic program. Every family must submit a separate completed, signed application for each potential student and the enrollment fee must be paid. All required documents must be received in the Admissions Office prior to acceptance. The submission of an application does not constitute acceptance. Each student is evaluated on the following items: report cards or transcript, placement assessments, and the desire to succeed in a Christian atmosphere. Additional information and/or references are required for those children proposing to enroll in grades 4 and up. Students will be notified in a timely manner regarding their application.

Registration and Enrollment

Upon initial application, each family must complete enrollment paperwork which includes data about the child(ren), parents/guardians, and any others who will be able to pick up and/or make decisions for the child in the case of an emergency in which we are unable to contact the parents. In addition to the paperwork completed upon initial enrollment, an annual medical statement and vaccination records must be kept current on each child. Please also be sure to keep all phone numbers and contact information current on both the enrollment record and the emergency contact card. In the event of an emergency, we will use this information to contact the parents as soon as appropriate procedures allow, and may leave messages at any number provided.

By signing the enrollment form, parents are certifying the information contained within to be complete and factual, promising to fulfill all financial obligations, and committing to adhere to the policies and regulations of Step by Step including those outlined in the current Step By Step Christian School Parent & Student Handbook. They further accept that if tuition becomes delinquent, students may not be allowed to attend class. Please note THAT PRESENTATION OF FALSE INFORMATION OR OMISSION OF PERTINENT INFORMATION ON THE APPLICATION WILL CONSTITUTE GROUNDS FOR DISMISSAL FROM STEP BY STEP CHRISTIAN SCHOOL WITH NO REFUND OF TUITION OR FEES.

Re-enrollment of Current Students

The school reviews the records to ensure the student achieved sufficient academic progress to qualify for advancement to the next level. The school also reviews the records to ensure the student behavior is appropriate for advancement to the next level. Any student making less than expected progress will require a meeting between the administrator and/or the classroom teacher and parents as a support system to bring the student to a greater level of success.

The school reviews the financial records to ensure there are no delinquent accounts. No student shall be re-enrolled with a delinquent account. Reenrollment of the student is finalized upon the

- 1) receipt and approval by the school of the re-enrollment application for the next year
- 2) payment of the re-enrollment fee
- 3) resolution of any outstanding academic, financial, or behavioral matters

As part of the re-enrollment process, updated medical information and emergency contact information will be requested. Students may not attend classes without these forms on file in the school office.

Please Attach Recent Photo



For Of	For Office Use Only					
	Date Received Enrollment Date Application Paid Enrollment Paid Check Number					

APPLICATION FOR ADMISSION

School Age Children

Α	pplying for
	School Year
Fall	Spring
Sun	nmer

Student Information		
Full Legal Name:Preferred Name:	Last First Social Security #:	Middle
Gender: Male Female Date of Birth: Home Address:	Month Day Year	Current Age:
Mailing Address: Same as Above	City State	
	Denomination:	
·	Asian American Native American Hispanic	Pacific Islander
Other		
Other		
Other Primary Language: Family Information	Secondary Languages:	
Other Primary Language: Family Information Please check the following where applic Parents Married Parents Separated Parents	Secondary Languages: cable: arents Divorced Father Remarried Mother Remarrie	
Other Primary Language: Family Information Please check the following where applic Parents Married Parents Separated Parents Other	Secondary Languages: cable: arents Divorced Father Remarried Mother Remarrie	d
Primary Language: Family Information Please check the following where applic Parents Married Parents Separated Pa Other Student Resides With: Both Parents Primary Legal Custody: Joint/Shared Under Texas	Secondary Languages: cable: arents Divorced Father Remarried Mother Remarrie	d

Family Information (Cont.) Student Name: DOB: **Parents/Primary Caregivers** Primary Father, Primary Male Caregiver, or Male Guardian Caregiver? Name: (Dr./Mr./Rev.) Relationship to Student: Issuing State: TX or Other (Please List) Driver's License #: ______ Social Security #: _____ DOB: Home Address: Mailing Address: ☐ Same as Above Email: May we send text messages Carrier/Cell Phone Provider: 1st Phone: and/or alerts to this number? Υ Ν Type: ☐ Home ☐ Cell ■Work Other Carrier/Cell Phone Provider: _____ 2nd Phone: Ν ☐ Home ☐ Cell □Work Type: Carrier/Cell Phone Provider: _____ 3rd Phone: Υ Ν ☐ Home ☐ Cell Type: □Work Occupation/Job Title: _____ Industry: Employer: Work Address: Church Membership: Authorized to: • pick up the student? • enroll/dis-enroll? Ν • access school records? Y consent to medical treatment? Mother, Primary Female Caregiver, or Female Guardian Primary Caregiver? Name: (Dr./Mrs./Ms.) Relationship to Student: Issuing State: TX or Other (Please List) Driver's License #: _____ Social Security #: _____ DOB: Home Address: ____ Mailing Address: ☐ Same as Above Email: May we send text messages 1st Phone: Carrier/Cell Phone Provider: and/or alerts to this number? Type: ☐ Home ☐ Cell □Work Carrier/Cell Phone Provider: _____ 2nd Phone: Ν ☐ Home ☐ Cell □Work Type: Other 3rd Phone: ____ Carrier/Cell Phone Provider: ______ Υ Ν ☐ Home ☐ Cell □Work Other Type: Occupation/Job Title: _____ Industry: ____ Employer:

Authorized to: pick up the student?

enroll/dis-enroll?

Ν

access school records?

Work Address:

Church Membership:

consent to medical treatment?

Family Information (Cont.)

Student Name:	DOB:

If either parent has remarried, or the child lives with a guardian other than the parents, please complete the information below:

Name: (Dr./N	Mrs./Ms.)			e Caregi				Caregiver?
Relationship								
Driver's Lice								
Social Secu							_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	=							
Mailing Add	lress: □ Sai	me as Abo	ve					
Email:								
1st Phone:					May we send	text messages o this number?	Carrier/Cell Phone Provider:	
Type:	☐ Home				Y	N		
2nd Phone:					Υ	N	Carrier/Cell Phone Provider:	
Type:	☐ Home	Cell					0 : (0 ! D	
3rd Phone:			□\/\ork	Othor	Υ	N	Carrier/Cell Phone Provider:	
Type: Occupation		_	_				Industry:	
							maasay	
Church Mer	mbershin							
Authorized to:	mooromp.							
• pick up the stud • access school		N N					• enroll/dis-enroll? Y N • consent to medical treatment? Y N	
Mother's S	pouse, Se	conda	ry Male (Caregive	er, or Ma	ile Guard	lian Information	Primary
	•		•	•	•		lian Information	Primary ☐ Caregiver?
Name: (Dr./N	- Иг./Rev.)							•
Name: (Dr./N Relationship	Mr./Rev.) p to Studer	nt:						Caregiver?
Name: (Dr./N Relationship Driver's Lice	Mr./Rev.) p to Studer ense #:	nt:					_ Issuing State: TX or Other (Please List)	Caregiver?
Name: (Dr./N Relationship Driver's Lice Social Secu	Mr./Rev.) p to Studer ense #: urity #:	nt:					_ Issuing State: TX or Other (Please List) _ DOB:	Caregiver?
Name: (Dr./N Relationship Driver's Lice Social Secu Home Addr	Mr./Rev.) p to Studer ense #: urity #: ess:	nt:					_ Issuing State: TX or Other (Please List) _ DOB:	Caregiver?
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Family Information (Cont.)

Student Name:	DOB:
Staucht Hanne.	

Siblings

Name	Age	School	Grade	Pick	Up?
				Υ	N
				Υ	N
				Υ	N

By marking Y above, you are authorizing Step By Step to release the student to the care of his/her siblings including those less than 18 years of age.

Others

Please list any others living in the home with the student.

Name	Relationship to Student	Phone Number / School(If under 18)	Age (If under 18)	Pick Up?	
				Υ	N
				Υ	N
				Υ	N

Alternative Contacts

Emergency Contacts/Alternative Releases

Only authorized adults will be allowed to pick up the student. *All persons (including the parents) should be prepared to show a picture ID when picking up a student, and we will not release a student to a sibling less than 18 years of age without special consent indicated above.* No teacher or staff member will release any student unless they personally know the person picking up, or they have been properly identified and authorized.

Name	Relationship to Student	Primary Phone Number	Secondary Phone Number	Authorize Medical Treatment		Pick Up?	
				Υ	N	Υ	N
Home Address			•				
				Υ	N	Υ	N
Home Address			•	•		•	
				Υ	N	Υ	N
Home Address	•		•			•	
				Υ	N	Υ	N
Home Address	•		•	•		•	
				Υ	N	Y	N
Home Address	•	•		•		•	

Admissions Policies	& Procedures	Student N	lame:	DOB:
Application Policies				
Step By Step Christian School welcomes application and the application and the application by Step Christian School does not discriment practices, admission policies, final	on fee must be paid. All required documer ninate on the basis of sex, race, color, nation	nts must be receive onal and ethnic ori	ed in the Admissions gin in the administra	Office prior to acceptance.
The submission of an application does not consecommendations, placement assessments, arapplication. By signing this application:	•		•	• •
I understand the enrollment fees as well as the nonth July-May. • I further recognize the fact the ulfilled including those charges for lunches and inancial obligations, and to adhere to the policiallowed to attend class. I UNDERSTAND THATAPPLICATION AND/OR DURING AN INTERVINO REFUND OF TUITION OR FEES.	hat Step By Step will not issue diplomas, of d extended care. ● I, the undersigned, cert les and regulations of Step By Step. I unde F PRESENTATION OF FALSE INFORMA	or release transcrip ify this information erstand that if tuitio TION OR OMISSIO	ts or records until all to be complete and n becomes delinque DN OF PERTINENT	financial obligations are factual, promise to fulfill all nt, my student may not be INFORMATION ON THIS
Required Documents				
 Application for Admission Short Enrollment Record Copy of student's social security card Copy of student's birth certificate 	 Copy of custody papers, if stude reside with both parents Medical records, including docur special needs, physical condition 	mentation of any	health-care prof	nergency Care Plan signed by a ressional, if applicable s health insurance card, if
Parent/Guard	dian Signature		Relationship to	Student
Parent/Guard	dian Name	Preferred Co	ontact Number	Date
Permission to Trans	sport	Student N	lame:	DOB:
give my consent for my child to be transported n case of an emergency. I understand that all release of any legal responsibility.				
Parent/Guard	dian Signature		Relationship to	Student
Parent/Guard	dian Name	Preferred Co	ontact Number	Date

Relationship to Student

Date

Preferred Contact Number

Parent/Guardian Signature

Parent/Guardian Name

Health Information

Ot Joseph November		*****This form must be			
Student Name: Name & Address of I	Primary School		Date of Birth:		
alth Statement & Con	•				
Please choose one of					
Full Emergency Me	•				
The student has	s been examined wit	hin the past year by a health ca	re professional and is healthy er	nough to physicall	ly participate in the
childcare progra	am. Records of curr	ent immunizations and precaution	onary screenings have been pro	vided to the below	v-named school which
	•	nt for Step By Step Christian Sch	ool to secure any and all neces	sary emergency n	nedical care for my chi
without exception	on.				
	Parant/Guard	lian Signature		Relationship to Stude	nt .
	r areniv Guard	nan Signatur e		Nelationship to Stude	m
	Parent/Guard	lian Name	Preferred Contact N	umber	Date
_					
Modified Emergenc	y Medical Consent				
following except	•	nsent for Step By Step Christian	contour to accure mocessary crim	organicy modical c	are for my orma with t
				_	
	Parent/Guard	lian Signature		Relationship to Stude	nt
	Parent/Guard	lian Name	Preferred Contact N	umber	Date
Withhold Emergend	cv Medical Treatme	ent			
	-	lict with the tenets and practices of	of a recognized religious organizat	tion, which I adhere	e to or am a member of
•		idavit stating this. To the best of i			
participate in sc	hool. I understand th	at even in the event of an emerge	ency, life-saving medical care may	be withheld as St	ep By Step Christian
School makes e	very reasonable effor	rt to comply with this request.			
	Parent/Guard	lian Signature		Relationship to Stude	nt
	Parent/Guard	lian Name	Preferred Contact N	umber	 Date
ecial Needs Statement					
Please check-	Glasses	Appendicitis	Frequent Strep	Allerg	nies
mark yes if it	Eczema	Reflux	High Fevers		, Injury
child & describe	Asthma	Febrile Seizures	Tubes in Ears		ature Birth
below: ase list any special me e		irements, differences, or other			
• •	-	irgeries, and long-term medicat	-		•
-	-	en food allergy emergency plan fo			•
e professional.			and the state of t	. 37	. agains so a g a noam
- p					

Health Information (cont.)	tudent Name:	_DOB:

*****This form must be updated annually*****

In the event a parent, guardian, or other authorized agent, cannot be reached to make arrangements for medical attention, I authorize Step By Step to take my child to the following physician, clinic or hospital:

Name:	Primary Care Physician/Pediatrician	Preferred Hospital/Urgent Medical Care Facility
Phone Number: Office Address: Street City State Zip In the event of critical illness or injury, the child shall be treated by paramedics, transported by ambulance, or taken to the nearest emergency room as circumstances dictal Immunization Record/Exemptions to Immunization Requirements: Texas State law requires students attending school to be immunized against certain vaccine-preventable diseases in an effort to protect both the student's health and that of the community. PI remember, students must provide documentation showing that they meet the latest Texas vaccine requirements for Texas school children or have a valid medical or conscientious exemption in to attend school. Please see the Parent/Student Handbook or www.dshs.state.tx.us/immunize/school for more detailed information about currently required vaccinations. Chapter §97.62 of the Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an ind basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Please go to www.dshs.state.tx.us/immunize to learn the requirements and to request an affidavit for exemption for the student. Affidavits must be updated every two years. I certify that my child's immunization record or exemption to immunization is on file at his/her primary school as listed below. Student Name: Date of Birth: Name & Address of Primary School	-	·
Office Address: Street		
City State Zip In the event of critical illness or injury, the child shall be treated by paramedics, transported by ambulance, or taken to the nearest emergency room as circumstances dicta Immunization Record/Exemptions to Immunization Requirements: Texas State law requires students attending school to be immunized against certain vaccine-preventable diseases in an effort to protect both the student's health and that of the community. Plenemember, students must provide documentation showing that they meet the latest Texas vaccine requirements for Texas school children or have a valid medical or conscientious exemption is to attend school. Please see the Parent/Student Handbook or www.dshs.state.tx.us/immunize/school for more detailed information about currently required vaccinations. Chapter §97.62 of the Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an ind basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Please go to www.dshs.state.tx.us/immunize to learn the requirements and to request an affidavit for exemption for the student. Affidavits must be updated every two years. I certify that my child's immunization record or exemption to immunization is on file at his/her primary school as listed below. Student Name: Date of Birth: Name & Address of Primary School Date of Birth:		
Immunization Record/Exemptions to Immunization Requirements: Texas State law requires students attending school to be immunized against certain vaccine-preventable diseases in an effort to protect both the student's health and that of the community. Pl remember, students must provide documentation showing that they meet the latest Texas vaccine requirements for Texas school children or have a valid medical or conscientious exemption is to attend school. Please see the Parent/Student Handbook or www.dshs.state.bx.us/immunize/school for more detailed information about currently required vaccinations. Chapter §97.62 of the Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an ind basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Please go to www.dshs.state.bx.us/immunize to learn the requirements and to request an affidavit for exemption for the student. Affidavits must be updated every two years. I certify that my child's immunization record or exemption to immunization is on file at his/her primary school as listed below. Student Name: Date of Birth: Name & Address of Primary School Date of Birth:	Street	Street
Immunization Record/Exemptions to Immunization Requirements: Texas State law requires students attending school to be immunized against certain vaccine-preventable diseases in an effort to protect both the student's health and that of the community. Pl remember, students must provide documentation showing that they meet the latest Texas vaccine requirements for Texas school children or have a valid medical or conscientious exemption is to attend school. Please see the Parent/Student Handbook or www.dshs.state.tx.us/immunize/school for more detailed information about currently required vaccinations. Chapter §97.62 of the Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an individual contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Please go to www.dshs.state.tx.us/immunize to learn the requirements and to request an affidavit for exemption for the student. Affidavits must be updated every two years. I certify that my child's immunization record or exemption to immunization is on file at his/her primary school as listed below. Student Name: Date of Birth: Name & Address of Primary School Date of Birth:		
Name & Address of Primary School	Texas State law requires students attending school to be immunized against certain vacc remember, students must provide documentation showing that they meet the latest Texas to attend school. Please see the Parent/Student Handbook or www.dshs.state.tx.us/imm Administrative Code (TAC) describes the conditions under which individuals can seek explasis for medical contraindications, reasons of conscience, including a religious belief, are to learn the requirements and to request an affidavit for exemption for the student. Affidal	cine-preventable diseases in an effort to protect both the student's health and that of the community. Please as vaccine requirements for Texas school children or have a valid medical or conscientious exemption in orde nunize/school for more detailed information about currently required vaccinations. Chapter §97.62 of the Tex exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an individua nd active duty with the armed forces of the United States. Please go to www.dshs.state.tx.us/immunize/schoolavits must be updated every two years.
Name & Address of Primary School	Student Name:	Date of Birth:
Parent/Guardian Signature Palationship to Student		
r drenti Oddrulan Signature Relationship to Student	Parent/Guardian Signature	Relationship to Student
Parent/Guardian Name Preferred Contact Number Date		Preferred Contact Number Date
Medication: Step by Step keeps several over-the-counter medications on hand to aid the safety and comfort of our students throughout the school day. At the students		

Step by Step keeps several over-the-counter medications on hand to aid the safety and comfort of our students throughout the school day. At the student's request, Step by Step has permission to administer the following medications to my child. Please note that anytime an oral medication has been administered, written notification will be sent to the parents/guardians documenting the name of medication, date & time administered, dosage, and nature of child's complaint. Please note that unless otherwise specified, Step By Step will follow the label recommendations for the student's age and/or weight, and under no circumstances may we exceed the recommended dosages.

Please initial to indicate consent:

Yes This medication administering may be administered upon the student's request.	Call First Please obtain verbal permission from a parent before administering this medication	Emergency Only This medication may be administered only in cases of life-threatening emergency*	Never Under no circumstances is this medication to be administered to my child	Name	Special Instructions
				Tylenol - acetaminophen	
				Motrin / Advil - ibuprofen	
				Benadryl Allergy / Antihistamine - diphenhydramine HCL	
				Halls Cough Drops - menthol	
				Neosporin - antibiotic cream	
				Cortizone 10 - hydrocortisone cream	
				Tums - calcium carbonate	

^{*}Life threatening emergencies are those such as a fever of 104.0° F or greater, severe and apparent anaphylaxis-induced respiratory distress, or upon the advice of poison control, 911 operators, paramedics, etc.

Academic Profile		Student Name: _		_DOB:
Previous Schools, Preschools & C	Childcares Attended			
· · · · · · · · · · · · · · · · · · ·	rning centers, and childcares attended in rever space is required, please attach a separate sh	=	r homeschooled stud	ents, please fully
School Name	School's Complete Address	Phone Number	Ages/Grades Attended	Reason for Leaving
			-	
			-	
			-	
revious Activities, Awards & Cor	nmendations			
ease list any and all previous awards rece	eived (both academic and other), extra-academ ch would help give a full picture of the student's	, -	•	
Activity / Award Name	Description / Organizat	ion	Date Received / Ages Active	Currently Participating
			-	
			-	
			-	
ow did you learn about Step By Step Cl	hristian School?	I		
hy do you want your student to atte	end Step By Step Christian School? If n	nore space is required,	please attach a se	parate sheet.
_				
ease indicate other information (includ nild. If more space is required, please a	ling special needs, concerns or questions) attach a separate sheet.	you feel would be helpful	to us in educating a	ınd caring for you

	kground		
Does the	student take any special medication (allergies, asthma, etc.)?	Υ	N
D003 tri0	student have any physical handicaps, limitations, or differences (sight, hearing, heart, etc.)?	Υ	N
Does the	student have any intellectual handicaps, limitations, or differences (learning disabilities, emotional issues,	etc.)?	N
Has the s	student ever been referred for educational/psychological testing?	Υ	N
Is the stud	dent currently receiving or has the student previously received the services of any specialist, therapist, tuto	oring service	
or	other professional to address educational, physical, or emotional needs of the child?	Υ	N
Has the s	student had any discipline/conduct problems or been suspended or expelled from any school/childcare?	Υ	N
Has the s	student been denied admission to another school/childcare?	Υ	N
Has the s	student been asked to withdraw from any school/childcare at any time?	Υ	N
	her information (including special needs, concerns or observations) you feel would be helpful to use e space is required, please attach a separate sheet.	s in educating and c	aring
	, , , , , , , , , , , , , , , , , , , ,	s in educating and c	aring
	, , , , , , , , , , , , , , , , , , , ,	s in educating and c	aring
our child. If more	, , , , , , , , , , , , , , , , , , , ,	s in educating and o	aring