

APPLICATION FORM

Cascade Christian High School
855 Chevy Way
Medford, OR 97504
(541) 772-0606
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www.cascadechristianhigh.org

OFFICE USE ONLY:
 School Year Applying For: _____
 Grade Applying For: _____
 Application Date Received: _____
 Application Fee Paid: _____

Please print all data below as requested. A **\$75.00 non-refundable** application fee must accompany this form. Continuing students from GCS and new siblings of current students must pay a **\$25.00 non-refundable** fee.

Please provide the following information about the student who is applying for admission:

- Student's Legal Name _____ Sex: ___ Male ___ Female
 Birth Date: _____ Age: ___ Grade Applying For: ___ Student e-mail: _____
 Mailing Address: _____ Student cell phone: _____
 Street Address: _____
 Phone: _____ Cell (Father's): _____ Cell (Mother's): _____ E-mail: _____
 Present School _____ Homeroom Teacher: _____ Grade: _____
- Names of previous schools for the last five years: _____
 - Has student ever repeated or skipped a grade? _____ If yes, which grade? _____
 - Has student ever received :
 - Tutoring or remedial instruction Yes ___ No ___ If yes, give details _____
 - Has student ever been evaluated for or received :
 - Special Education/IEP Yes ___ No ___ If yes, give details _____
 - Has student ever been diagnosed with ADD/ADHD? Yes ___ No ___ If so, are they currently taking medication to control symptoms? Yes ___ No ___
 - List current grade in : English _____ Science _____ Math _____
 - Has applicant ever been dismissed, suspended, or disciplined? _____ If yes, please explain: _____
 - _____
 - Has applicant been involved with police or other agencies? _____
 - Student's talents, special interests, or awards: _____
 - Are there any special factors in the child's life? (e.g. absence of father or mother, grandparents in the home, unusual accidents or serious illness, adoption, etc.) _____

Please provide the following information about the person(s) with whom the student lives:

- Name: _____ Name: _____
 - Employer: _____ Employer: _____
 - Occupation/Position: _____ Occupation/Position: _____
 - Business Phone: _____ Business Phone: _____
 - Marital Status: ___ Married ___ Divorced ___ Separated ___ Remarried ___ Single ___ Widow(er)
 - Have you personally received Jesus Christ as your Savior? **Father:** yes / no **Mother:** yes / no **Student:** yes / no
 - Church Name: _____ Phone: _____ Pastor: _____
- | | | | | | |
|-------------------|----------------|------------|------------------|-----------------|-----------------------|
| Church Attendance | Father | () Weekly | () Occasionally | () Seldom/None | () Church Leadership |
| | Mother | () Weekly | () Occasionally | () Seldom/None | () Church Leadership |
| | Student | () Weekly | () Occasionally | () Seldom/None | () Church Leadership |
- Regular family practices of: **Bible Study** () Yes () No **Worship** () Yes () No
Sunday School () Yes () No **Prayer** () Yes () No

(OVER PLEASE)

