

# FAMILY APPLICATION

Evangel Christian School  
14836 Ashdale Avenue  
Woodbridge, VA 22193  
(703) 670-7127

(Please use black ink when completing this form.)

DATE: \_\_\_\_\_

## FATHER

Name \_\_\_\_\_  Mr.  Dr.  Rev  Other \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Marital Status  Married  Widowed  Separated  Divorced  Remarried  Single

Church You Attend \_\_\_\_\_ Are you a member?  Yes  No

Church Address \_\_\_\_\_

Church Telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord? \_\_\_\_\_ If yes, please explain in detail how and when you received Christ as your Savior and His meaning in your life: (Your application isn't complete without this.) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address \_\_\_\_\_

## MOTHER

Name \_\_\_\_\_  Mrs.  Miss  Dr.  Other \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Marital Status  Married  Widowed  Separated  Divorced  Remarried  Single

Church You Attend \_\_\_\_\_ Are you a member?  Yes  No

Church \_\_\_\_\_

Church Telephone \_\_\_\_\_ Pastor \_\_\_\_\_

Have you personally received Jesus Christ as your Savior and Lord? \_\_\_\_\_ If yes, please explain in detail how and when you received Christ as your personal Savior and His meaning in your life. (Your application is not complete without this.) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Area Code, Number

Business Address \_\_\_\_\_  
Number, Street City State Zip Code

**CHILDREN**

Names of all Children	Date of Birth	Date to be Entered	Grade Applied For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School District in which children reside: \_\_\_\_\_

Are you applying for the admission of all school-age children? \_\_\_\_\_ If not, please state reasons: \_\_\_\_\_

Why do you want your children to attend Evangel Christian School? \_\_\_\_\_

**STATEMENT OF PARENT OR GUARDIAN**

In signing this application I (we) agree that:

1. I will pray earnestly for Evangel Christian School. I understand that school policy requires that our family must attend a Bible-believing church. Weekly worship, active fellowship, and church membership are expected.
2. I have read and agree with the Mission and Purpose Statement of the school and am willing to have my children educated in accordance with it.
3. The school reserves the right to place my child at the appropriate grade level.
4. The school reserves the right to dismiss any student who does not cooperate or who interferes with the educational process.
5. I understand that tuition rates do not cover the cost of operating the school and thus my participation is needed in lending financial help and prayer support in a mutual effort to train my children.
6. I have read the "Policies Relating to Tuition Payments" and agree to pay all tuition fees and other financial obligations to Evangel Christian School on the contracted day in accordance with these policies.

7. I will support the policies and procedures of Evangel Christian School as they are stated in the Student/Parent handbook.
8. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons involved rather than begin to spread criticism or hold a negative attitude in my heart.

**Signed:**

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Guardian \_\_\_\_\_ Guardian \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

Christian References: (One should be a family with children currently enrolled in Evangel Christian School, if possible.)

1. \_\_\_\_\_  
(Name) (Address) (Phone Number)
2. \_\_\_\_\_  
(Name) (Address) (Phone Number)

**STUDENT APPLICATION**  
**Evangel Christian School**  
**14836 Ashdale Avenue**  
**Woodbridge, VA 22193**  
**(703) 670-7127**

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*To be completed by parents of applicant*

1. Full Legal Name of Child \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

3. School District in which child resides \_\_\_\_\_

4. Name and address of church where child attends \_\_\_\_\_  
\_\_\_\_\_

5. Grade to be entered \_\_\_\_\_ Date to be entered \_\_\_\_\_

6. Has your child repeated a grade?  Yes  No  
Has your child been in gifted or accelerated classes?  Yes  No  
If an above answer is yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has your child been suspended or removed from any school for misconduct? Yes No  
If yes, please give an explanation including the date of the event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. List all previous schools attended:

Current School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_  
Complete Address \_\_\_\_\_

Prior School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_  
Complete Address \_\_\_\_\_

Other Schools Attended:

Name of School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Year \_\_\_\_\_

If additional space is required, please list on a separate sheet of paper.

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9. What is your child's attitude toward school and teachers? \_\_\_\_\_  
\_\_\_\_\_

10. Please describe your child's previous record of school attendance: \_\_\_\_\_  
\_\_\_\_\_

11. Does your child have a history of a chronic physical condition, emotional condition, or learning disability which has required professional attention or which may require special attention at Evangel Christian School? Yes or No  
If yes, please explain and include copies of all reports:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has your child ever been enrolled in a special class or received tutoring?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Does your child wear glasses or corrective lenses?  Yes  No

14. Has your child had a history of ear infections or hearing difficulty?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

15. Check if school personnel have reported any of the following about your child, or if you have observed these characteristics at home.

CHARACTERISTIC	PAST PERSONNEL	PRESENT PERSONNEL	AT HOME
Distractible			
Inattentive			
Disturbs other children			
Is often late in completing assignments			
Exhibits aggressive behavior			
Has difficulty following oral instructions			
Has difficulty following written instructions			
Has difficulty with oral expression			
Has difficulty with written expression			

**7<sup>th</sup> THROUGH 12<sup>th</sup> GRADE STUDENT INFORMATION**

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*To be completed by student applicant in your own handwriting. If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.*

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

**I. GENERAL / SPIRITUAL**

A. How did you learn about Evangel Christian School? \_\_\_\_\_  
\_\_\_\_\_

B. Do you want to attend Evangel Christian School? Yes No Why or Why not?  
\_\_\_\_\_

C. Do you go to church every Sunday? Yes No Where? \_\_\_\_\_

Do you go to Sunday School regularly? Yes No

Does your church have a youth group? Yes No Are you a member? Yes No

Do you participate in other activities at church? Yes No What? \_\_\_\_\_  
\_\_\_\_\_

Do you play a musical instrument? Yes No

What? \_\_\_\_\_

Have you ever helped plan or put on a program in your church? Yes No What?  
\_\_\_\_\_

D. If you are a Christian, how do you know? \_\_\_\_\_  
\_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

**II. ACADEMIC**

A. Do you get your homework done at school or do you take it home with you every day? \_\_\_\_\_

B. What subject is hardest for you? \_\_\_\_\_

C. What was your average grade in school last year? \_\_\_\_\_

D. Have you ever been on the honor roll? Yes No

E. Have you ever failed a subject? Yes No What? \_\_\_\_\_

F. Do you plan to go to college? Yes No

G. What occupation would you like to pursue as an adult? \_\_\_\_\_

H. Have you received any honors in school or outside of school? Yes No

What are they: \_\_\_\_\_

**III. PERSONAL / BEHAVIORAL**

- A. What do you enjoy doing most in your free time? \_\_\_\_\_
- B. Do you participate in sports? Yes No  
Which ones do you enjoy most? \_\_\_\_\_
- C. How often do you read a book? \_\_\_\_\_
- D. What books have you read most recently? \_\_\_\_\_
- E. What radio stations do you listen to with some regularity? \_\_\_\_\_
- F. How much time do you spend watching TV during the school year? \_\_\_\_\_  
Numbers of hours daily? \_\_\_\_\_ Number of hours weekly? \_\_\_\_\_
- G. How much time do you spend on the computer/Internet? \_\_\_\_\_
- H. Do you have a part-time job after school or on weekends? Yes No  
What is it? \_\_\_\_\_
- I. How often do you go to the movies? \_\_\_\_\_  
Name the last three movies you saw:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
- J. Are most of your friends and associates Christians? Yes No  
Are most of your friends your age? Yes No  
Do you know any current students here at Evangel Christian School? Yes No  
Who are these students? \_\_\_\_\_  
\_\_\_\_\_
- K. Select three adjectives that friends might use to describe you. \_\_\_\_\_  
\_\_\_\_\_
- L. Have you ever used tobacco? Yes No  
Drugs? Yes No  
Alcoholic Beverages? Yes No  
If there is a "Yes" answer, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the Admissions Committee should know about me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# **Evangel Christian School**

**14836 Ashdale Avenue  
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Dear Pastor:

The mission of Evangel Christian School is to educate students who will serve God and impact the world through Biblical thought and action. To achieve this mission, the school is committed to the concept that children are best prepared for a life of faith and service for Christ when they are nurtured by all three of the key influences on their lives: the home, the church, and the school.

The family listed on the reverse side is applying for admission to Evangel Christian School. Your understanding of the family, its place of progress in faith, and any particular information about its special needs will be very helpful to our Administration. Evangel Christian School is a school committed to the inerrant Word of God and the all-sufficient work of Christ at Calvary. We desire that families would maintain active involvement with a local church.

Thank you for your assistance to us and to this family. Please submit the form on the back of this letter directly to the school office.

**PASTOR'S RECOMMENDATION**

***After you have filled in Part I, please give this to your pastor to complete and mail directly to the school.***

I. Family Name \_\_\_\_\_  
Family Address \_\_\_\_\_  
Names of children seeking admission to Evangel Christian School  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**II. *To be filled in by the Pastor.***

Describe the family's church attendance:

\_\_\_\_ Regular (3-4 X per mo.) \_\_\_\_ Irregular (1-2 X per mo.) \_\_\_\_ Seldom

Church membership of parents:  Both Parents  Father  Mother  Neither Parent

Is the family active in your church beyond Sunday attendance?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are the children active in the youth program of the church?  Yes  No

Do you consider the children open to spiritual instruction?  Yes  No

What is your understanding of this family's relationship with God? \_\_\_\_\_

\_\_\_\_\_

Are there any concerns that should be known by the school which could either positively or negatively influence the decision of the Administration? \_\_\_\_\_

\_\_\_\_\_

Do you recommend the family for admission to Evangel Christian School?

Yes  No

Pastor's Signature \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_

**Please return to: Evangel Christian School  
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