

**STUDENT APPLICATION**  
Confidential - One Per Student  
TO BE FILLED OUT BY THE PARENT

CLAREMORE CHRISTIAN SCHOOL  
1055 W. Blue Starr Drive  
Phone: 918-341-1805  
Claremore, OK 74017  
Fax: 918-341-1011  
[www.claremorechristian.com](http://www.claremorechristian.com)

**GENERAL INFORMATION**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ # of brothers: \_\_\_\_\_ # of sisters: \_\_\_\_\_

**HEALTH**

Has the applicant ever been tested or received special help for a reading or learning difficulty? If yes, please explain: \_\_\_\_\_

Has the applicant ever been diagnosed for or enrolled in any special education program or special school (e.g. LD placement, attention deficit, etc.)? If yes, please explain: \_\_\_\_\_

Has the applicant ever received a psychological or psychiatric evaluation? If yes, please explain: \_\_\_\_\_

Has the applicant ever used tobacco, alcohol, or drugs of any kind? If yes, please explain: \_\_\_\_\_

Is the applicant subject to any regular medical conditions that require medication? If yes, please list the medications and symptoms: \_\_\_\_\_

The staff at Claremore Christian School has my/our permission to administer tthe following to the applicant:

	YES	NO	Please Initial
Tylenol/Ibuprofen	_____	_____	
Throat Lozenges	_____	_____	

## BEHAVIORAL

Has the applicant ever been expelled, dismissed, suspended, or refused admission to another school? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever been involved with the Juvenile Justice System? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant experienced social, scholastic, or disciplinary difficulties? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever sued or threatened to sue a school district? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

Has the applicant skipped \_\_\_\_\_ or repeated \_\_\_\_\_ a grade? Which grade? \_\_\_\_\_

Has child ever been retained? Yes \_\_\_\_\_ Parent Request \_\_\_\_\_ Teacher Request \_\_\_\_\_

Does the applicant have any special needs or challenges we need to be aware of? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School last attended: \_\_\_\_\_ Date: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Reasons for leaving last school attended: \_\_\_\_\_