Application For Enrollment

ILLINOIS CENTRAL CHRISTIAN SCHOOL

A Ministry of Bay View Baptist Church

22648 Grosenbach Road	Was	Washington, IL 61571			Phone: 309-698-2000 Fax: 309-698-2065			
FAMILY INFORMATION						1 4/1. 2	2002	
First Name:	Middle Name	Middle Name:Last Name		ame:				
Sex: M F Race:	Birth date:							
Address:		mm/dd/yy City:			Zip:	Zip:		
Home Phone:/	Wor	k Phone:	/					
Grade registering for:	K4 K5 1	2 3 4	5 6	7 8	9	10 1	.1 12	
Name of parents or legal guard	ians:							
With whom does the student li	ve?							
*Previous School Name:								
Address:	C	City:		_State:		_ Zip:		
*Phone:/ * *Required items	Fax:/	Date	of Withdra	awal:				
If homeschooled, what curricu	lum has been used	?						
1. Has your child ever been ex	pelled from school	!?	If yes, giv	ve the date				
2. Has your child ever been tra If yes, give the date.						mm/dd/yy ehavioral		
If yes to either question above,	please explain brie	efly the circ	umstances	regarding	the ex	xpulsion	or transfer.	

3. Has your child failed any grade(s)?		If so, what grade(s)?	
4. Does your child have special physic	cal needs?		
5. Does your child have special education	tional needs?		
6. Does your child have special emotion	onal needs?_		
7. Do you currently have unpaid tuitio	on obligations	s from any previous private school?	
Our school is not equipped nor staffed to we Homeschooled students may need to be test		dents with behavioral disorders or serious learning disabi ine an appropriate grade level.	ilities.
RELIGIOUS INFORMATION			
1. What religious affiliation is your child?	?		
2. Do you understand that Bible class and	l chapel attenda	lance is required of all students?	
IMPORTANT NOTATION			
FINANCIAL WITHDRAWAL NOTICES tuition payments.	S will be issued	d to any family who falls more than one month behind in	their
Final exam permits are required each May charge) only to those families whose school		a student to take final exams. These permits are issued (wrrent.	ithout
STUDENT & PARENTAL AGREEME	ENTS		
Have you and your child(ren) read the guidelines of this book?	current Parent/	/Student Handbook and do you agree to abide by the poli	cies and
2. Have you remembered to turn in a curr	ent immunizat	tion record for each child that you are enrolling?	_
•	_	ase sign and return the "transfer of student records" form to school until records have been received.	included
	(D. 1.)		
Parental Signature	(Date)	Administrative Signature	(Date)