



UNIVERSITY CHRISTIAN HIGH SCHOOL

602 7th Avenue NE
Hickory, NC 28601
(828) 855-2995

APPLICATION FOR ENROLLMENT

Applying for Grade: _____

Applying for School Year: _____

APPLICANT:

(Please provide complete information. Students will be considered for admission after all required admission information is submitted.)

Student _____ Sex M F
Last First Middle

Address _____

City & State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Home Phone # _____

Baptism Date _____ Baptizing Congregation _____

FAMILY INFORMATION:

Father

Name _____
Occupation _____
Employer _____
Business Phone _____
Cell Phone _____
E-mail _____

Mother

Name _____
Occupation _____
Employer _____
Business Phone _____
Cell Phone _____
E-mail _____

Applicant lives with: _____

Please note any special circumstances: _____

Status of Parents: Married Separated Divorced Single
 Mother Deceased Father Deceased Unknown

Brothers and Sisters:

Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional: If student adopted, Year of Adoption _____ Does student know? _____

Grandparents: May we add them to our mailing list? _____

Father's Parents:

Names _____

Address _____

City, State, Zip _____

Mother's Parents:

Names _____

Address _____

City, State, Zip _____

CHURCH INFORMATION:

Student's Present Congregation _____ City _____ State _____

Father's Church Membership _____ City _____ State _____

Mother's Church Membership _____ City _____ State _____

Is Church Attendance Regular? Student: Yes No

Father: Yes No Mother: Yes No

Are you willing to regularly attend church services? Yes No

Applicant belongs to church's youth group Yes No

I desire: a call from a Pastor more information about the Lutheran Church

information on available youth programs baptism for my child(ren)

ACADEMIC INFORMATION:

Name of School from which you intend to transfer: _____

Address: _____ Phone No. _____

Grade last completed _____ (if mid-year, grade currently enrolled in)

Please list any other schools the applicant attended:

Grades _____ School Name _____

Address _____

Grades _____ School Name _____

Address _____

Grades _____ School Name _____

Address _____

Has the applicant ever been dismissed or suspended from school? _____ Yes _____ No

If yes, please explain: _____

Has the applicant ever been diagnosed for any special educational need and received special services which may include but not limited to: speech, physical therapy, learning disability, etc.?

Yes No If yes, please explain: _____

Is the applicant under an approved 504 Plan or a current IEP? Yes No If yes, please explain: _____

Academic Background:

- Presently enrolled or have passed Algebra 1 EOC Score: _____
- Presently enrolled or have passed Physical Science

Languages:

- Spanish _____ Years Studied Speak Fluently Translate Written
- _____ Years Studied Speak Fluently Translate Written
- [Other]

- Applicant qualified for Duke's TIP Program

List any academic awards this applicant has received since the sixth grade: _____

Estimate quality of work your child has done in school during the past year:

- Excellent Good Medium Poor

Estimate the kind of effort your child has put into schoolwork during the past year:

- Excellent Good Medium Poor

Describe the level of cooperation your child has given the teacher(s) during the past year:

- Excellent Good Medium Poor

Please share any special school successes or difficulties the student has incurred: _____

EMERGENCY INFORMATION: (person, other than parent(s) to be notified in case of emergency)

Name _____

Relationship _____ Phone #(s) _____

Name _____

Relationship _____ Phone #(s) _____

HEALTH INFORMATION:

Please list any health problems which might affect your child's academic progress:

Name of Family Physician _____ Date of last exam _____

OTHER INFORMATION:

What two major factors caused you to choose this school?

How did you hear about UCHS? _____

In what Public School District does the applicant live: _____

****PLEASE INCLUDE THREE (3) TEACHER REFERENCES WITH APPLICATION****

I certify that my answers are true and complete to the best of my knowledge.

In the event of admittance, I understand that false or misleading information given in my application or interview may result in expulsion.

I herewith request enrollment for my child. I will support the faculty and staff of University Christian High School and will abide by the policies of the school. I am willing to have my child take a series of placement tests (if deemed necessary by the school) prior to final enrollment.

Parent Signature

Date _____