



# Harvest Christian School

... a quality educational alternative since 1984 ...

Harvest Christian School  
21 Minnesota St., P.O. Box 646  
Sandstone, MN 55072  
(320) 245-5330  
harvestcs@scicable.com

## STUDENT APPLICATION FOR REGISTRATION

### STUDENT INFORMATION

Name: \_\_\_\_\_  
                    Last                      First                      Middle

Grade to enter: \_\_\_\_\_ School Year: \_\_\_\_\_

Present Address Information:  
\_\_\_\_\_  
\_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

### SCHOLASTIC INFORMATION

Child's Educational Background: (List schools and years attended.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of last school attended:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the following areas, what information would be helpful for us to know about your child?

ACADEMIC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPIRITUAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEHAVIORAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what kind and for what purpose? \_\_\_\_\_  
\_\_\_\_\_

Was your child ever denied admission to a school? \_\_\_\_ Yes \_\_\_\_ No  
If yes, why? \_\_\_\_\_

Has your child ever been (check all that apply):  
\_\_\_\_ Suspended, expelled, or asked to voluntarily withdraw  
\_\_\_\_ Placed on academic probation  
\_\_\_\_ Referred to juvenile authorities

If applicable, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student ever had any disciplinary difficulties? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student have any special needs academically or otherwise?  
\_\_\_\_\_  
\_\_\_\_\_

Is there an awareness or suspicion of any learning differences or difficulties with your child? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received special education testing or screening in regard to any learning difference, disability, impairment, behavioral problem, etc.? If so, please explain the outcome:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had an I.E.P. (Individual Education Program)? If there is an I.E.P. currently in use, please describe the program: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please provide Harvest Christian School with a copy of the I.E.P. evaluation and program.

Indicate the academic level of the student's work:  
\_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Poor

Has the student ever been held back a grade in school? \_\_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

(over)

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:

_____ Married	_____ Widow or Widower
_____ Divorced	_____ Separated
_____ Divorced and Remarried	_____ Single

Names of children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## TRANSPORTATION

\_\_\_\_\_ We will rely on public school bus for transportation.

\_\_\_\_\_ We will be transporting our child/ren to school.

- **To complete enrollment all required forms must be submitted to the school office.** The school administration and/or the Harvest Christian School Board of Directors will review them. Prior to admission, a personal interview with the prospective family will be arranged.
- Those students entering Grades 1 – 8 should submit present school year grades, or if in high school, transcripts of all course work completed in grades 9 through 12.
- Students entering grades 7 through 12 must schedule an interview with administration.

## FAITH INFORMATION

Name and address of church you presently attend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Are you a member? \_\_\_\_\_

May we contact your pastor/church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received Jesus Christ as your personal Savior and Lord?

Father: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother: \_\_\_\_\_ Yes \_\_\_\_\_ No

## GENERAL INFORMATION

How did you hear about Harvest Christian School?

\_\_\_\_\_

Is Christian education a conviction or a preference for you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE ONLY:

Interview date \_\_\_\_\_

Transcripts/grades received \_\_\_\_\_

Admission date \_\_\_\_\_