



STUDENT INFORMATION

FULL NAME LAST FIRST M.I.

ADDRESS STREET ADDRESS CITY ST ZIP

DATE OF BIRTH / / SOCIAL SECURITY NUMBER

GENDER (CIRCLE ONE): MALE FEMALE LAST SCHOOL ATTENDED

MY STUDENT IS (CIRCLE ONE): NEW TO HAVEN ACADEMY OF SALINA A RETURNING STUDENT

DOES YOUR CHILD HAVE A CURRENT INDIVIDUAL EDUCATIONAL PLAN (IEP)? YES NO

FAMILY INFORMATION

FATHER/GUARDIAN NAME LAST FIRST M.I.

ADDRESS STREET ADDRESS CITY ST ZIP

EMPLOYER POSITION

PRIMARY PHONE EMAIL ALTERNATE PHONE

MOTHER/GUARDIAN NAME LAST FIRST M.I.

ADDRESS STREET ADDRESS CITY ST ZIP

EMPLOYER POSITION

PRIMARY PHONE EMAIL ALTERNATE PHONE

MARTIAL STATUS (CIRCLE ONE): MARRIED DIVORCED REMARRIED SEPARATED WIDOWED SINGLE

IF DIVORCED, WHO HAS LEGAL CUSTODY? (CIRCLE ONE): FATHER MOTHER JOINT OTHER (PLEASE EXPLAIN)

COPY OF LEGAL CUSTODY DOCUMENT MUST BE IN STUDENT FILE

STUDENT LIVES WITH: MOTHER/FATHER MOTHER ONLY FATHER ONLY MOTHER/STEPFATHER FATHER/STEPMOTHER

GUARDIAN (RELATIONSHIP)

EMERGENCY INFORMATION

PLEASE LIST PEOPLE OTHER THAN PARENTS WHO COULD PICK UP YOUR CHILD OR BE CONTACTED IN CASE OF AN EMERGENCY
NOTE THAT WE WILL ATTEMPT TO CALL PARENTS FIRST

NAME + RELATIONSHIP PRIMARY PHONE ALT PHONE

NAME + RELATIONSHIP PRIMARY PHONE ALT PHONE

NAME + RELATIONSHIP PRIMARY PHONE ALT PHONE

NAME + RELATIONSHIP PRIMARY PHONE ALT PHONE

RELIGIOUS INFORMATION

CHURCH ATTENDING PASTOR

ADDRESS STREET ADDRESS CITY ST ZIP

CHURCH ATTENDANCE: (PLEASE CIRCLE ONE FOR EACH PERSON): (REG = 3-4X/MONTH, OCCAS = 1X/MONTH; SELDOM = RARELY)

APPLICANT:	REGULARLY	OCCASIONALLY	SELDOM
FATHER:	REGULARLY	OCCASIONALLY	SELDOM
MOTHER:	REGULARLY	OCCASIONALLY	SELDOM

PLEASE CONSIDER THE FOLLOWING ITEMS AND RESPOND TO THEM FOR OUR MUTUAL UNDERSTANDING:

1. HOW DO YOU PROVIDE SPIRITUAL TRAINING FOR CHILDREN IN THE HOME? _____

2. WHAT GOALS DO YOU HAVE IN MIND FOR THE TRAINING AND DEVELOPMENT OF YOUR CHILD (REN) AS INDIVIDUALS? _____

3. WHAT ARE YOUR REASONS FOR WANTING TO ENROLL YOUR CHILDREN IN HAVEN ACADEMY OF SALINA? _____

PLEASE INCLUDE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD'S SPIRITUAL WALK:

SCHOLASTIC INFORMATION

HAS THIS STUDENT EVER BEEN SUSPENDED, DISMISSED, OR REFUSED ADMISSION TO ANOTHER SCHOOL? YES NO

IF YES, PLEASE EXPLAIN _____

PLEASE INDICATE (CIRCLE) IF ANY OF THE FOLLOWING APPLY TO THE PREVIOUS SCHOOL, TO THE HOME, OR TO OTHER INSTANCES:

BEHAVIORAL / DISCIPLINARY ISSUES

PLACED ON PROBATION

PLEASE EXPLAIN _____

HAS THE STUDENT EVER SKIPPED A GRADE? YES NO
HAS THE STUDENT EVER REPEATED A GRADE? YES NO

IF YES, PLEASE EXPLAIN _____

WHEN CALLING YOUR PREVIOUS SCHOOL, WHAT COMMENTS COULD WE ANTICIPATE? _____

IS THERE ANYTHING YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD IN ORDER TO ASSIST THEM MOST EFFECTIVELY? _____

DOES THE APPLICANT HAVE ANY MENTAL, EMOTIONAL, OR PHYSICAL HANDICAPS THAT MAY AFFECT HIS/HER ACTIVITIES OR PROGRESS THAT SHOULD BE KNOWN? (IF YES, PLEASE EXPLAIN) _____

PLEASE INDICATE THE ACADEMIC LEVEL OF STUDENT'S PREVIOUS WORK (CIRCLE ONE):

EXCELLENT

GOOD

AVERAGE

POOR

STUDENT HANDBOOK AGREEMENT

WE HAVE READ THE STUDENT HANDBOOK IN ITS ENTIRETY AND AGREE TO FOLLOW THE GUIDELINES AND EXPECTATIONS AS PARENTS/GUARDIANS AND AS A STUDENT OF HAVEN ACADEMY OF SALINA. WE AGREE TO THE TERMS GIVEN AND ACKNOWLEDGE THE DISCIPLINARY PLAN THAT WILL ENSUE WHEN INAPPROPRIATE BEHAVIOIR IS DISPLAYED.

PRINTED STUDENT NAME

STUDENT SIGNATURE

PRINTED PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE