

Chisago Christian School

9387 Wyoming Trail – Chisago City, MN 55013 (651) 257 – 4587 E-mail: schooloffice@clbspatriots.org

Student Application

STUDENT INFORMATION

Date of Application: _____

Male

Female

Last Name

First Name

Middle Name

Street Address

City

State/Zip

Home Phone Number

Student's Place of Birth

Date of Birth

Grade to Enter

Public School District in Which You Live

Superior Above Average

No

Student's grades have been Average Below Average
(explain) _____

Has student repeated any grade? Yes

Please list any persons who may *NOT* pick up your child. _____

Does this student Take medication Have a physical handicap Have an illness which might affect the learning process? If

any boxes are checked, please explain. _____

FAMILY INFORMATION

Father's Last Name

First Name

Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation

Employer

Employer's Phone Number

Mother's Last name

First Name

Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation

Employer

Employer's Phone Number

Other members of the immediate family Older Brothers # ___ Older Sisters # ___ Younger Brothers # ___
 Younger Sisters # ___ Relatives living at home (i.e. grandparent, aunt, uncle, cousin, etc. please list)

Continued on the other side

CHURCH AFFILIATION

Present Membership

Church's Name: _____

Phone Number: _____

Address: _____

Pastor's Name: _____

Brief Salvation Testimony:

Father: (optional) _____

Mother: (optional) _____

Applicant: (if saved) _____

GENERAL INFORMATION

How did you hear about Chisago Christian School? _____

Why do you want your son or daughter to attend Chisago Christian School? _____

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Email Address: _____

Entrance Test Scores

Reading _____

Math _____

Accepted: Yes No Conditional

Recommend Placing in Different Grade Grade _____

By: _____