



Crown Christian School  
Rachel Schutte, Principal  
7515 269th Ave. NW ~ St. Francis, MN 55070  
phone: (763)856-2099 fax: 844-273-4576  
email: info@crowncristianschool.com  
www.CrownChristianSchool.com

**To complete the application process (grades K-8), please do the following:**

- Provide a proper original birth certificate or other acceptable evidence of birth date. The school will make a copy of that document and return the original to you.
  - **Signatures of all persons with legal responsibility for the child are required before acceptance of this application for admission into this school.**
  - Upon acceptance, registration fees will be due. Checks should be made payable to “Crown Christian School”.
  - If this application is for grades 1-8, please attach a copy of the most recent standardized test results (e.g. achievement test), a copy of the most recent grade report, and a copy of the most recent IEP (if applicable).
  - Realize that all new or re-applying students are accepted with a minimum six-week probationary period.
  - Deliver this application, payments and supporting documents to the School Office.
- ✓ **I agree to abide by the policies and practices of this school as described in the School Handbook.**
  - ✓ **To the best of my knowledge, the information provided on this form is accurate and true.**
  - ✓ **I certify that I am a parent with legal and physical custody or a legal guardian of the child for whom application is made.**
  - ✓ **I agree that I am legally responsible for the timely payment of all tuition and fees. If there is another person (i.e. extended family member, non-custodial parent) who will be paying the tuition, a separate tuition statement should be requested. While the invoice for payment may be sent to another person, my signature indicates that I am still responsible for all tuition and fees.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Nondiscrimination**

Crown Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

For all applications, did you:

\_\_\_\_\_ Attach or deliver to the school office evidence of birth, and all other applicable academic documentation?

\_\_\_\_\_ Provide signatures of all persons with legal responsibility for the child? (pp. 1 & 6 of this application)

# Application for Admission for the 2018/2019 School Year

To Crown Christian School  
7515 269<sup>th</sup> Ave NW St. Francis, MN 55070  
Telephone 763-856-2099 Fax 844-273-4576  
E-mail: info@crowncristianschool.com

Date \_\_\_\_\_

## Application for What Age or Grade Level? *Check one of the following.*

Kindergarten  First  Second  Third  Fourth  Fifth  Sixth  Seventh  Eighth

To be eligible for enrollment in **Kindergarten**, the child must turn five on, or before, September 1 of the enrolling year. In any case, Crown Christian School reserves the right to restrict enrollment for children who may meet the age requirement but lacks the social, academic or emotional readiness to be successful.

## Information about the Child for Whom Application is Made

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

Nickname \_\_\_\_\_ Circle One: Male Female

Race (Optional, Circle One) Black White American Indian Hispanic Asian Other \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

School District Student Resides In \_\_\_\_\_

Child's Date of Baptism \_\_\_\_\_ (if not baptized, list "none")

Church Where Baptized (church name and city/state) \_\_\_\_\_

Name of Church Child Attends (if any) \_\_\_\_\_

Church Address (city/state) \_\_\_\_\_ Pastor's Name \_\_\_\_\_

## Applicant's natural parents are:

Married and living together  separated  divorced  other (please explain)

Applicant lives with (check all that apply):  mother  father  stepmother  stepfather  
 other (please explain)

Please describe custodial agreement if natural parents are not in the same household.

**Previous School(s) Attended (if any).**

**Please note: Previous schools may be contacted during the admissions process.**

|                   | Name of School (if any)<br>Or Write "Home School" | City, State | Dates Attended |
|-------------------|---|-------------|----------------|
| Preschool         |   |             |                |
| Kindergarten      |   |             |                |
| Elementary Grades |   |             |                |

Other \_\_\_\_\_  
\_\_\_\_\_

Why has or will the applicant leave his or her present/previous school (if any)?

\_\_\_\_\_

Why would you like your child to attend this school?

\_\_\_\_\_

Please rank the following reasons for desiring enrollment in this school (check all that apply). Please contact the school office with questions.

Safety  Quality Academics  Christian Emphasis  The people who work here.  
 Another (please describe):

\_\_\_\_\_

Is the applicant adopted?  Yes  No

If "yes", is the child aware of his or her adoption?  Yes  No

Through what grade level do you expect the applicant to attend this school? (Circle the level.)

K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Why? \_\_\_\_\_

Describe special educational services received by the applicant (if any).

\_\_\_\_\_  
\_\_\_\_\_

Explain discipline or behavioral concerns about which the school should be aware.

\_\_\_\_\_  
\_\_\_\_\_

Describe the applicant's academic abilities.

\_\_\_\_\_  
\_\_\_\_\_

Identify and summarize any specific physical or mental health conditions that your child experiences, or has experienced at home or other schools.

\_\_\_\_\_  
\_\_\_\_\_

List any and all medications that are prescribed for the above conditions.

\_\_\_\_\_

- If this application is for grades 1-8, please attach copies of the applicant's most recent standardized test results (e.g. achievement test) and most recent grade report or other school evaluation.

Has the child ever been suspended from school? Circle one: YES NO

Expelled from a school? Circle one: YES NO

- If yes to either suspension or expulsion, attach to this application a description of the circumstances.

**Information about siblings**

| First and Last Name | Current Age/Grade | School Now Attending (if any) | Living In Same or Different Household? |
|---------------------|-------------------|-------------------------------|--|
|                     |                   |                               |  |
|                     |                   |                               |  |
|                     |                   |                               |  |

**Please attach to this form similar information about other such persons.**

Your comments to us:

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**Information about the Natural Father of the Applicant**

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cellular Telephone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Name of Church Natural Father Attends (if any) \_\_\_\_\_

Address( city/state): \_\_\_\_\_

Are you interested in learning more about Zion Lutheran Church? \_\_\_ Yes \_\_\_ No

## Information about the Natural Mother of the Applicant

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cellular Telephone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_

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

Work Telephone (\_\_\_\_) \_\_\_\_\_ Other Work Contact Information \_\_\_\_\_

Name of Church Natural Mother Attends (if any) \_\_\_\_\_

Address: (City/State) \_\_\_\_\_

Are you interested in learning more about Zion Lutheran Church? \_\_\_Yes \_\_\_ No

## Information about Other Adults Such As Step-Parent(s), Legal Guardian

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

Relationship with the Applicant \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cellular Telephone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Other Work Contact Information \_\_\_\_\_

Name of Church Attended (if any) \_\_\_\_\_

Address: (City/State) \_\_\_\_\_

Are you interested in learning more about Zion Lutheran Church? \_\_\_Yes \_\_\_ No

## Alternative Emergency Contacts

Primary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Secondary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Medical Information**

Hospital/Clinic Preference: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies/Special Health Considerations –Please list significant allergies about which the school should be aware.

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

I authorize Crown Christian School staff to act in the event of an emergency situation and obtain medical care as is reasonably necessary.

**Father's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |
|--|
| <p><b>If applying for Kindergarten...</b></p> <p>Kindergarten Preference: <input type="checkbox"/> Three days per week, Mon, Wed, &amp; Fri      <input type="checkbox"/> Five days per week</p> |
|--|

Do you give Crown Christian School permission to use your child's photograph in any publications, newsletters, Marketing Tools, Website, or other related school material?

**Circle: Yes No**

How did you hear about Crown Christian School?

\_\_\_\_\_

*For office use:*

**Registration Paid** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Date** \_\_\_\_\_

**Forms Received:**

Transcripts Rec.     Immunizations     Request for textbooks

Request for Health Services     Transportation Pick-Up Form