



P.O. Box 370
 226 Goshen Road
 Rincon, GA 31326
 912-826-3ECS (3327)
 912-826-6555 Fax

Office Use Only

1. Date Appl. Recv'd _____
2. Interview Date _____
3. Accepted _____ Denied _____
4. Mail Acceptance Packet _____
5. Registration Fee Received _____
6. Entrance test taken _____

EFFINGHAM CHRISTIAN SCHOOL STUDENT APPLICATION

Applicants will not be considered for an interview until the materials below are on file with the admissions officer. Please submit the following in order to make your application for admission complete.

- | | |
|--|--|
| <input type="checkbox"/> A completed application | <input type="checkbox"/> A completed pastoral reference form. |
| <input type="checkbox"/> Copies of the most recent test scores | <input type="checkbox"/> Copies of the most recent report card |

Date _____

Name(s) of All Children	Gender	Date of Birth	Applying for ECS?	Grade Applying for
_____	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M <input type="checkbox"/> F <input type="checkbox"/>	__/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Biological Father

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

Employer _____

Email Address _____

Biological Mother

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

Employer _____

Email Address _____

Step-Father

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

Employer _____

Email Address _____

Step-Mother

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

Employer _____

Email Address _____

Who does the child primarily live with: (Circle all that apply)

Mother Father Step-Mother Step-Father Grandparent Other _____

If someone other than mother or father has custody of the child, who is it? _____

List additional addresses where school newsletters, information and other correspondence should be mailed to maintain good and efficient contact concerning all ECS matters.

Name	Address	Relationship

If there is a divorce decree, does it require the non-custodial parent to receive information concerning the child's education? Yes _____ No _____

A partnership between parents and ECS is much more in scope than just academics. A successful partnership is primarily of spiritual nature. One where both the parents and the school seek to raise up the child to obey Christ and live out a biblical worldview. In light of this:

Have you reached a place in your life where you know for sure that if you died today that you would go to heaven? Yes _____ No _____

If you were to die right now and you stood before God and He were to say to you – why should I let you into My Heaven? How would you answer Him?

Do you agree to have your children taught in accordance with the Statement of Faith found in the Parent-Student Handbook? _____

Are there any points in it, which are inconsistent with your convictions? _____ If so please explain. _____

Is either parent, step-parent, or guardian opposed to a Christian education? _____ If so, please explain. _____

How did you hear about Effingham Christian School? _____

Family's Home Church: _____ Pastor _____ Phone # _____

If you don't have a home church please explain. _____

Previous Churches	Pastor	Reason For Leaving
1.) _____	_____	_____
2.) _____	_____	_____

Why do you want your child to attend ECS? _____

In what ways should parents participate in the education of their children? _____

Have you read the parent/school handbook? _____ Are there any points of philosophy or school policy which are inconsistent with your goals for your family? _____ If so, please explain. _____

ECS is greatly helped by parents who regularly and enthusiastically serve as volunteers. What skills do you have that could be of assistance? _____

Please list the school last attended or presently attending.

a. Name of Student _____ Teacher's name _____
School name _____ Phone _____
Address: City/State/Zip _____

b. Name of Student _____ Teacher's name _____
School name _____ Phone _____
Address: City/State/Zip _____

c. Name of Student _____ Teacher's name _____
School name _____ Phone _____
Address: City/State/Zip _____

ECS is not staffed to benefit students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take place during an interview.

- a. Has your child ever been referred for testing or placed in a special program? Yes ____ No ____
- b. Has your child received any other special help or tutoring? Yes ____ No ____
- c. Has your child ever repeated a grade for any reason? ____ If so, which grade? _____
- d. Has your child ever been suspended or expelled by a previous school? Yes ____ No ____
- e. Has your child ever been involved in legal problems or been arrested? Yes ____ No ____
- f. Has your child ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Yes ____ No ____ If so, briefly state the nature of the problem: _____

- g. Has your child ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes ____ No ____
- h. Has your child ever been placed on prescription medication for learning and/or behavioral disorders? Yes ____ No ____
- i. Have you ever been told that your child might have dyslexia? Yes ____ No ____

Do you know of families who attend ECS? Yes ____ No ____ If so, please list some names here:

* PLEASE INCLUDE THE FOLLOWING, IF AVAILABLE. If it is not easily available, submit this application to the school without it and provide it at a later date.

- : A copy of the most recent achievement test scores;
- : Report cards from the most current and previous school years;
- : Any special honors or awards;
- : Transcripts from previous school (if applicable).

Each application is reviewed and then an interview is scheduled with both parents. Should your child be accepted, the school will arrange entrance exams (if applicable).

Should your child be accepted, a non-refundable \$300 registration fee will be required to hold their spot.

Registration is due only after an acceptance letter has been received.

PARENTAL SIGNATURE

I certify that this application is correct. I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the Parent-Student handbook.

Date _____ Parent or Guardian _____



EFFINGHAM CHRISTIAN SCHOOL

PO Box 370, Rincon, GA 31326

(912) 826-3ECS

www.effinghamchristian.org

Pastoral Reference for: _____

As applicants, the family named above is required to submit a pastoral reference. Your comments are important to us; therefore, please provide your complete and careful evaluation. We do ask that you do not complete this form if you have known the applicants for less than 1 year or are related to them.

Thank you for taking your time in completing this form. We look forward to hearing from you.

1. Church membership of parents:
 Both Parents Father Mother Neither Parent Other: _____
2. Do you consider the children open to spiritual instruction? Yes No
3. Are there any concerns about the family or student's character that should be considered as they make application to *Effingham Christian School*? Yes No

If yes, please explain:

Recommendation Concerning Acceptance

On the basis of what the family can contribute to the spiritual climate of *Effingham Christian School*, I

Highly Recommend Recommend Recommend with reservations Prefer not to recommend

On the basis of what *Effingham Christian School* can contribute to this applicant's spiritual development, I

Highly Recommend Recommend Recommend with reservations Prefer not to recommend

I would like to discuss this recommendation by phone.

Name (Please print): _____ Title: _____

Church: _____ Denomination/affiliation: _____

Phone: _____ Church email address: _____

Signature

Date

***For your convenience feel free to fax your response to 912-826-6555
or you may mail it to us at the above address.***