



STILLWATER CHRISTIAN SCHOOL

255 FFA Drive, Kalispell, MT 59901 406.752.4400 406.755.4061 Fax

Student Application

To be filled out by parent/guardian

Student's Legal Name: _____ Goes By: _____
Last First Middle

__ Male __ Female Age: __ Birth date: _____ Grade to be entered: __ Phone# _____

Ethnicity: __ American Indian or Alaskan Native __ Black or African American __ Asian
__ Hispanic or Latino __ Native Hawaiian or Pacific Islander __ White, Non-Hispanic

School presently or last attended: _____ Last grade completed: _____

If home-school family, please provide a statement about the educational experience. Include the curriculum followed, name of the person who served as the primary instructor, the length of the home-school period, as well as any additional comments you'd like to share with us. _____

How would you describe the student's attitude toward school? _____

If you answer yes to any of the following questions, please explain below.

- | | | |
|--|---------|--------|
| Has student ever failed any grade? | ___ Yes | ___ No |
| Does student have a learning disability or need tutoring or special education? | ___ Yes | ___ No |
| Has student had any academic, or social problems at school? | ___ Yes | ___ No |
| Does the student have any health problems or physical limitations? | ___ Yes | ___ No |
| Is the student on any medication? | ___ Yes | ___ No |
| Has student had any behavior problems or ever been suspended from school? | ___ Yes | ___ No |

Explanations:

We hereby certify that the above answers are true and complete. I realize that failure to disclose pertinent information may result in my child being asked to withdraw from school.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____