

New Student Application: Part 2 Individual Student Application Kindergarten

To be completed for each student applying

Birthdate (MM/DD/YYYY)	STUDENT INFORMAT	ION	For School Year:			
Birthdate (MM/DD/YYYY)	Please list name and information	on for the student applicant:				
Applying for Grade: Month/Year to start at GPCS: Female Male EDUCATION Preschool/Day Care Name (if applicable) Dates of Attendance School Address City State Zip Code School Phone STUDENT PROFILE Explain what the teachers ought to know about your child as a learner and as a person: Has your child ever been evaluated for, been recommended for, and/or received any kind of special educational services in the past? Yes No If yes, please explain: Does your child have any learning disabilities or special learning needs of which you are aware? Yes No If yes, please explain: Does your child require special classroom seating or accommodations of any kind? Yes No If yes, please explain:	Last Name	First Name	Middle Name		Preferred	d Name/Nicknam
Preschool/Day Care Name (if applicable) Dates of Attendance	Birthdate (MM/DD/YYYY)	City & Country of Birth		Country of Ci	tizenship	
Preschool/Day Care Name (if applicable) City State Zip Code School Phone STUDENT PROFILE Explain what the teachers ought to know about your child as a learner and as a person: Has your child ever been evaluated for, been recommended for, and/or received any kind of special educational services in the past? Preschool/Day Care Name (if applicable) City State Zip Code School Phone STUDENT PROFILE Explain what the teachers ought to know about your child as a learner and as a person: Has your child ever been evaluated for, been recommended for, and/or received any kind of special educational services in the past? Preschool/Past Profile No If yes, please explain: Does your child have any learning disabilities or special learning needs of which you are aware? Preschool/Past Profile No If yes, please explain:	Applying for Grade:	Month/Year to start at GPCS:		☐ Female ☐ Male		
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Does your child require special classroom seating or accommodations of any kind? Yes No If yes, please explain:			or, and/or received any	kind of special educ	ational sei	rvices in the
	Does your child have any l	earning disabilities or special learnin	ng needs of which you c	ıre aware? □ Yes □	No If yes	, please explai
Please list any physical disabilities, allergies, limitations on activities, and medications that pertain to your child's school life:	Does your child require spe	ecial classroom seating or accommod	dations of any kind? □	Yes □ No If yes,	, please ex	xplain:
	Please list any physical dis	abilities, allergies, limitations on acti	vities, and medications t	hat pertain to your c	hild's scho	ol life:

(form continues on other side)

Individual Student Application: Kindergarten • Pg. 2 Do you have any concerns about potential emotional or behavioral issues which may impact your child's educational experience? \square No If yes, please explain: Have you or others been concerned for or has your child been evaluated for any physical, mental, academic, or emotional needs? \square No If yes, please explain: ☐ Yes ☐ Yes \square No If yes, please explain: Are you concerned about any speech or language difficulties? In what areas (academic, athletic, musical, etc.) does your child excel? PARENT/GUARDIAN AFFIRMATION My signature affirms that the information provided in this Individual Student Application is complete and accurate.

NONDISCRIMINATION POLICY

Parent/Guardian Signature

Greater Portland Christian School is a distinctively Christian institution dedicated to biblical principles of fairness and equality (Proverbs 24:23; Acts 17:26; Galatians 3:28). Therefore, GPCS welcomes students of any sex, race, color, and national and ethnic origin, providing them all the rights, privileges, programs and activities generally accorded or made available to students in the school. It does not discriminate on the basis of sex, race, color, or national and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs, and athletic and other school-administered programs.

☐ If applicable, please include a copy of all psychological reports including any Individual Education Plan (IEP) and/or similar.

Date