

# Knollwood Christian School

Phone: (256) 249-4750  
Fax: (256) 249-0555  
www.knollwoodcs.com



Mailing Address: P.O. Box 340 Sylacauga, AL 35150  
Physical Address: 211 Knollwood Lane Sylacauga, AL 35151

FOR OFFICE USE ONLY	
Date Received _____	Met with Headmaster _____
Met with Board _____	Start Date _____
_____	_____

## APPLICATION FOR ADMISSION

(Please print or type)

### I. STUDENT INFORMATION

Name \_\_\_\_\_ Grade to Enter \_\_\_\_\_  
(Last) (First) (Middle)

Student's Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade Currently Enrolled in or Last Completed \_\_\_\_\_

School Currently Enrolled in or Last Attended \_\_\_\_\_

Has Student Been Retained in a Grade? \_\_\_\_\_ Which Grade? \_\_\_\_\_

Brothers and Sisters

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### II. PARENT / GUARDIAN INFORMATION

Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from above)

Address \_\_\_\_\_  
(if different from above)

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best Email Address for Contact \_\_\_\_\_

Student Lives With: \_\_\_\_\_

- A. If divorced, are there restrictions on custody, visitation, etc. of which we should be aware?  
Yes \_\_\_ No \_\_\_ If so specify
  
- B. Do you have regular family prayer and Bible Reading in your home? Yes \_\_\_ No \_\_\_  
Is it a high priority? Yes \_\_\_ No \_\_\_
  
- C. On what Biblical principle(s) do you base your home life?
  
  
- D. Briefly describe (paragraph) how each parent came to know Jesus Christ as Savior and Lord (Write this out in Block VIII on last page of this application).

**III. CHURCH INFORMATION**

Father \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_  
(name of church)

Mother \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_  
(name of church)

- A. Please give the **attached Pastoral Reference Letter** to your pastor for his response.
- B. What relation does church membership and attendance have to spiritual growth?

**IV. EDUCATION**

A. List all schools attended, including Kindergarten and Preschool:

<u>Name of School</u>	<u>City</u>	<u>State</u>	<u>Grades Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Has your child ...

- 1. Expressed a desire to attend Knollwood School? Yes \_\_\_ No \_\_\_ (If no, explain)
  
- 2. Ever been diagnosed to have a learning disability or physical problem that affects his/her academic achievement? Yes \_\_\_ No \_\_\_ (If Yes, explain on a separate sheet and have testing records sent to Knollwood.)
  
- 3. Ever been suspended, expelled, or had disciplinary problems in school?  
Yes \_\_\_ No \_\_\_ (If Yes, explain)

C. Why do you desire a Christian school education for your child?

**V. HEALTH INFORMATION**

Has your child ...

- 1. Ever had any physical, emotional, or attention problems which require special medication or limited participation in certain activities? Yes \_\_\_\_ No \_\_\_\_  
(If Yes, explain)

List any medications your child is currently taking.

- 2. Ever had an allergic reaction to any medication? Yes \_\_\_ No \_\_\_ (If Yes, what?)  
Are there any other unusual health problems that the school should be aware of?

**VI. REFERENCE INFORMATION**

Please give names, phone numbers, and addresses of two adults who know you and your child well for references.

Name	Address	Phone Number

**VII. PARENT COMMITMENT**

It is important that parents understand and support the philosophy of Knollwood Christian School **BEFORE APPLICATION IS ACCEPTED**. To assure this understanding and acceptance, we ask that you call the school office at 249-4750 to set up an admissions meeting with the Administrator. Your completed application may be brought at this time.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMISSIONS PROCESS AT KNOLLWOOD CHRISTIAN SCHOOL**

- 1. All K4 kindergarten students must be 4 years old before September 1<sup>st</sup>.
- 2. All K5 kindergarten students must be 5 years old before September 1<sup>st</sup>.
- 3. Obtain application forms and Handbook for Prospective Parents.
- 4. Schedule admissions meeting with Administrator.
- 5. Submit completed application forms.
- 6. Parents meet with representatives of the Knollwood Christian School Board.
- 7. Notification is given of acceptance.
- 8. Registration fee is due.
- 9. Records of previous schooling and testing received and confirmed in the school office.
- 10. Medical forms, immunization records (blue slips), and copies of Student's Birth Certificate and Social Security Card must be filed in the school office before the first day of school.

*Knollwood Christian School shall admit students without regard to race, color, and national or ethnic origin.*

**VIII. TESTIMONY AND CHURCH BACKGROUND OF PARENTS**

**WIFE:**

**HUSBAND:**



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### Pastoral Reference Form

**I. This top section (Part I) is to be filled in by the family. After completing Part I, please give this form to your pastor to complete and **have the pastor / church mail the completed Pastoral Reference Form directly to Knollwood Christian School.****

Family Name: \_\_\_\_\_

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

Church Home: \_\_\_\_\_

**II. To be filled in by the Pastor.**

Church membership of parents;

Both Parents        Father        Mother        Neither

Parent

Describe the family's church attendance:

Regular (3-4 X per mo.)       Occasional (1-2 X per mo.)     

Seldom

Is the family active in your church beyond Sunday attendance?       Yes       No

Are the children active in the youth or children's program of the church?       Yes       No

**III. We welcome any additional comments you might have concerning the spiritual life of this family that would enable us to more effectively minister to them. Please write them here or call the Headmaster at (256) 249-4750.**

\_\_\_\_\_  
 Pastor's Name Printed

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Pastor / Church please mail directly to: Knollwood Christian School  
 P.O. Box 340  
 Sylacauga, AL 35150





## Knollwood Christian School Referral Program

(Please complete this form, check one box, sign, and return to KCS office)

- We sincerely believe that our decision to enroll our child (children) in Knollwood Christian School was due in large part to the efforts of a particular family that is currently enrolled in Knollwood Christian School. It is our wish that they receive a \$150 credit on their account as part of the KCS referral program.

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Name of existing family to receive referral credit

- While there may have been existing families who talked with us about the merits of enrolling our child (children) in Knollwood Christian School, we sincerely believe that other factors or people were the primary reason in our decision. Therefore, we do not wish to designate that anyone receive the referral credit, leaving those funds in the school's operating budget.

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New Family's Printed Name

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Signature

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Date