



# Covenant Christian School

Character. Creativity. Community.

116 Palace Lane  
Williamsburg, VA 23185  
(757) 378-2189

## Application Form

*Please complete the following information.*

*Return this form to Covenant Christian School at the address above.*

### Legal Name of student applicant:

\_\_\_\_\_  
Last First Middle

() Male () Female

DOB \_\_\_\_\_ Race \_\_\_\_\_ Grade to enter \_\_\_\_\_  
MM-DD-YYYY

Prior school \_\_\_\_\_

### Student Address:

\_\_\_\_\_  
No. and street

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

Mother's Cell Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

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

Mother's address the same? () Yes () No

Father's address the same? () Yes () No

Mother's email \_\_\_\_\_

Father's Email \_\_\_\_\_

**Faith:**

Church affiliation

*What church do you currently attend? How often do you attend? Are you a member of the church?*

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Personal Testimony

*When did you become a Christian? How did you come to know Christ?*

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Prayer

*Describe your routine or habit of prayer.*

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Covenant Philosophy

*Why do you desire to enroll your child(ren) in Covenant Christian School? What do you think it means to become part of a covenant community of learners?*

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Statement of Faith

Have you read our Statement of Faith? ( ) Yes

Are you in agreement with our Statement of Faith in its entirety? ( ) Yes ( ) No

If you do not agree with our Statement of Faith in its entirety, please explain:

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**Academics:**

Background:

Has your child ever been retained a grade? Advanced a grade? Tested as gifted?

Please explain.

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Disciplinary Action:

Has your child ever been suspended or expelled from school? Please explain.

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Overview:

What would you consider to be your child's academic strengths and/or weaknesses?

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Does your child have an IEP?  Yes  No

Learning Challenges:

Does your child have any learning challenges that we should be aware of?

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**Primary Contact:**

\_\_\_\_\_  
First name Middle name Last name

DOB \_\_\_\_\_ Gender  Male  Female  
MM\_DD\_YYYY

Goes by \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_

Email \_\_\_\_\_

Primary phone number (\_\_\_\_) \_\_\_\_\_

Alternate phone number (\_\_\_\_) \_\_\_\_\_

Employer

\_\_\_\_\_  
Occupation \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Related to the student?  Yes  No

Relationship to the student

\_\_\_\_\_  
Lives with student?  Yes  No

Address (if different from student):

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Primary contact for student?  Yes  No

First emergency contact for the student?  Yes  No

**Secondary Contact**

\_\_\_\_\_  
First name Middle name Last name

DOB \_\_\_\_\_ Gender  Male  Female  
MM-DD-YYYY

Goes by \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_

Email \_\_\_\_\_

Primary phone number (\_\_\_\_\_) \_\_\_\_\_

Alternate phone number (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Related to the student  Yes  No

Relationship to the student \_\_\_\_\_

Lives with student?  Yes  No

Address (If different from student):

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

First emergency contact for student  Yes  No

*For Office Use Only*

Date Received	Interview scheduled	SMT Decision	Notification Sent