



PLEASE PRINT  
(One per applicant)

**ADMISSION FORM II**  
**IMMANUEL CHRISTIAN SCHOOL**  
**6915 Braddock Road, Springfield, VA 22151**

Check here if you are registering for Extended Care for this student.

Grade Desired	Beginning Month	Academic Year	Other siblings enrolled or applying at ICS: Name and Grade			
		20__ to 20__				

**1. STUDENT NAME**

Last	First	Middle	Name student responds to:	Sex

**2. HOME ADDRESS**

Street Address	City & State	Zip	Home Phone

**3. PLACE OF BIRTH**

**DATE OF BIRTH:**

City or County	State	Month	Day	Year

1. Applicant will be \_\_\_\_\_ years old on October 1, in the academic year of admission.
2. Kindergarten and 1st Grade applications must be accompanied by a birth certificate.

**4. PARENT or GUARDIAN**

	Last Name	First	Middle	* Additional Information
Father				
Mother				
Guardian*				

\*In the case of guardianship, please explain relationship to child and provide name and city of residence of natural parents.

**5. PREFERENCES FOR KINDERGARTEN APPLICANTS: – Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice below.:**

- \_\_\_\_\_ **5-DAY MORNING OPTION**  
 Monday 8:30 AM - 1:30PM  
 Tue.-Fri. 8:30 AM - 12:15 PM
- \_\_\_\_\_ **5-DAY FULL-DAY**  
 Monday 8:30 AM - 1:30PM  
 Tue.-Fri. 8:30 AM - 3:15 PM

6. School last attended \_\_\_\_\_ Grade \_\_\_\_\_

7. Has the applicant ever repeated a grade? Yes \_\_\_ No \_\_\_ If yes, which grade? \_\_\_\_\_

Reason for repeating: \_\_\_\_\_

8. Has applicant ever had any serious discipline problems, been suspended or expelled from school? Yes \_\_\_ No \_\_\_ If yes, explain. \_\_\_\_\_
9. List any mental, emotional, physical, or other conditions, or learning difficulties which may affect applicant's activities or progress. (All copies of special testing and diagnostic evaluations must be provided, including ADHD, Speech or other learning difficulties \_\_\_\_\_)

**10. HEALTH AND MEDICAL INFORMATION:**

Emergency Contact (Other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of preference \_\_\_\_\_

I.C.S. does not employ medical personnel. If an injury or physical emergency occurs, I.C.S. personnel administer first aid that seems appropriate while contacting parents and/or waiting for emergency health service. I.C.S. does not administer medicines except by written parental or doctor's instruction.

May I.C.S. administer first aid? Yes \_\_\_ No \_\_\_

May I.C.S. initiate emergency medical care and/or transportation in case of an accident? Yes \_\_\_ No \_\_\_

Does student have any allergies I.C.S. should be aware of? Yes \_\_\_ No \_\_\_ If yes, give details:

\_\_\_\_\_

List any medical conditions ICS should be aware of: \_\_\_\_\_

\_\_\_\_\_

List any medications (and their dosages) taken at **home** on a regular or semi-regular basis:

\_\_\_\_\_

List any medications (and their dosages) to be taken at **school** on a regular or semi-regular basis:

\_\_\_\_\_

May I.C.S. administer if needed: (Check one) Junior Tylenol \_\_\_ Adult Tylenol \_\_\_ NO Tylenol \_\_\_

**ADMISSIONS POLICY**

Information relating to a student's special problems in behavior, learning difficulties, or emotional stability should be made known during the application process. A student with these types of needs is not "automatically" denied admission. However, we do carefully and prayerfully evaluate how effectively we can meet the need in each individual case. We must keep in view our ministry to all of the students in a given class. Regrettably, we do not have the resources needed for many learning disabled or physically handicapped students.

Immanuel Christian School exists to provide Christian Education for Christian families. We do not discriminate on the basis of race, color, national or ethnic background. We do, however, attempt to be discerning in the area of Christian belief and practice. We are not concerned with denominational affiliation. We define a Christian as a person who by faith has received Jesus Christ as personal Savior and rightful Lord of his or her life. Eph. 2:8, 9; Rom. 10:9, 10.

We believe that those who will benefit most from our program know the Lord as personal Savior and desire that their children be educated with a biblical worldview. It is our experience that families who do not share a biblical worldview will be uncomfortable with the expectations we have and the philosophy we practice.

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I acknowledge the above-mentioned Admissions Policy and verify that all information provided is accurate and complete to the best of my knowledge.

Signed: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Date \_\_\_\_\_