



# FORT SCOTT CHRISTIAN HEIGHTS

1101 S. Barbee  
Fort Scott, Kansas 66701  
620-223-4330



## Application for Admission

Student's full name: \_\_\_\_\_  
(Last) (First) (Middle)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Birthdate: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Birthplace: \_\_\_\_\_

Grade Last Attended: \_\_\_\_ Grade repeated? Yes No (Circle one) Grade Entering \_\_\_\_

Phone: \_\_\_\_\_ Sex: Male Female (Circle one) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Was student ever dismissed, suspended, or disciplined at any other school? Yes No (Circle)

If yes, explain \_\_\_\_\_

Does your student have learning difficulties? Yes No (Circle one) Explain \_\_\_\_\_

Has your student had an IEP? Yes No (Circle one) Explain \_\_\_\_\_

Does student have any physical disability? Yes No (Circle one) Explain \_\_\_\_\_

Where does student attend church? \_\_\_\_\_

Father's Name:	Mother's Name:
Employer:	Employer:
Employer's Phone:	Employer's Phone:

Marital Status of Parents: Married Separated Divorced (Circle one)

With whom does student reside? Mother Father Both Other \_\_\_\_\_

School(s) Attended Last Year	Address(es) of School(s)

**Years attended** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_