



# DESERT VIEW

## CHRISTIAN SCHOOL

2425 American Legion Blvd Mountain Home, ID  
(208) 580-0512

Date \_\_\_\_\_

New students are required to present proof of date of birth and all students must show proof of having vaccinations. If the pupil is applying for admission to this school for the *first* time, he/she must present their latest report card (if applicable).

Name of Student \_\_\_\_\_

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

School Previously Attended \_\_\_\_\_ Grade Last Year \_\_\_\_\_

Church Preference \_\_\_\_\_ Baptized? \_\_\_\_\_

Address \_\_\_\_\_

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

Father's Church \_\_\_\_\_

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

Mother's Church \_\_\_\_\_

Email Address \_\_\_\_\_

Please read carefully the policies as given by the School Board

I have read the policies governing the church school and will cooperate with them. I will be responsible for the financial arrangements as indicated.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

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

In Case of Emergency of Illness notify \_\_\_\_\_ Phone \_\_\_\_\_

I understand the policies of the school as indicated, and will do my best to abide by them.

Student Signature \_\_\_\_\_

Father/ Guardian's \_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone

Mother/ Guardian's \_\_\_\_\_  
Home Phone                      Cell Phone                      Work Phone

Please give the names of relative and friends who have consented to assume the responsibility of your son or daughter in case of illness, accident, or in the event of a major disaster. Even with this person's name listed here you as the parent are still required to communicate with the teacher when someone other than yourself will be picking your child up from school. In the case of an emergency or short notice a phone call from you will be required to release your child to someone other than you, the parent. **Students will be released to authorized individuals only. There will be NO exceptions.**

- 1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_
- 2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_
- 3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_
- 4) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_
- 5) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_

People NOT allowed to pick up your child for any reason:

- 1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_
- 1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to student \_\_\_\_\_

**Office Use Only**

The School Board accepts the above student in harmony with the financial program on this admission application. School Board Chair Signature \_\_\_\_\_