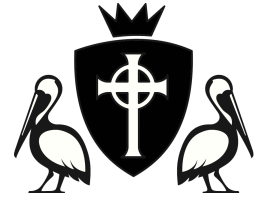


Sibling Application for Admission

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-787-1036 Fax: 314-432-3989 Email: school@ccsstl.org



This application form to be used for siblings of current students and for new families with more than one child. Please note that a non-refundable \$60 application fee must accompany this form.

Child's Legal Name: _____
Last First Middle

Sex: _____ Child Prefers to be Called: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Grade level applying for: _____

Previous school attendance (beginning with most recent school):

School Name	Dates	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Needs or Concerns: _____

Has your child ever received an Educational Diagnosis? Yes: _____ No: _____

If yes, what is the date of the last evaluation? _____

Diagnosis: _____

Any Additional Comments: _____

