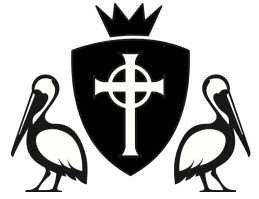


# Sibling Application for Admission

Covenant Christian School

2145 North Ballas Road, St. Louis, Missouri 63131

Voice: 314-384-1600 Fax: 314-451-2676 Email: school@ccsstl.org



This application form to be used for each sibling 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. Please complete one form for each sibling.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_