

Eugene Christian School
4500 West Amazon Drive
Eugene, Oregon 97405

STUDENT INFORMATION
GRADES 1-4

Student _____ Grade _____ Birth date _____ Birthplace _____ Sex _____
Address _____ Zip _____ Phone _____

FAMILY LIFE:

Does your child have regular responsibilities in the home? Please list. _____

Does he have his own room? _____ Share it with _____

Indicate child's position in family. (Circle) 1 2 3 4 5 6 7 8

Are there other members of the household living in your home in addition to the immediate family? _____

Who? _____

What methods of discipline are used in the home? _____

Does the child have special fears? Animals _____ Dark _____ Heights _____ People _____ Other _____

What family-centered activities does your family participate in? _____

What are his favorite playthings? _____

Does he share willingly: Always _____ Sometimes _____ Seldom _____

How many hours does he sleep at night? _____ Does he nap? Yes _____ No _____

Does he participate in a family devotion time? Yes _____ No _____ How often? _____

Has he accepted Christ as personal Savior? Yes _____ No _____ Unsure _____

Has he shown interest in prayer or Bible stories? Much _____ Some _____ Little _____

FRIENDS

Does he play mostly with children that are: Older _____ Younger _____ Same age? _____

Do friends often come to his home? _____ Does he visit often? _____

How does he meet new acquaintances: Easily _____ Timidly _____ Reluctantly? _____

What group of friends does he enjoy most? Church _____ School _____ Neighborhood _____ Other _____

EDUCATIONAL HISTORY

Did he attend nursery or kindergarten? Yes _____ No _____

Last school attended _____

Name Address Phone

Is he enrolled in any special classes: Music _____ Gymnastics _____ Sunday School _____ Other _____

Is he right or left handed? _____

Please submit last report card with this application.

(PLEASE TURN SHEET OVER AND COMPLETE SIDE TWO)

HEALTH

Health of student: Good _____ Fair _____ Poor _____ If poor, please explain. _____

Does he have allergies? Yes _____ No _____ Please list. _____

Is he on special medication? Yes _____ No _____ What medications? _____

Does he have any special health needs? Yes _____ No _____ Please explain _____

GENERAL

How does he spend his time indoors? _____
outdoors? _____

What interests or hobbies does he enjoy? _____

Does he have any pets? _____

Any special trips? _____

CONFIDENTIAL INFORMATION

Are there custody issues we should be aware of? Yes _____ No _____

Are there custody papers on file? Yes _____ No _____

Is there a second parent mailing address? Name _____

Address _____

Should both names and addresses be listed in our Parent Directory? Yes _____ No _____

FRIENDS AND FAMILY

Do you have any friends or family members that would like to be on our mailing list to keep them informed about ECS?

Name _____ Relationship _____

Address _____
Street City State Zip code

Name _____ Relationship _____

Address _____
Street City State Zip code

Name _____ Relationship _____

Address _____
Street City State Zip code