

Kinshasa Christian School



Application for 2018-2019 school year

Student's Name: _____

Grade applying for: _____ (K – 12th) Date of Birth: _____

Sibling(s) applying also: Yes No If yes, what grade(s)? _____

Preferred contact phone number: _____

Date Accepted: _____
(Office Use Only)

1 République, Macampagne
Commune de Ngaliema, Kinshasa
République Démocratique du Congo
Tel: 082 13 00 540
Web site : www.kinshasachristianschool.com

STUDENT INFORMATION

Family Name: _____ Given Name _____ Middle Name _____

Preferred Name: _____ Anticipated Enrollment date: ____/____/20____
MM DD

Date of Birth: ____/____/20____ Male / Female
MM DD (Please circle)

Passport # _____ Nationality: _____ Date of Expiration: ____/____/20____

Student's Cell Phone #: _____ Student's Email Address: _____

Student's Religion: _____ Church Attending: _____

Language(s) Spoken at Home: _____

Student's Strongest Language: _____

PARENT INFORMATION

Father:

Family Name: _____ Given Name: _____ Middle Name: _____

Occupation: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Work Address: _____

Email Address: _____ Home Phone: _____

Nationality: _____

Highest Degree Attained: _____ English Fluency: _____

Father's Religion: _____ Church Attending: _____

Mother

Family Name: _____ Given Name: _____ Middle Name: _____

Occupation: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Work Address: _____

Email Address: _____ Home Phone: _____

Nationality: _____

Highest Degree Attained: _____ English Fluency: : _____

Mother's Religion: _____ Church Attending: _____

Marital Status: _____

Home Address: _____

EMERGENCY CONTACTS

In Kinshasa (other than parent):

Name: _____ Phone Number: _____ Relationship to Student: _____

Address: _____

Outside of Kinshasa:

Name: _____ Phone Number: _____ Relationship to Student: _____

Address: _____

STUDENT’S EDUCATIONAL BACKGROUND

Please list the current and last schools attended (must be complete)

1) Name of School: _____ Date: From: _____/Until: _____ Language of Instruction: _____

City: _____, State/Province, Country: _____ Grades attended: _____

2) Name of School: _____ Date: From: _____/Until: _____ Language of Instruction: _____

City: _____, State/Province, Country: _____ Grades attended: _____

3) Name of School: _____ Date: From: _____/Until: _____ Language of Instruction: _____

City: _____, State/Province, Country: _____ Grades attended: _____

Has your child ever repeated a grade? _____ If yes, which grade(s)? _____

Has your child ever skipped a grade? _____ If yes, which grade(s)? _____

Has your child participated in an ESL/EFL program? _____ If yes, which grade(s)? _____

Has your child ever experienced social, emotional, or behavioral difficulties? _____

Has your child ever been suspended or expelled from school? _____

Has your child been evaluated for a learning disability? _____

Has your child ever participated in tutoring outside of school? _____

Has your child ever participated in any of the following:

___ An accelerated program ___ IB program ___ Speech therapy

___ IEP or 504 plan ___ A gifted program ___ AP program

___ Other specialized program _____

If you answered “yes” to any of the above questions, please explain:

Siblings: Name _____ Grade/Age: _____ Applying to KCS: _____

Name _____ Grade/Age: _____ Applying to KCS: _____

STUDENT 'S TRANSPORTATION

Time student will leave for school in the morning: _____

How will the student normally arrive at school? _____

How will the student normally depart from school? _____

Change in weather conditions or threat of civil disturbances may necessitate early leave; therefore, I authorize the school to (please select one):

Allow my student to leave school early with driver. Driver's name _____

Have my student remain at school until I arrive.

Allow my student to leave school by themselves.

MEDICAL INFORMATION

List any serious illnesses, accidents, or operations. List also any nutritional, mental, or emotional problems or handicaps:

Is your child receiving continuous medical care? _____

Is your child taking medication regularly? _____

Is your child using a medical device? _____

Is your child required to wear eyeglasses? _____

Does your child have allergies? _____

If you answered yes to any of the above, please explain:

I authorize the school to arrange for emergency medical treatment: _____

In case of minor discomfort, I authorize the school to administer:

Aspirin Tylenol No medication

A copy of your child's immunization records must be submitted with this application.

Please read the school's doctrinal statement (Our Beliefs), discipline statement, guidelines, and financial policy statement before signing this application. By signing, you are agreeing that all the information in the application is correct and you are agreeing to give your cooperation to the school in the administration of the stated policies.

Parent's Signature: _____ Date: _____

Student's Signature (grades 6th – 12th only): _____ Date: _____