

**STUDENT INFORMATION:**

STUDENT 1 NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

SEX:  M  F DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

US CITIZEN:  YES  NO IF NO, COUNTRY \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SCHOOL YEAR: 20\_\_ - 20\_\_

STUDENT 2 NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

SEX:  M  F DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

US CITIZEN:  YES  NO IF NO, COUNTRY \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SCHOOL YEAR: 20\_\_ - 20\_\_

STUDENT 3 NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

SEX:  M  F DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

US CITIZEN:  YES  NO IF NO, COUNTRY \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SCHOOL YEAR: 20\_\_ - 20\_\_

**FAMILY INFORMATION: PLEASE IDENTIFY PARENT(S) OR LEGAL GUARDIAN(S) ONLY**

CHECK ANY THAT APPLY

- SINGLE-PARENT HOME  
 BIRTH PARENTS SEPARATED OR DIVORCED (COMPLETE BOX B AND/OR C, AS NEEDED)

**A.**

<p>FATHER'S NAME: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>HOME: ( ) - _____ CELL: ( ) - _____</p> <p>E-MAIL ADDRESS: _____</p> <p><input type="checkbox"/> CHILD(REN) RESIDE(S) WITH THIS PARENT ONLY</p>	<p>MOTHER'S NAME: _____</p> <p>HOME ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>HOME: ( ) - _____ CELL: ( ) - _____</p> <p>E-MAIL ADDRESS: _____</p> <p><input type="checkbox"/> CHILD(REN) RESIDE(S) WITH THIS PARENT ONLY</p>
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**B.**

STEP PARENT NAME: \_\_\_\_\_

**C.**

STEP PARENT NAME: \_\_\_\_\_

**CHURCH INFORMATION:**

CHURCH NAME: \_\_\_\_\_ PASTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CHURCH PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ATTENDED CHURCH SINCE: \_\_\_\_\_

**MEDICAL INFORMATION:**

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. THIS IS NOT A COMPREHENSIVE HEALTH SURVEY. THIS SECTION IS DESIGNED TO LET US KNOW GENERAL FACTS ABOUT YOUR CHILD'S HEALTH AND WELL BEING. A COMPREHENSIVE HEALTH SURVEY WILL BE SENT TO YOU PRIOR TO ENROLLMENT.

DOES YOUR CHILD HAVE ANY DISABILITIES, IMPAIRMENTS, OR INFECTIOUS DISEASES OF WHICH WE SHOULD BE AWARE? EXAMPLES INCLUDE BUT ARE NOT LIMITED TO HEARING AIDS, JUVENILE DIABETES, A.D.D. OR A.D.H.D., ASTHMA, CONFINEMENT TO A WHEEL CHAIR, MOTOR SKILLS LIMITATIONS, SEVERE SPEECH IMPEDIMENT, ETC. IF YES, LIST HERE WITH ANY EXPLANATION YOU WISH TO PROVIDE:

YES  NO \_\_\_\_\_

FREDERICK COUNTY HEALTH DEPARTMENT REGULATIONS REQUIRE THAT COMPLETE IMMUNIZATION RECORDS BE IN OUR POSSESSION BEFORE A STUDENT CAN ATTEND CLASSES. HAS YOUR CHILD(REN) RECEIVED ALL REQUIRED CHILDHOOD IMMUNIZATIONS? IF NO, PLEASE EXPLAIN:

YES  NO \_\_\_\_\_

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**APPLICATION PROCESS INFORMATION:**

THE FOLLOWING INFORMATION MUST BE COMPLETED PRIOR TO BEING CONSIDERED FOR COURSE ENROLLMENT. APPLICATIONS WILL BE ACCEPTED AFTER JUNE 1.

PART A: **INFORMATION**

- COMPLETED APPLICATION
- \$100 NON-REFUNDABLE APPLICATION FEE
- COPY OF IMMUNIZATION RECORDS
- COMPLETED PASTORAL RECOMMENDATION FORM

PART B: **COURSE REQUEST**

- COMPLETED COURSE REQUEST FORM