



## Application for Admission 2024 – 2025 Academic Year

*Email your completed form, one per child, to [hsclc@stgeorgeor.org](mailto:hsclc@stgeorgeor.org)*

*After your application is received, you will be contacted to set up a family meeting time.*

Please indicate the Learning Group for which you are applying:

Pre-K/Kindergarten (4-5 years old)     Grades 1-3     Grades 4-6     Grades 7-9

Age your child will be in August 2024: \_\_\_\_\_

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the applicant baptized Orthodox?  Yes  No If yes, Baptismal Name: \_\_\_\_\_

### Family Information

First Parent/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Please check if address same as student's:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# Saint George



Second Parent/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Please check if address same as student's:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church family currently attends: \_\_\_\_\_

## Emergency Contact Information

In case of emergency, please list two people we can contact other than parents/guardians listed above. These individuals will also have permission to pick up your child from school.

Primary Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# Saint George



Does your child have any allergies, medical conditions, or special needs? Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will he/she need to take medication while at the Learning Center? Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Learning Center have permission to photograph your child during class time?

Yes  No

## Application Questions:

1. How did you hear about St. George Home School Community Learning Center? What are the reasons your family and child would like to participate in this program?
  
  
  
  
  
  
  
  
  
  
2. Briefly describe your child's school history. Do you or your child have any experience with Classical, Charlotte Mason, Montessori-style education, or homeschooling?



3. What are your child's special interests, talents, activities, and hobbies?

4. What are your child's greatest strengths?

5. In what areas do you hope to see your child make improvements?

6. What is your child's attitude toward school and learning?

I certify that the above information is true and accurate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Rec'd: \_\_\_\_\_ Date Assessed: \_\_\_\_\_ Admit: \_\_\_\_\_