



SAINT NICHOLAS ORTHODOX CHRISTIAN SCHOOL

An Independent School in the Orthodox Tradition

Sibling currently at St. Nicholas Yes No
Has the applicant applied to St. Nicholas previously? Yes No
Has the applicant previously attended St. Nicholas? Yes No
If, yes please give us the academic year last attend? _____

2009-2010 APPLICATION FOR ENROLLMENT

Name of Applicant _____
Last First Middle Nickname

Address _____
Street Apt. No. City/State Zip County

Home Phone No. _____ Social Security # _____

Date of Birth _____ Age at Time of Enrollment _____ Grade at Time of Enrollment _____

Last School Attended _____

Parent Information

Father

Father _____

Address _____

City/State/Zip code _____

Home Phone _____

Cell Phone _____

Office Phone _____

Email Address _____

Social Security # _____

Employer _____

Position _____

Religion _____

Parish _____

U.S. Citizen: Yes No

Marital Status:

Married _____ Separated _____

Divorced _____ Single _____

Remarried _____

Mother

Mother _____

Address _____

City/State/Zip code _____

Home Phone _____

Cell Phone _____

Office Phone _____

Email Address _____

Social Security # _____

Employer _____

Position _____

Religion _____

Parish _____

U.S. Citizen: Yes No

Marital Status:

Married _____ Separated: _____

Divorced _____ Single _____

Remarried _____

Applicant's Last Name: _____ **First Name:** _____

Race : Caucasian Asian Black Hispanic American Indian Other

First Language: English Greek Spanish Other _____

Spoken at Home: English Greek Spanish Other _____

Religion: Orthodox Other _____

Baptized: Yes No Religion Baptized in: _____ Date: _____
Church _____ City _____ State _____

How did you learn about St. Nicholas Orthodox Christian School? _____

Why would you want your child to attend St. Nicholas Orthodox Christian School? _____

Names/Ages/School of all children in family:

Name: (First/Last)	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all schools attended by the applicant beginning with current school:

Name of School	Address – City/State/Zip	Grades Attended	Reason for leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Has the applicant ever been dismissed or asked to withdraw from school for any reason? Yes No

Has the applicant ever received severe disciplinary censure and/or suspension? Yes No

If you answered "yes" to either of the last two questions, please provide details, including name of school and year: _____

PARENT (or guardian) SIGNATURE(s):

Date: _____
Date: _____

Applicant's Last Name: _____ First Name: _____

MEDICAL INFORMATION:

Does your child take any medication on a regular basis? Yes No

If yes, please list medication (s), dosage, times given _____

Does your child have any health problems: (For example, allergies to foods, medication, or bee stings: Diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain _____

Has your child taken Ritalin or any other similar medication? Yes No

Medication _____

Are there any situations or pertinent information which we should know in order to further understand you child? Please explain _____

Doctor : _____ Phone (_____) _____

Dentist: _____ Phone (_____) _____

Emergency Contact: _____ Phone (_____) _____

Emergency Contact #2 _____ Phone (_____) _____

To help us keep all information current, please notify the school when any information needs to be updated.

PARENT QUESTIONNAIRE

Applicant's Last Name: _____ **First Name:** _____

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and or morally)? _____

Has the applicant ever been referred for professional, psychological, or personal counseling? (Please explain.) _____

Based on your knowledge of St. Nicholas Orthodox Christian School and our philosophy, "To Teach, To Educate, To Form," why are you seeking to educate your child here? _____

What do you expect from the St. Nicholas Orthodox Christian School faculty and staff _____

What can St. Nicholas Orthodox Christian School expect from you/your family in the areas of contribution of time, talents and/or financial help? _____

What activities do you enjoy or do regularly as a family? (Include church activities). _____

Please provide any additional information regarding your family or the applicant that would help us to better know and understand his/her educational or personal needs. _____

I agree that information submitted by third parties in connection with the applicant can be held confidentially by St. Nicholas Orthodox Christian School.

I agree that St. Nicholas Orthodox Christian School can maintain such information confidentially and not disclose it even to me until the information is released by the third party who provided information to St. Nicholas Orthodox Christian School.

PARENT (or guardian) SIGNATURE(s):

_____ Date: _____
_____ Date: _____

**Return Completed Forms To: St. Nicholas Orthodox Christian School
2801 Keystone Road, Tarpon Springs, FL 34688
Or Fax Forms To: (727) 943-0857**