



# UNIVERSITY CHRISTIAN HIGH SCHOOL

602 7<sup>th</sup> Avenue NE  
Hickory, NC 28601  
(828) 855-2995  
uchs@uchigh.com

## APPLICATION FOR ENROLLMENT

Applying for Grade: \_\_\_\_\_

Applying for School Year: \_\_\_\_\_

### APPLICANT:

(Please provide complete information. Students will be considered for admission after all required admission information is submitted.)

Student \_\_\_\_\_  
Last First Middle Preferred

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell # \_\_\_\_\_ Sex  M  F

Cell Phone # \_\_\_\_\_

Baptism Date \_\_\_\_\_ Baptizing Congregation \_\_\_\_\_

### FAMILY INFORMATION:

#### Father

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

#### Mother

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Applicant lives with: \_\_\_\_\_

Please note any special circumstances: \_\_\_\_\_

Status of Parents:  Married  Separated  Divorced  Single  
 Mother Deceased  Father Deceased  Unknown

### Brothers and Sisters:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optional: If student adopted, Year of Adoption \_\_\_\_\_ Does student know? \_\_\_\_\_

**Grandparents:** May we add them to our mailing list to receive our quarterly email newsletter? \_\_\_\_\_

**Father's Parents:**

Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Mother's Parents:**

Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**CHURCH INFORMATION:**

Student's Present Congregation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Church Membership \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mother's Church Membership \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Is Church Attendance Regular? Student:  Yes  No

Father:  Yes  No Mother:  Yes  No

Are you willing to regularly attend church services?  Yes  No

Applicant belongs to church's youth group  Yes  No

I desire:  a call from a Pastor  more information about the Lutheran Church

information on available youth programs  baptism for my child(ren)

**ACADEMIC INFORMATION:**

Name of School from which you intend to transfer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

School District (High School) You Live In \_\_\_\_\_

Grade last completed \_\_\_\_\_ (if mid-year, grade currently enrolled in)

Please list any other schools the applicant attended:

Grades \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_

Grades \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_

Grades \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_

Has the applicant ever been dismissed or suspended from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has the applicant ever been diagnosed for any special educational need and received special services which may include but not limited to: speech, physical therapy, learning disability, etc.?

Yes  No If yes, please explain: \_\_\_\_\_

Is the applicant under an approved 504 Plan or a current IEP?  Yes  No If yes, please explain: \_\_\_\_\_

**Academic Background:**

- Presently enrolled or have passed Algebra 1      EOC Score: \_\_\_\_\_  
 Presently enrolled or have passed Physical Science

**Languages:**

- Spanish      \_\_\_\_\_ Years Studied       Speak Fluently       Translate Written  
 \_\_\_\_\_ Years Studied       Speak Fluently       Translate Written

[Other]

- Applicant qualified for Duke's TIP Program

List any academic awards this applicant has received since the sixth grade: \_\_\_\_\_

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Estimate quality of work your child has done in school during the past year:

- Excellent     Good     Medium     Poor

Estimate the kind of effort your child has put into schoolwork during the past year:

- Excellent     Good     Medium     Poor

Describe the level of cooperation your child has given the teacher(s) during the past year:

- Excellent     Good     Medium     Poor

Please share any special school successes or difficulties the student has incurred: \_\_\_\_\_

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**EMERGENCY INFORMATION: (person, other than parent(s) to be notified in case of emergency)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone #(s) \_\_\_\_\_

**HEALTH INFORMATION:**

Please list any health problems which might affect your child's academic progress:

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Name of Family Physician \_\_\_\_\_ Date of last exam \_\_\_\_\_

**OTHER INFORMATION:**

What two major factors caused you to choose this school?

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How did you hear about UCHS? \_\_\_\_\_

In what Public School District does the applicant live: \_\_\_\_\_

**\*\*PLEASE INCLUDE THREE (3) TEACHER REFERENCES WITH APPLICATION\*\***

I certify that my answers are true and complete to the best of my knowledge.

In the event of admittance, I understand that false or misleading information given in my application or interview may result in expulsion.

I herewith request enrollment for my child. I will support the faculty and staff of University Christian High School and will abide by the policies of the school. I am willing to have my child take a series of placement tests (if deemed necessary by the school) prior to final enrollment.

\_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_