

## STUDENT APPLICATION FOR ADMISSION – GRADES 6-12

*Please type or print. All information must be provided for applicant to be considered.*

Student's full legal name \_\_\_\_\_ Date \_\_\_\_\_

Student's cell phone number \_\_\_\_\_

### Part I - To be completed by parent

1. List all previous schools attended.

| <u>Name of School</u> | <u>Complete Address</u> | <u>Grade</u> | <u>Year(s)</u> |
|-----------------------|-------------------------|--------------|----------------|
| _____                 | _____                   | _____        | _____          |
| _____                 | _____                   | _____        | _____          |
| _____                 | _____                   | _____        | _____          |

2. Has applicant ever been enrolled in a special or gifted class or received tutoring?

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

\_\_\_\_\_

3. Has applicant any history of a physical or emotional condition, or a learning disability that has required professional attention or that might require special attention at Pioneer Valley Christian School? Has testing been recommended? Has the child undergone testing (educational, psychological, occupational, or physical)? \_\_\_\_ No \_\_\_\_ Yes If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

4. Has applicant ever been suspended\_\_\_\_, expelled\_\_\_\_, or asked to withdraw\_\_\_\_, from any school? If so, please explain in detail (from what school and why).

\_\_\_\_\_

\_\_\_\_\_

5. Has the family/child been recommended for or participated in any counseling? Please explain.

\_\_\_\_\_

\_\_\_\_\_

**STUDENT APPLICATION FOR ADMISSION – GRADES 6-12**

**Part II - *To be completed by each student applying for grades 6 - 12.***

1. Why do you wish to attend Pioneer Valley Christian School?

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2. How would you define a Christian? Please describe your present relationship with Jesus Christ.

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3. In what church activities do you actively participate?

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4. What is your attitude toward school and teachers? Include a brief statement regarding your attitude toward discipline.

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5. What are your hobbies and interests? Include special abilities God has given you (*e.g.* drama, music, athletics).

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6. Have you received any special awards or honors? Do you have leadership capabilities?

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7. If you have ever held a job, briefly describe your duties. Include amount of time and dates.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III – *To be completed by each student applying for grades 6-12.***

Please compose an essay of at least **250 words** on **one** of the choices listed below. You should draft and carefully re-draft as you would for a class assignment. Assessment of your writing skills is included in the evaluation of your application. Answers should be in your own handwriting. If additional space is needed, continue writing on the other side of this form.

**Describe a friend or person who has greatly influenced your life and explain how.**

**Describe four or more qualities you desire in a close friend and why.**

**EMERGENCY MEDICAL FORM**

**PIONEER VALLEY CHRISTIAN SCHOOL, SPRINGFIELD, MASSACHUSETTS**

Please complete the following information and return it to the school with your application material.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Mother \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Father \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Guardian \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Student resides with (please check only one):  Mother  Father  Both  Other

If parent or guardian cannot be reached in an emergency, list names of responsible adults whom we may call.

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Cellular Telephone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

State hospital preference \_\_\_\_\_

Has student been seen by his/her physician in the last two years? No  Yes  Date \_\_\_\_\_

I hereby authorize you to call my child's pediatrician if I cannot be reached and such a call is deemed necessary. Additionally, I give permission for school personnel to treat/or transport in the event of an emergency.

Is your child covered by health insurance? Yes  No

Please submit a copy of your child's insurance card with this form.

Student's health insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

.....  
I give permission to the school nurse and/or designated school personnel to administer the following:

- Acetaminophen (Tylenol)       Antacids       Benadryl       Ibuprofen (Advil)
- Antibiotic Ointment       Hydrocortisone Cream       All of the above       None of the above

Name of medicines taken on a regular basis and for what purpose \_\_\_\_\_

Student is allergic to: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ANNUAL STUDENT HEALTH SERVICES REPORT**

Does student have any chronic health conditions, please list. \_\_\_\_\_

Does student have difficulty concentrating? Yes  No

If yes please explain \_\_\_\_\_

Restrictions: Classroom \_\_\_\_\_ Physical Education \_\_\_\_\_

Are allergy injections being administered? Yes  No

Does the student have an Epipen prescription? Yes  No

Vision: Known problem: \_\_\_\_\_

Glasses  Contact Lenses

Preferential seating needed? Yes  No

Hearing: Known problem: \_\_\_\_\_

Frequent ear infections  Tubes

Preferential seating needed? Yes  No

Scoliosis Screening: Known problem: \_\_\_\_\_

Any illnesses, injuries, or surgery? \_\_\_\_\_

Any additional information of which the school should be aware: \_\_\_\_\_

*I give permission to the school to share this information with the appropriate school personnel.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please be aware if your child plans on playing a school sport, they must have a current physical sports exam on file at the school. The form must be signed and dated within thirteen months of the particular athletic season.

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

### Medical History

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### Pertinent Family History

### Current Health Issues

**Y N**  
  Allergies – Please list. Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_  
History of Anaphylaxis to \_\_\_\_\_ Epi-Pen®  Yes  No  
  Asthma – Asthma Action Plan  Yes  No (If yes, please attach.)  
  Diabetes  Type I  Type II  
  Seizure disorder \_\_\_\_\_  
  Other (Please specify) \_\_\_\_\_

**Current Medications (if relevant to the student's health and safety)** – Please circle those administered in school; a separate medication order form is needed for each medication administered in school. \_\_\_\_\_

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### Physical Examination

**Date of Examination** \_\_\_\_\_

Height \_\_\_\_\_ (\_\_\_\_%) Weight \_\_\_\_\_ (\_\_\_\_%) BMI \_\_\_\_\_ (\_\_\_\_%) BP \_\_\_\_\_  
(Check if normal; if abnormal, please describe.)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> General _____     | <input type="checkbox"/> Lungs _____     | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____        | <input type="checkbox"/> Heart _____     | <input type="checkbox"/> Neurologic _____  |
| <input type="checkbox"/> HEENT _____       | <input type="checkbox"/> Abdomen _____   | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ |  |

### Screening

(Pass) (Fail)

(Pass) (Fail)

(Pass)

(Fail) Vision: Right Eye   Hearing: Right Ear   Postural Screening    
Left Eye   Left Ear   (Scoliosis/Kyphosis/Lordosis)  
Stereopsis

### Laboratory Results

Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

### Examination Normal

### Targeted TB Skin Testing

Low risk (no PPD done)

Med-to-High risk (exposure to TB; born/lived/travel to TB endemic countries; medical risk factors)

Date of PPD \_\_\_\_\_ Results \_\_\_\_\_ mm

Referred for evaluation to \_\_\_\_\_

This student has the following problem(s) that may impact his/her educational experience (check all that apply).

Vision  Hearing  Speech/Language  Fine/Gross Motor Deficit  
 Emotional/Social  Behavior  Other

Comments/Recommendations \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions. \_\_\_\_\_

Y  N Immunizations are complete. If no, give reason. \_\_\_\_\_

Signature of Examiner (Circle: MD, DO, NP, PA) \_\_\_\_\_ Date \_\_\_\_\_

Group Practice

Telephone

Please print name of Examiner.

Address

City

State

Zip Code

# Massachusetts Department of Public Health

## CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex femalemale

**If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)**

| Vaccine  |   | Date/Vaccine Type | Vaccine  |   | Date/Vaccine Type |
|--|---|-------------------|--|---|-------------------|
| <b>Hepatitis B</b><br>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV)                            | 1 |                   | <b>Haemophilus influenzae type b</b><br>(e.g., Hib, HepB-Hib, DTaP-Hib)    | 1 |                   |
|  | 2 |                   |  | 2 |                   |
|  | 3 |                   |  | 3 |                   |
|  |   | 4                 |  |   |                   |
| <b>Diphtheria, Tetanus, Pertussis</b><br>(e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td) | 1 |                   | <b>Measles, Mumps, Rubella</b><br>(MMR)                                    | 1 |                   |
|  | 2 |                   |  | 2 |                   |
|  | 3 |                   | <b>Varicella</b><br>(Var)  | 1 |                   |
|  | 4 |                   |  | 2 |                   |
|  | 5 |                   |  |   |                   |
|  | 6 |                   | <b>Hepatitis A</b><br>(HepA)   | 1 |                   |
|  | 7 |                   |  | 2 |                   |
| <b>Polio</b><br>(e.g., IPV, DTaP-HepB-IPV)   | 1 |                   | <b>Pneumococcal Polysaccharide</b><br>(PPV23)                              | 1 |                   |
|  | 2 |                   |  | 2 |                   |
|  | 3 |                   | <b>Influenza</b><br>Inactivated (Intramuscular)<br>or<br>Live (Intranasal) | 1 |                   |
|  | 4 |                   |  | 2 |                   |
| <b>Pneumococcal Conjugate</b><br>(PCV7)  | 1 |                   | <b>Other</b>   | 3 |                   |
|  | 2 |                   |  |   |                   |
|  | 3 |                   |  |   |                   |
|  | 4 |                   |  |   |                   |

| Serologic Proof of Immunity                               |              | Check One |          |
|---|--------------|-----------|----------|
| Test (if done)  | Date of Test | Positive  | Negative |
| Measles   |              |           |          |
| Mumps   |              |           |          |
| Rubella   |              |           |          |
| Varicella*  |              |           |          |
| Hepatitis B   |              |           |          |
| * Must also check <i>Chickenpox History</i> box at right. |              |           |          |

| Chickenpox History  |
|---|
| <input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox.   |
| Reliable history may be based on <ul style="list-style-type: none"> <li>• physician interpretation of parent/guardian description of chickenpox,</li> <li>• physical diagnosis of chickenpox, or</li> <li>• serologic proof of immunity.</li> </ul> |

*I certify that this immunization information was transferred from the above-named individual's medical records.*

Doctor or nurse's name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Facility Name \_\_\_\_\_ Telephone \_\_\_\_\_



**CHARACTER AND PERSONALITY RATINGS**

|                             | <b>Below average</b> | <b>Average</b> | <b>Good</b> | <b>Excellent (Top 10%)</b> | <b>No basis for judgment</b> |
|-----------------------------|----------------------|----------------|-------------|----------------------------|------------------------------|
| Leadership                  |                      |                |             |                            |                              |
| Cooperation                 |                      |                |             |                            |                              |
| Self-confidence             |                      |                |             |                            |                              |
| Warmth of personality       |                      |                |             |                            |                              |
| Sense of humor              |                      |                |             |                            |                              |
| Concern for others          |                      |                |             |                            |                              |
| Energy                      |                      |                |             |                            |                              |
| Emotional maturity          |                      |                |             |                            |                              |
| Personal initiative         |                      |                |             |                            |                              |
| Reaction to setbacks        |                      |                |             |                            |                              |
| Respect accorded by peers   |                      |                |             |                            |                              |
| Respect accorded to faculty |                      |                |             |                            |                              |

|  |  |   |  |
|--|--|---|--|
| The main factors contributing to the respect accorded the applicant by peers seem to be: |  | The main factors contributing to the lack of respect accorded the applicant seem to be: |  |
| Superiority in studies   |  | Inferiority in studies  |  |
| Accomplishment in activities   |  | Conceit   |  |
| Success in athletics   |  | Lack of interest in other people  |  |
| Interest in other students   |  | Manners and personal habits   |  |
| Leadership in activities   |  | Other (Please specify)  |  |
| Personality  |  |   |  |

We ask you to give as complete a sketch of the applicant as your knowledge allows. Information concerning the applicant's character, intellect, personality, social, physical, and emotional maturity, outside interests, initiative, drive, and other specific qualities is desired.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

## School Report Regarding Applicant

Name of applicant \_\_\_\_\_  
 (First) (Middle) (Last)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone number \_\_\_\_\_ Grade \_\_\_\_\_

**To the parents/guardians:**

Please fill in the above information and sign below. Give one copy of this form to the principal of your school or the guidance counselor and the other copy to a teacher your child has had this year.

I give permission for the release of this information to Pioneer Valley Christian School. I will not seek access to this confidential reference submitted for the purpose of admission.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the principal, guidance counselor, or teacher:**

This student is applying for admission to Pioneer Valley Christian School. A full and candid report from your school is essential if the applicant is to be given fair consideration. Therefore, we ask for careful ratings of and comments about the applicant's character and ability by both a school official and teacher who know this student well. An incomplete report may jeopardize the applicant's admission. All information will be kept confidential.

**ACADEMIC RATINGS**

|                    | <b>Below Average</b> | <b>Average</b> | <b>Good</b> | <b>Excellent (Top 10%)</b> | <b>No basis for judgment</b> |
|--------------------|----------------------|----------------|-------------|----------------------------|------------------------------|
| Ability            |                      |                |             |                            |                              |
| Motivation         |                      |                |             |                            |                              |
| Self-discipline    |                      |                |             |                            |                              |
| Creative qualities |                      |                |             |                            |                              |
| Growth potential   |                      |                |             |                            |                              |
| Study habits       |                      |                |             |                            |                              |

Do you section classes according to ability and past achievement? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, in what subjects is the applicant in advanced sections? \_\_\_\_\_

In what subjects is the applicant in special sections? Assess, if possible, the applicant's commitment to academic pursuits. (Specific examples will be especially helpful.) \_\_\_\_\_

**CHARACTER AND PERSONALITY RATINGS**

|                             | <b>Below average</b> | <b>Average</b> | <b>Good</b> | <b>Excellent (Top 10%)</b> | <b>No basis for judgment</b> |
|-----------------------------|----------------------|----------------|-------------|----------------------------|------------------------------|
| Leadership                  |                      |                |             |                            |                              |
| Cooperation                 |                      |                |             |                            |                              |
| Self-confidence             |                      |                |             |                            |                              |
| Warmth of personality       |                      |                |             |                            |                              |
| Sense of humor              |                      |                |             |                            |                              |
| Concern for others          |                      |                |             |                            |                              |
| Energy                      |                      |                |             |                            |                              |
| Emotional maturity          |                      |                |             |                            |                              |
| Personal initiative         |                      |                |             |                            |                              |
| Reaction to setbacks        |                      |                |             |                            |                              |
| Respect accorded by peers   |                      |                |             |                            |                              |
| Respect accorded to faculty |                      |                |             |                            |                              |

|  |  |   |  |
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| Accomplishment in activities   |  | Conceit   |  |
| Success in athletics   |  | Lack of interest in other people  |  |
| Interest in other students   |  | Manners and personal habits   |  |
| Leadership in activities   |  | Other (Please specify)  |  |
| Personality  |  |   |  |

We ask you to give as complete a sketch of the applicant as your knowledge allows. Information concerning the applicant's character, intellect, personality, social, physical, and emotional maturity, outside interests, initiative, drive, and other specific qualities is desired.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

## Student Records Release Form

This release form should be completed and signed by the parent or legal guardian and returned to Pioneer Valley Christian School for submission to the student's previous school.

Name of previous school \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

The following student has made application to the Pioneer Valley Christian School.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Please forward the information requested below to Pioneer Valley Christian School:

- Academic records
- Health records
- Recent standardized testing (within one year)
- Psychological and educational evaluations (if applicable)
- Conduct record

I hereby authorize Pioneer Valley Christian School to obtain the record(s) of the above-named student.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date