



# Sunnyside Christian Schools

Sunnyside Christian Elementary (PK-8)  
811 North Avenue  
Sunnyside, WA 98944  
Phone: (509)837-3044  
Fax: (509)837-4086  
Email: scoffice@embarqmail.com

Sunnyside Christian High School  
1820 Sheller Rd  
Sunnyside, WA 98944  
Phone: (509)837-8995  
Fax: (509)837-8895  
Email: sunnysidehs4@embarqmail.com

## Student Information Form

Please complete an information form for each student you are applying for.

### Student Information

Student's Name: \_\_\_\_\_  
*Last First Middle Preferred Name (if other than first)*

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_

### Education Background

Grade level at present school \_\_\_\_\_ Date entering Sunnyside Christian \_\_\_\_\_

List chronologically, beginning with the most recent, all schools attended:

Dates	Grade Level	Name of School	Address of School

Academic grades have been:  Superior  Above Average  Average  Below Average

Has the student ever failed or been retained? \_\_\_\_\_ If yes, please explain and list the grade(s). \_\_\_\_\_

How many days of school did the student miss last year? \_\_\_\_\_

How does your son/daughter use his/her leisure time? \_\_\_\_\_

Describe any physical, mental or emotional problems (heart, hearing difficulty, speech impediment, nervous conditions, etc.) \_\_\_\_\_

# Family Information

Church Affiliation \_\_\_\_\_

Name of Father \_\_\_\_\_ / \_\_\_\_\_

*place of birth*

Name of Mother \_\_\_\_\_ / \_\_\_\_\_

*place of birth*

Name of Guardian \_\_\_\_\_

*Last name*

*First name*

Home phone number \_\_\_\_\_ Emergency phone \_\_\_\_\_

Number of children in family \_\_\_\_\_ # older \_\_\_\_\_ # younger \_\_\_\_\_

Education of Father \_\_\_\_\_ (years) \_\_\_\_\_ (years)

*high school*

*college*

Education of Mother \_\_\_\_\_ (years) \_\_\_\_\_ (years)

*high school*

*college*

Occupation of Father \_\_\_\_\_

Father's work phone number \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Mother's work phone number \_\_\_\_\_

## Grandparent Information:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*street or box number*

*city*

*state*

*zip*

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*street or box number*

*city*

*state*

*zip*

Note: Before entering kindergarten/first grade, Immunization Records must be up to date. All parents must show that their child has been immunized against D.P.T, measles, and polio before the first day of school.