

**Hickory Valley Christian School**  
**6605 Shallowford Road**  
**Chattanooga, TN 37421**  
**Phone: (423) 894-3200 Fax:(423) 894-8665**  
**www.hvcs.org info@hvcs.org**

Application must be completed in full.

Date: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
First Middle Last

**Name Called:** \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ **Grade Applying For:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Mother's Name:**

**Father's Name:**

\_\_\_\_\_

\_\_\_\_\_

Name Called: \_\_\_\_\_

Name Called: \_\_\_\_\_

Home Address (if different from above):

Home Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Occupation/Position: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are parent divorced? Yes No If yes, who has legal custody? \_\_\_\_\_

Name (s) of step-parent (s), if any: \_\_\_\_\_

Siblings' names, ages, school/occupation: \_\_\_\_\_

\_\_\_\_\_

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

**Grandparents: If more space is needed, use margin.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**General Information:**

Please write a short paragraph describing your child at home. Include any special talents, interests and any other information you would like to provide.

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<b>School History:</b>	School	Years (s)	Grade	Outcome

Has your child ever repeated a grade?    Yes    No    Which grade? \_\_\_\_\_

Why? \_\_\_\_\_

Has your child had diagnostic testing? \_\_\_\_\_

Referred by: \_\_\_\_\_

**Health Information:**

Pediatrician's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_ Was your child premature? \_\_\_\_\_

Vision/Hearing Problems: \_\_\_\_\_ Date of last examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Conditions which require specific care or caution: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

**We are interested in receiving financial aid information.**    Yes    No