

**The Master's House  
APPLICATION FOR ADMISSION**

Please enclose a non-refundable \$100 per student application fee payable to The Master's House. Please complete **all** portions of the application.

**STUDENT INFORMATION**

Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender: M F  
Applying for grade (circle one) K I 2 3 4 5 6 7 8  
For which academic year: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**SCHOOL HISTORY**(List all schools attended including pre-school and kindergarten, starting with most recent)

Dates	Grade	Name of School	Address of School

**ADDITIONAL STUDENT INFORMATION**

What are your student's special interests or abilities?

Describe your student's academic strengths and weaknesses.

Describe your student's personal and/or spiritual strengths and weaknesses.

Please rate your student from 1 (low) to 5 (high) in each of the categories listed. Circle appropriate number.

Character		Work habits		Peer relations	
Honesty	1 2 3 4 5	Creativity	1 2 3 4 5	Cooperation	1 2 3 4 5
Concern	1 2 3 4 5	Orderliness	1 2 3 4 5	Friendliness	1 2 3 4 5
Initiative	1 2 3 4 5	Follows direction	1 2 3 4 5	Self-control	1 2 3 4 5
Courtesy	1 2 3 4 5	Independence	1 2 3 4 5	Able to share	1 2 3 4 5

**Describe any special circumstances or learning needs (e.g., frequent moves/changes of school, separation/loss of a significant family member, serious physical, mental or emotional challenges, learning disability including ADD or ADHD, that may have affected the applicant's academic performance or attendance at any point in the applicant's educational career. Include test results and/or other documentation describing the academic support the applicant has received. Support documentation must accompany the application so that the Admission committee has complete information about the applicant's education history to make an informed decision. Additional documentation attached? Yes \_\_\_ No \_\_\_.**

Does the student regularly require any medication? \_\_\_\_\_ If yes please explain \_\_\_\_\_.

In your opinion, would a special learning class be needed? Yes \_\_\_ No \_\_\_.

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

Has the applicant ever been suspended or expelled from school? Yes \_\_\_ No \_\_\_ If yes, explain:

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

## REFERENCES

List the names of two people you have asked to provide a personal recommendation for your family. One should be a pastor/church leader from your church.

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_