

School last attended & Address: _____

Name & address of School student would be attending if not enrolled at QCCS: _____

Has applicant ever been expelled, dismissed, suspended, or refused admission to another school?

_____ If so explain: _____

Has applicant ever had any disciplinary difficulties? _____ if so, explain: _____

Has applicant ever repeated grades? _____ which grades? _____

To be completed by the student applying for grades 8 - 12:

Do you plan to continue in QCCS until graduation? Yes: _____ No: _____

Uncertain: _____

List the subjects you have taken in these years with the grades earned:

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-
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State in your own words why you want to attend Quad Cities Christian School _____

How did you hear about this school? _____

Sign: Father _____ Mother _____

Applicant: _____

Date: _____

Please print off and mail to: Quad Cities Christian School
1401 16th St. Moline IL, 61265