



## Excellence In Education Ministry

PLEASE TYPE OR PRINT ALL INFORMATION

STUDENT LAST NAME FIRST NAME M.I.

PARENT/GUARDIAN LAST NAME FIRST NAME M.I.

STREET ADDRESS CITY ST ZIP

HOME PHONE # EMAIL ADDRESS

SCHOOL GRADE/YR SCHOOL DISTRICT OR CITY

# OF YEARS AT BOLINGBROOK COMMUNITY CHURCH

PLEASE CHECK THE SUBJECTS IN SCHOOL THAT YOUR STUDENT:

EXCELS IN:

\_\_\_\_\_ MATH

\_\_\_\_\_ READING/ENGLISH

\_\_\_\_\_ SCIENCE

\_\_\_\_\_ SOCIAL STUDIES

\_\_\_\_\_ OTHER (PLEASE LIST)

NEEDS HELP IN:

\_\_\_\_\_ MATH

\_\_\_\_\_ READING/ENGLISH

\_\_\_\_\_ SCIENCE

\_\_\_\_\_ SOCIAL STUDIES

\_\_\_\_\_ OTHER (PLEASE LIST)

**PLEASE SUBMIT A COPY OF THE STUDENT'S:**

- **1<sup>ST</sup> SEMESTER REPORT CARD**
- **REPORT CARD FROM THE END OF THIS SCHOOL YEAR (WHEN YOU RECEIVE IT)**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_