

Student Information:

Name: _____ DOB: _____
 Gender: Male/Female
 Grade to Enroll: _____
 Student Address: _____
 City: _____ State: _____ Zip: _____

Previous School: _____

Father/Guardian Information:

Name: _____ Email: _____
 Phone: _____ Workplace: _____
 Work Phone: _____
 (Please list address if different from student)
 Parent Address: _____
 City: _____ State: _____ Zip: _____

Mother/Guardian Information:

Name: _____ Email: _____
 Phone: _____ Workplace: _____
 Work Phone: _____
 (Please list address if different from student)
 Parent Address: _____
 City: _____ State: _____ Zip: _____

Parent/Guardian's Home Church: _____ **Length of Attendance:** _____

Emergency Contact:

Name: _____ Email: _____
 Phone: _____ Workplace: _____
 Work Phone: _____

Medical Conditions/Allergies: Yes/No **Family Doctor:** _____ **Phone:** _____
 If yes, please list below:

Custody Arrangements: Yes/No

If yes, please list below and provide all court documents.

Are there any court ordered documents showing restrictions of a person(s) NOT allowed to have interactions with your child(ren)? Yes/No

If yes, please explain and provide all court documents.

Has your child ever been expelled or suspended? Yes/No

Does your child have an IEP Plan in place from a previous school? Yes/No

Do you have any academic concerns about your child's current grade placement? Yes/No

Please gather the following items for enrollment:

- Immunization Records or Exemption Form
- Signed Record Request Form
- Birth Certificate

For Office Use Only

Paid Registration: Yes/No Date Paid: _____

Immunization Records or Exemption on File: Yes/No

Records Requested: Yes/No Date Requested: _____

Birth Certificate: Yes/No



HIS PLACE
 HIS PLACE
Christian Academy



Our Motto:

To bring the
 Kingdom of Heaven
 here on Earth.