

**KNOLLWOOD CHRISTIAN ACADEMY
APPLICATION FOR ADMISSION
2022-2023**

Date: _____

Grade applying for: _____

(PLEASE PRINT CLEARLY)

I. STUDENT INFORMATION:

Child's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact Phone Number: (_____) _____

Child's Date of Birth: ____/____/____ Child's Place of Birth (City/State): _____

Child's Social Security Number: _____ - _____ - _____ Male Female

Student lives with: Both
Mom
Dad

II. PARENT OR GUARDIAN INFORMATION:

Birth Father's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

**Employer/Occupation: _____ Work Phone: _____ Ext.: _____

Father E-Mail Address: _____

Birth Mother's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

**Employer/Occupation: _____ Work Phone: _____ Ext.: _____

Mother E-Mail Address: _____

Step-Parent/Guardian's Name: (FIRST) _____ (MIDDLE) _____ (LAST) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

**Employer/Occupation: _____ Work Phone: _____ Ext.: _____

Step-Parent/Guardian E-Mail Address: _____

** If you are self-employed, please list the name of your business.

(See Reverse Side)

III. In case of emergency and parents cannot be contacted, who may be contacted locally? (please list 1st and 2nd choice).

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

List the names of persons into whose care the child may be released without permission from the parent or guardian:

IV. PARENTS' MARITAL STATUS: SINGLE SEPARATED MARRIED DIVORCED WIDOWED
 NEVER MARRIED—OFFICIAL LEGAL CUSTODIAN

If divorced, list the person who has custody of the student. (Please include copy of Order of the Custody application).

V. MISCELLANEOUS INFORMATION:

Has this child had discipline problems? ____ YES ____ NO

If YES, please explain: _____

Has this child had academic problems previously? ____ YES ____ NO

If YES, please explain: _____

Has this child had any testing evaluation? ____ YES ____ NO If YES, please provide copies of testing.

Church Affiliation (Name of Church): _____

School presently attending: _____ (If school is out of town, please supply address below).

Address: _____ City: _____ State: _____ Zip: _____

A copy of the previous year's report card must be submitted with the application.

Does the child have other siblings? (Please list names and ages). _____

State briefly why you are enrolling your child in Knollwood Christian Academy _____

FIRST TIME REGISTRANTS: Please list the name of the person who referred you to Knollwood Christian:

PARENT OR GUARDIAN SIGNATURES:

DATE: _____

DATE: _____

Teacher Request: _____ Requests are not guaranteed and must be made by June 30th in order to be considered.

NOTE: Knollwood Christian Academy does not discriminate on the basis of race, color, nationality or ethnicity.