

COST**AFTER-SCHOOL CARE**

PreK - \$10 per student weekly
 K-12 - \$25 per student weekly

Note: Please check here if you have already filled out a 2022-23 Application with the Academy and just fill out your student's name below and read and sign the back of this application.

Date _____

Bus Rider? <input type="radio"/> Yes <input type="radio"/> No What campus does your student attend? _____
--

STUDENT INFORMATIONName _____
 (Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Telephone _____

Age _____ Sex _____ Birthdate ____/____/____ Birthplace _____

School Last Attended _____

FAMILY INFORMATION

Father's Name _____

Employment _____

Position _____ Business Phone _____

Email Address _____

Mother's Name _____

Employment _____

Position _____ Business Phone _____

Email Address _____

Emergency Telephone number other than those already listed:

Marital Status: Married _____ Widow _____ Divorced _____ Separated _____

Name(s)/Age(s) of children in family of school age if not applying:

Reason they are not applying: _____

RELIGIOUS INFORMATION

Church Attending _____

Address _____

Pastor _____ Phone _____

Father: Christian? ()Yes ()No Mother: Christian? ()Yes ()No

Has applicant ever made a profession of faith in Christ? ()Yes ()No

MEDICAL INFORMATION

Family Physician _____

Phone _____

Does student have any physical disabilities or allergies? ()Yes ()No

Explain _____

SCHOLASTIC INFORMATION

Has student ever been expelled, dismissed, suspended, or refused admission to another school? ()Yes ()No

If yes, explain: _____

Has student ever had disciplinary difficulty at school? ()Yes ()No

If yes, detail: _____

Does student have a juvenile or arrest record? ()Yes ()No

If yes, explain: _____

Has student ever used tobacco or nonprescription drugs of any kind?

()Yes ()No

If yes, explain: _____

GENERAL INFORMATION

How did you hear about this school? _____

Reason for selection this school: _____
