Co	ven	ant	ca	demy	
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Application for Admission

Enrollment Yr. \_\_\_\_\_ Cash/Ck. Rec. \_\_\_\_\_ Reference Ck. \_\_\_\_\_ Family Interview \_\_\_\_\_

Registered as a Covenant Academy Student
 Registered as a Homeschool Student with \_\_\_\_

Student's Legal Name:			Preferred Name:			
SS#	DOB:	Age:	_ Grade entering:	Male/Female:		
Father's Name:		Mother's Name: _				
Custodial Street Address:		C	ity:	Zip:		
Home Phone:()		Daytime	e Cell Phone:()			
Ethnicity:	_ Student lives with: Father_	Mother	Stepfather St	epmother Other		
If other, please explain:						
Who has legal custody?	Father Mother	Other				
Person financially respons	sible for tuition and fees: First	Name	Last Name			
Street Address:		_ City:	State:	Zip:		
Does the student have any medical conditions or allergies?						
Does student take any me	edications on a daily basis? _					

#### Emergency Contacts: (in case of emergency or pick-up when parent cannot be reached)

Name Address	Relationship City/State	Zip
Home Phone	Cell Phone	¬T
Name	Relationship	
Address	City/State	Zip
Home Phone		·

# **Student References:**

Personal: (not a family member)				
Name	_ Phone (	_)	City/State	<u> </u>
Church Related: (pastor, youth pastor, child	ren ministry v	vorker, etc.)		
Name	_ Phone (	_)	City/State	
Sibling at Covenant:		En	nails:	

Name	Grade
Name	Grade
Name	Grade

Emails	<u>s:</u>	
Mother		
Father		
Child		

How did you learn about Covenant Academy? \_ COVENANT ACADEMY

### Student Educational and Behavioral Information:

Last so	chool a	attended:			
Street Address:		ss:	City:	State:	Zip:
Please	answ	ver the following questions:			
YES	NO				
	<ul> <li>Has this student had any academic problems?</li> <li>Has this student ever been tested/evaluated or diagnosed for learning disabilities?</li> <li>Has this student ever been tested/evaluated or diagnosed for Attention Deficit Disorder?</li> <li>Is this student currently or has he/she ever been under the care of a psychologist/psychiatrist?</li> </ul>				
⊔ If you a	□ answe	red "yes" to any of the questions		543011:	

In what ways do you believe Covenant Academy can help you achieve the educational goals you have for your child?

## Father's Information I living with student:

Mail Title: Name:	_Ethnicity:	Mari	tal Status:
Church:		Active?	Yes No
Occupation:		Cell Phone: () _	
Business Name:		Business Phone: () _	
Business Address:		City:	Zip:

## Mother's Information I living with student:

Mail Title: Name:Eth	nnicity:Marital Status:	Marital Status:	
Church:	Active? Yes No		
Occupation:	Cell Phone: ()		
Business Name:	Business Phone: ()		
Business Address:	City: Zip:		

Covenant Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

The submission of an application does not constitute acceptance. Confirmation will be given after the interview. Parents affirm their decision to enroll the student in the school by submitting a signed Financial Agreement. I understand that this application will not be processed unless all questions have been completed and the application has been signed and returned with the Registration fee. Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from Covenant Academy with no refund of tuition or fees.

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

COVENANT ACADEMY