



Eagle Academy Christian School

NEW STUDENT ENROLLMENT FORM 2014-2015 School Year

Date Application received: _____ Allergies known: _____

Date of Enrollment: _____ School year applying for: _____

Child's Name: _____ Date Of Birth: _____ Sex (circle one): M F

Last School Attended: _____ Phone Number: _____

Regular school Day or extended hours: _____

Mother:

Parent/Guardian: _____ Address: _____

City: _____ State: _____ Zip _____ DOB _____

Ph No.: _____ Cell: _____ Email Address: _____

Mother's Employer: _____ Address: _____

City: _____ State: _____ Zip _____

Mother/Guardian's hours of work Circle Each Day: S M T W T H F S Work Hours: _____

Father:

Parent/Guardian: _____ Address: _____

City: _____ State: _____ Zip _____ DOB _____

Ph No.: _____ Cell: _____

Father's Employer: _____ Address: _____

City: _____ State: _____ Zip _____

Father/Guardian's hours of work Circle Each Day: S M T W T H F S Work Hours: _____

Religious Preference _____

Eagle Academy offers Christian religion

Name of Child's Physician: _____ Address: _____ Ph No.: _____

Public School District in which you live: _____

Name and Address of school your child in currently enrolled: _____

How did you hear about Eagle Academy? _____

What is primary language spoken at home? _____



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Yes

No

Does your child have any chronic health problems or severe allergies?

If yes, please explain: _____

Does the following apply to your child?

1. Special Education Needs?

2. Emotional Needs?

3. Social Behavioral Needs?

If yes, please explain: _____

Does your child have learning difficulties or disabilities?

If yes, please explain: _____

Has your child ever had the following?

1. A psycho-educational evaluation?

2. A vision screening? Date _____

3. Hearing evaluation? Date _____

4. Speech evaluation? Date _____

If yes, please explain: _____

Does your child take medication regularly?

If yes, please explain, note name of medication, why prescribed and how often it is taken _____

*Note: Application will not be considered unless all questions are answered.

Eagle Academy prohibits discrimination on the basis of sex, race, color, national and ethnic origin, religion, age, sexual orientation or disability. This policy shall apply in the acceptance of students. I further understand that enrollment is not guaranteed until the applicant child is interviewed. I/we state that the above information is correct to the best of our knowledge.

Signature of Mother _____ Date _____

Signature of Father _____ Date _____