

FAMILY ENROLLMENT FORM Year _____

Last Name _____ Address _____
Home Phone _____
Father's Cell Phone _____ City _____ State _____ Zip _____
Mother's Cell Phone _____

Email: _____

Father's Profile:

First Name _____
Date of Birth _____

Educational Experience: (check)
_____ High School Diploma _____ GED

Teaching Certificate _____ yes _____ no
College/Vocational School Major Degree _____

Mother's Profile:

First Name _____
Date of Birth _____

Educational Experience: (check)
_____ High School Diploma _____ GED

Teaching Certificate _____ yes _____ no
College/Vocational School Major Degree _____

Employment:
Occupation _____
Employer _____
Work Phone _____
Active or Retired Military? _____

Employment:
Occupation _____
Employer _____
Work Phone _____
Active or Retired Military? _____

Church Affiliation:

Name of Church _____ Pastor's Name _____
Address of Church _____
Denomination _____ How long attended _____

Name of Local School Board:

_____ City Schools or _____ County Schools

Children to be Enrolled in Covenant Christian Academy:

Name	Date of Birth	Grade for next year	Sex M or F	Present School	Immunizations (yes or no)
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Other Children at Home: (Older or Younger)

Name	Date of Birth	Grade (next yr.)	Sex M or F	Present School	Immunizations (yes or no)
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On the back give any pertinent information about the learning needs, special abilities, or talents of each student to be schooled at home.

Do we have permission to email information to you? Yes No
If yes, please contact us with your email address changes.

