

FAMILY ENROLLMENT FORM

Year _____

Last Name _____

Address _____

Home Phone _____

Father's Cell Phone _____ City _____

State _____ Zip _____

Mother's Cell Phone _____

Email: _____

Father's Profile:

Mother's Profile:

First Name _____

First Name _____

Date of Birth _____

Date of Birth _____

Educational Experience: (check)

Educational Experience: (check)

____ High School Diploma ____ GED

____ High School Diploma ____ GED

Teaching Certificate ____ yes ____ no

Teaching Certificate ____ yes ____ no

College/Vocational School? Major? Degree?

College/Vocational School? Major? Degree?

Employment:

Employment:

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Active or Retired Military? _____

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.