

FAMILY ENROLLMENT FORM

School Year: 20__-20__

Last Name _____
 Phone _____
 E-mail _____

Address _____

 City State Zip

Father's Profile:

First Name _____
 Date of Birth _____
 Educational Experience: (check)
 ___ High School Diploma ___ GED
 Teaching Certificate ___ yes ___ no
 College or Vocational School Major Degree

Mother's Profile:

First Name _____
 Date of Birth _____
 Educational Experience: (check)
 ___ High School Diploma ___ GED
 Teaching Certificate ___ yes ___ no
 College or 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 (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 year)	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.

