

ONE ACCORD CHRISTIAN ACADEMY

7301 Edgewater Drive
Orlando, FL 32810
(407) 523-3002 Fax (407) 521-3227

OFFICE USE ONLY

CP
SU
MCK

APPLICATION FOR ADMISSION

STUDENT INFORMATION

DATE OF REGISTRATION _____

NAME OF STUDENT _____ SEX _____ AGE _____ GRADE _____

STUDENT'S BIRTHDAY _____ SOCIAL SECURITY NUMBER _____ -- _____ -- _____

SCHOOL LAST ATTENDED _____ LAST GRADE COMPLETED _____

SCHOOL'S ADDRESS _____ CITY _____ ZIP _____

SCHOOL'S PHONE NUMBER _____ . HAS CHILD EVER BEEN

EXPELLED, DISMISSED OR REFUSED ADMISSION TO ANOTHER SCHOOL? _____ IF YES, _____

EXPLAIN _____

HAS CHILD EVER BEEN HELD BACK IN SCHOOL? _____ IF YES, IN WHAT GRADE(S) _____

EXPLAIN WHY _____

HAS CHILD EVER BEEN IN TROUBLE WITH THE LAW, ARRESTED, ECT.? _____ IF YES, EXPLAIN

IS CHILD OBEDIENT? _____ REBELLIOUS? _____ RESPECTFUL _____

HAS CHILD EVER RAN AWAY FROM HOME? _____ IF YES, EXPLAIN _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

PLEASE COMPLETE THE REVERSE SIDE

FAMILY INFORMATION

FATHER'S OR GUARDIAN'S NAME _____

EMPLOYMENT _____

POSITION _____ BUSINESS PHONE _____ CELL PHONE _____

MOTHER'S NAME _____

EMPLOYMENT _____

POSITION _____ BUSINESS PHONE _____ CELL PHONE _____

MARTIAL STATUS: () SINGLE () MARRIED () DIVORCED () SEPERATED () WIDOWED

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____

ARE YOU A MEMBER OF A CHURCH? _____ NAME OF CHURCH _____

CHURCH PHONE NUMBER _____ PASTORS NAME _____ DO YOU TITHE _____

GRANDPARENT'S NAME (PARENTAL) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL/OTHER _____

GRANDPARENT'S NAME (MATERNIAL) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL/OTHER _____

MEDICAL INFORMATION

FAMILY PHYSICIAN _____ PHONE _____

DOES YOUR CHILD HAVE ANY PHYSICAL DEFECTS OR ALLERGIES? _____ EXPLAIN _____
