

**APPLICATION FOR ENROLLMENT**

**Student/Household Information**

Student Name	Age	Date of Birth	Ethnicity	M	F
				Gender	
Parent/Guardian Name	Relationship	Parent/Guardian Name	Relationship		
Home Phone	Cell Phone	Home Phone	Cell Phone		
Work Phone	Employer	Work Phone	Employer		
Email address		Email address			
Address		Address			
		[ ] child's residence			
City	State	Zip	City	State	Zip

**Parent Marital Status:** Married Separated Divorced Widowed Single (circle one)

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports/records, or removing your student from school? Yes [ ] No [ ] N/A [ ] If yes, plan must be on file with the school for enforcement.

**Grandparents Information**

Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address

**Authorization/Permission**

All applications must be accompanied by the student enrollment fee which is non-refundable unless the application is not accepted or space is not available. I understand that this Application for Enrollment will be reviewed by the administration and is not a guarantee of admission to Ottawa Christian Academy. I further understand that as a private school, Ottawa Christian Academy reserves the right to deny admission for any reason. Ottawa Christian Academy does not discriminate on the basis of race, color, nationality, or ethnic origin.

**BOTH PARENTS SIGNATURE REQUIRES (WHEN APPLICABLE)**

/ /	/ /	/ /	/ /
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

**Office use Only**

Date Received \_\_\_\_\_ Online [ ] Paper [ ] Finalized/Complete \_\_\_\_\_



**Last School Attended:**

Name	Address	City	State	Zip
<b>School District:</b>				

**Last School Attended** \_\_\_\_\_ **School Residence (if different)** \_\_\_\_\_

List any major areas of difficulty your child has had in school: (reading, discipline, physical)

**Tested for:** Remedial  Yes  No Gifted  Yes  No

Does your child have an Independent Educational Plan? (IEP)?  Yes  No

Has your child received or been recommended to receive additional services for (mark all that apply):  
 Reading  Math  Other: \_\_\_\_\_

Has your child ever been suspended, expelled, or withdrawn from any school for any reason?  
 Yes  No

If yes, provide details, including school name and year:

**Spiritual Information from Both Parents:**

Is the father of the child a Christian?  Yes  No Is the mother of the child a Christian?  Yes  No

Is the guardian of the child a Christian?  Yes  No

What church does the father attend? \_\_\_\_\_

What church does the mother attend? \_\_\_\_\_

What church does the guardian attend? \_\_\_\_\_

What church does the child attend? \_\_\_\_\_

Which services does student attend?

Sunday School \_\_\_\_\_ Sunday Morning \_\_\_\_\_ Sunday Evening \_\_\_\_\_ Midweek \_\_\_\_\_

**PARENTAL TESTIMONY:** In your opinion, how does one become a Christian, and what is involved in living the Christian Life? (Use extra paper if necessary and attach to application.) \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

What is the reason for selecting this school for you chil(ren) \_\_\_\_\_

How did you hear about us?  Another Parent  Radio  Bill Board  Other \_\_\_\_\_

**Office use Only**

Entrance test accepted?  Yes  No Conditional \_\_\_\_\_ Score % \_\_\_\_\_