

Pike County Christian Academy

OFFICE USE ONLY <input type="checkbox"/> Current Photograph	ENROLLMENT FORM Date: _____ / _____ /20____	OFFICE USE ONLY <input type="checkbox"/> Enrollment Checklist <input type="checkbox"/> Update Computer
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School Year: 20____ - 20____

Student's Name: _____ (First) _____ (Full Middle) _____ (Last) Grade to Enter: _____

Mailing Address: _____ Zip Code: _____ Referred by: _____

City: _____ Parent E-Mail: _____

Phone: (____) _____ Sex: M F Birthdate: ____/____/____ Age: _____

Birthplace City: _____ State: _____ Ethnic Origin: _____

Which Payment plan do you want? 12 month 10 month Preschool rate Paid in Full

Father's Name: _____ Cell #: (____) _____

Employer: _____ Occupation: _____ Work #: (____) _____

Mother's Name: _____ Cell #: (____) _____

Employer: _____ Occupation: _____ Work #: (____) _____

•EMERGENCY•
 Responsible adult to contact
 if parents can't be reached

Name: _____

Relationship: _____

Daytime #: (____) _____

My Child can be picked up by:

If Parents are separated or divorced, with whom does the student live? _____

If both please provide other address: _____

Circle Grades Previously attended at Pike County Christian Academy:
 Nur. / K2 / K3 / K4 / K5 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 When?

Home Church:	Minister's Name	Phone:
Medical Treatment Release	Doctor:	Hospital:
	Phone:	
Any food or drug allergies?	<input type="radio"/> Yes Explain:	<input type="radio"/> No
Current Physical and Immunizations	<input type="radio"/> Yes	<input type="radio"/> No
Media Release Form	<input type="radio"/> Yes	<input type="radio"/> No