

The Sanctuary Academy

APPLICATION FORM

ANNUAL PRE-REGISTRATION

Fecha _____

Date _____ SS#: _____ Grade desired: _____ Start Date: _____

Name of student: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State, Country) (Zipcode)			
Date of Birth: __/__/__ Place of Birth: _____ Age: _____ Gender: M __ F __ Language: _____			
Name of Church: _____ Denomination: _____ How often attends: _____			
Special Skills (athletics, music, art, academics, etc.): _____			
Name of Father: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State, Country) (Zipcode)			
Profession: _____ Place of Employment: _____			
Telephone: () _____ Cellular: () _____ Email: _____			
Name of Church: _____ Denomination: _____ How often attends: _____			
Name of Mother: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State, Country) (Zipcode)			
Profession: _____ Place of Employment: _____			
Telephone: () _____ Cellular: () _____ Email: _____			
Name of Church: _____ Denomination: _____ How often attends: _____			
Name of Guardian: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State, Country) (Zipcode)			
Profession: _____ Place of Employment: _____			
Telephone: () _____ Cellular: () _____ Email: _____			
Name of Church: _____ Denomination: _____ How often attends: _____			

FAMILY INFORMATION

Both parents alive? Yes ___ No ___

MEDICAL INFORMATION

Please explain any illnesses, disabilities, or special needs that might affect the health or Athletic participation of your son/daughter?

Please provide a list of medications regularly taken by your child:

Has your child been evaluated for deficiencies in learning, attention, or vision? Yes No
If YES, please explain the circumstances on a separate page, and provide a copy of the official report.

CONSENT

Upon signing this application, I/We authorize the school to check our child’s academic record and obtain other information needed in order to make a decision regarding admission. I/We have read the Doctrinal Statement and the educational philosophy of *Sanctuary* Christian Academy and we give our consent for our child to be educated according to said Declaration of Faith.

I/We further recognize that for each year our child is registered in this school, the parents/Guardians assume responsibility for all fees and financial obligations.

Father’s Signature: _____ Date: _____

Mother’s Signature: _____ Date: _____

Guardian’s Signature: _____ Date: _____

Guardian’s Signature: _____ Date: _____