**Greenwood Christian Academy Enrollment Form**

**Student Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:**\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **State**:\_\_\_\_\_\_\_\_\_\_ **Zip:**\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:**\_\_\_\_/\_\_\_\_/\_\_\_\_ *(must be 5 years old by 8-31)* **Sex:**\_\_\_\_\_\_\_

**Name of Parent(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mother:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father Cell Phone #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother Cell Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the student been previously enrolled in another school?** \_\_\_\_\_

**School District:**\_\_\_\_\_\_\_\_\_\_\_

By submitting this online form this indicates that you are interested in the possibilities of enrolling for the 2025-26 school year.

Once filled out and completed, please email form(s) to: **administrator@gwbaptist.org**