



STUDENT APPLICATION

Term \_\_\_\_\_ Date \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Male / Female Birthdate \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

FAMILY INFORMATION

Father \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status M D W S

School age children (if not applying)

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

RELIGIOUS INFORMATION

Home Church \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_

Father: Christian? Yes No

Mother: Christian Yes No

Has applicant made a profession of faith in Christ?

Yes No

\_\_\_\_\_

MEDICAL INFORMATION

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Physical Disabilities \_\_\_\_\_

Immunizations (see enclosed form)

