



# Covenant Academy

*Superlative Academic Training in a Christian Environment since 1985*

## STUDENT APPLICATION

School Year:	Grade Level:
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### I. Student Information:

Last Name:		First:	Middle:	
Street Address:				County:
City:		State:	Zip:	
Home Phone: ( )		Cell: ( )	E-mail:	
DOB:	Age:	SS#:	*Race:	*Male/Female:

Last School Attended:		Last Grade Completed:
Street Address:		County:
City:	State:	Zip:

Child lives with:  Both Parents  Both Parents Alternately  Mother only  Father only  
 Legal Guardian (Complete Section IV, on page 2)

Special Custodial Court Instructions:  yes  no (If yes, court order must be provided.)

### II. Parents Information:

Father's Last Name:		First:	Middle:	
Street Address:				E-mail:
City:		State:	Zip:	
Home Phone: ( )		Cell: ( )	SS#:	
Employer:			Phone: ( )	

Mother's Last Name:		First:	Middle:	
Street Address:				E-mail:
City:		State:	Zip:	
Home Phone: ( )		Cell: ( )	SS#:	
Employer:			Phone: ( )	

### III. Emergency Contact Information:

Name:	Relationship:	Phone: ( )
Name:	Relationship:	Phone: ( )
Allergies:		
Physician:		Phone: ( )

\*Covenant Academy does not discriminate on the bases of race or gender for students or employees.

**IV. Legal Guardian Information:**

Last Name:		First:	Middle:
Street Address:			E-mail:
City:		State:	Zip:
Home Phone: ( )	Cell: ( )		SS#:
Employer:			Phone: ( )

**V. General Information:**

Who referred you to Covenant Academy?

Church Affiliation:

Does your child have any learning disabilities?  No  Yes (Please explain in detail.)

Has your child ever been suspended or expelled from school?  No  Yes (Please explain in detail.)

Has your child ever been in an alternative school program?  No  Yes (Please explain in detail.)

Who will be responsible for transportation to and from school?	
Name:	Phone: ( )
Name:	Phone: ( )

My signature affirms that I am the parent or legal guardian of this applicant.

Signature: Relationship: Date:

**V. To Be Completed By MCA Administrator:**

Registration Fee:	Physician Form:	Grade Card:
Enrollment Agreement:	Shot Record:	Progress Report:
Promissory Note:	Birth Certificate:	Test Date Sheet:
Recent Photo:	Permanent Record:	E-mail Address Book: