

APPLICATION FOR ENROLLMENT

Student/Household Information

Student Name		Age	Date of Birth	Ethnicity	M Gender	F
Parent/Guardian Name		Relationship		Parent/Guardian Name		Relationship
Home Phone		Cell Phone		Home Phone		Cell Phone
Work Phone		Employer		Work Phone		Employer
Email address				Email address		
Address		[] child's residence		Address		[] child's residence
City	State	Zip	City	State	Zip	

Parent Marital Status: Married Separated Divorced Widowed Single (circle one)

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports/records, or removing your student from school? Yes [] No [] N/A [] If yes, plan must be on file with the school for enforcement.

Grandparents Information

Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address
Name	Home/ Cell Phone	Address

Authorization/Permission

All applications must be accompanied by the student enrollment fee which is non-refundable unless the application is not accepted or space is not available. I understand that this Application for Enrollment will be reviewed by the administration and is not a guarantee of admission to Ottawa Christian Academy. I further understand that as a private school, Ottawa Christian Academy reserves the right to deny admission for any reason. Ottawa Christian Academy does not discriminate on the basis of race, color, nationality, or ethnic origin.

BOTH PARENTS SIGNATURE REQUIRES (WHEN APPLICABLE)

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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Date Received _____ Online [] Paper [] Finalized/Complete _____



Last School Attended:

Name	Address	City	State	Zip
School District:				

Last School Attended	School Residence (if different)
List any major areas of difficulty your child has had in school: (reading, discipline, physical)	

Tested for: Remedial ☐ Yes ☐ No Gifted ☐ Yes ☐ No

Does your child have an Independent Educational Plan? (IEP)? ☐ Yes ☐ No

Has your child received or been recommended to receive additional services for (mark all that apply):
☐ Reading ☐ Math ☐ Other: _____

Has your child ever been suspended, expelled, or withdrawn from any school for any reason?
☐ Yes ☐ No

If yes, provide details, including school name and year:

Spiritual Information from Both Parents:

Is the father of the child a Christian? ☐ Yes ☐ No Is the mother of the child a Christian? ☐ Yes ☐ No

Is the guardian of the child a Christian? ☐ Yes ☐ No

What church does the father attend? _____

What church does the mother attend? _____

What church does the guardian attend? _____

What church does the child attend? _____

Which services does student attend?

Sunday School _____ Sunday Morning _____ Sunday Evening _____ Midweek _____

PARENTAL TESTIMONY: In your opinion, how does one become a Christian, and what is involved in living the Christian Life? (Use extra paper if necessary and attach to application.) _____

Parent's/Guardian's Signature _____ Date: _____

What is the reason for selecting this school for you child(ren) _____

How did you hear about us? ☐ Another Parent ☐ Radio ☐ Bill Board ☐ Other _____

Office use Only

Entrance test accepted? ☐ Yes ☐ No Conditional _____ Score % _____