

# BATTALION CHRISTIAN ACADEMY

## APPLICATION ADMISSION

PLEASE PRINT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ Apt./Fl# \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone# \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Tel# \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Bus. Tel# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel# \_\_\_\_\_

Religion of Parents \_\_\_\_\_

Would After School Service be Needed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person to pick up child from school \_\_\_\_\_

School your child is currently attending \_\_\_\_\_ Grade \_\_\_\_\_

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

**A registration fee of \$75.00 and proof of birth are required with this application. This amount is non-refundable and will not be credited to tuition payment. If your child is coming from another school please submit information so that we could procure his/her cumulative records for review.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_