

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

Address

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: _____