



APPALACHIAN Christian Academy

Pupil's Legal Name: _____ Nickname: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Social Security number: _____ Sex: F _____ M _____

Address: _____ Home Phone: _____
Street Address
 _____ Cell Phone: _____
City State Zip-code

Family Information	Father	Mother	Guardian
Legal Name			
Check one	Natural ___ Step ___ Foster _____	Natural ___ Step ___ Foster _____	Relation to Child:
Home Address if different from above			
Home Phone	() -	() -	() -
Cell Phone Text: Yes / No	() -	() -	() -
Occupation			
Education			
Business Address			
Business telephone			
Birth Date			
Birth Place			
U.S. Citizen	Yes / No Other:	Yes / No Other:	Yes / No Other:
SDA Member	Yes / No Other:	Yes / No Other:	Yes / No Other:
Marital Status	Married / Divorced Other:	Married / Divorced Other:	Married / Divorced Other:

Other persons living with family _____ Relationship to child. _____

Church child attends _____ Denomination _____

Baptism – Place _____ Date _____ Age _____

Legal Name: _____

 Nickname _____

 Grade Placement _____

 School Year _____

 School Board Chairman Signature _____

 Approved Date _____



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Legal Name: _____
Nickname _____

Children in the family in order of birth including this child:

Name	Living at Home		Sex	Date of Birth		
	Yes	No		Month	Day	Year

Factors which may interfere with Child's learning: (check all that apply)

- Hearing Sight Speech Malnutrition
 Heart Nervousness Easy Fatigue Emotional problems
 Worrying Language other than English ADHD
 ADD Dyslexia Other: _____

Has the student ever been suspended or expelled from any school? If yes, Please explain with dates

Has the student repeated any grades? If so what grade(s) and what as the reason

Any Addition comments about the student that you would like us to know

Name: _____ Signature _____ Date _____
Parent or Guardian