

# Charity Christian Academy Application

7706 W. Illinois Ave.  
Hutchinson, KS 67501

Email: [ktaylor@charitychristianacademy.org](mailto:ktaylor@charitychristianacademy.org)

Application Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (If not USA) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents' Occupation (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

List all previously attended schools (public, private, and homeschool) and grade:

School Name	Address	City	State	Zip	Grade(s)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list the dates that any academic testing has taken place. Dates \_\_\_\_\_

Are these test results available?      Y/N

**Are there health issues involved? Y/N    If yes, please explain.** \_\_\_\_\_

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**Has your child experienced any trauma before, during, or after birth (examples: temporary loss of oxygen during birth, mother’s illness affected unborn child, bicycle accident, and so forth)?** \_\_\_\_\_

**If yes, please explain.** \_\_\_\_\_

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**The purpose of your application (check one):** \_\_\_\_\_enrollment      \_\_\_\_\_consultation only