

Charity Christian Academy Application

3706 W. 7th Ave.

Hutchinson, KS 67501

Email: 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** _____

Parent's Email Address _____

Parents' Occupation (Mother) _____

(Father) _____

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

School Name Address City State Zip Grade(s)

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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. _____

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. _____
