

Today's Date: _____

Embassy Academy Application 2014-2015

(There will be a \$25.00 non-refundable application fee. Please make checks payable to Embassy Christian Ministries)

Student information:

Full Name: _____ Birthday: _____
Last First M.I. Month Day Year

Gender: Male () Female () Race: Black () White () Hispanic () Asian () Other () _____

Child's Current Age: _____ Current Grade: _____ Current on immunizations Y () N ()

Transferring from: _____ Phone Number: _____ City: _____

Medical conditions: () No () Yes If yes list conditions: _____

Parent/Legal Guardian Information:

Address: _____
Street Address Apartment Unit# City State Zip Code

Marital status: () single () married () divorced () widowed

Father/Male Guardian: _____
Last First Home Phone Cell Phone

Occupation/Employer: _____
Address Wk. Phone

Mother/Female Guardian: _____
Last First Home Phone Cell Phone

Occupation/ Employer: _____
Address Wk. Phone

Parents Email: Father's _____ Mother's: _____

Mailing address if different from above: _____

How did you hear about us? () Internet () Newspaper () Referral () Other _____

Please give a brief explanation of why you are interested in having your child attend Embassy Academy.

How would you like to be notified of your child's acceptance into Embassy Academy? () Phone () Mail () E-mail