



10076 State Highway 37  
Olmsted, IL 62970  
Ph: 618-742-8223  
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## Student Application

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell # (mom): \_\_\_\_\_ Cell # (dad) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Place: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Legal Guardian/Custodial Parent Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\*\*\*Emergency Phone Numbers(please list names also):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status:

Married: \_\_\_ Widow: \_\_\_ Divorced: \_\_\_ Separated: \_\_\_ Single \_\_\_

List other children in family who will be attending the Academy:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about this school?

\_\_\_\_\_

What is your reason for selecting this school?

\_\_\_\_\_

## Medical Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any physical impairments or allergies? If yes, explain.

\_\_\_\_\_

Is the student's immunization record up to date ( )yes ( )no. Please include copy.

Does the student have a current physical within the last year. ( )yes ( )no

Please include copy.

## Scholastic Information

Has the student ever been expelled, dismissed, suspended, or refused admission to another school? Why? \_\_\_\_\_

\_\_\_\_\_

Has the student ever had disciplinary difficulty at school? Why? \_\_\_\_\_

\_\_\_\_\_

Does the student have a juvenile or arrest record? Explain \_\_\_\_\_

\_\_\_\_\_

Has the student ever used tobacco or nonprescription drugs of any kind? Explain \_\_\_\_\_

\_\_\_\_\_

Has the student ever failed an academic subject in school? Explain \_\_\_\_\_

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Does the student have an Individual Educational Plan or receive any kind of special services for learning? \_\_\_\_\_

Is the student currently receiving speech therapy? \_\_\_\_\_

Please indicate the academic level of the student's previous work.

Excellent\_\_\_ Good\_\_\_ Average\_\_\_ Poor\_\_\_

### **Religious Information**

Church Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Has applicant ever made a profession of faith in Christ? ( )yes ( )no

### **Parental Consent**

This application must be filled out completely before it can be processed.

Application, Registration and Testing Fee of \$35.00 must accompany the application, and are nonrefundable. An interview with the parents and the student(s) is required before final acceptance.

Caledonia Christian Academy has a racial nondiscriminatory policy and therefore, does not discriminate against members, applicants, students, and others on the basis of race, color or national or ethnic origin.

“I hereby pledge to pay my financial obligation to the school on the due date and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.”

“I appreciate the standards of the school and do not tolerate profanity, or obscenity in word or action, dishonor to the Godhead and the word of God , or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize this school to employ discipline it deems wise and expedient for the training of my student.”

“I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

Signature of Father: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date \_\_\_\_\_

