



Academy Enrollment Form

For the school year _____

re-enrollment new enrollment

Date ____ / ____ / _____

Grade to enter _____

Student's name _____
Last First Middle Called by

Mailing address _____
Street City State Zip

Gender male female Birth date ____ / ____ / _____ U.S. citizen yes no

Home phone () _____ Cell phone () _____

Father's name _____ Mother's name _____

Father's employer _____ Mother's employer _____

Work phone () _____ Work phone () _____

Cell phone () _____ Cell phone () _____

Email address _____ Email address _____

If parents are separated, who does the child live with? _____

Person responsible for paying student's account _____
Full name Social security number

Emergency contact (other than parents) _____

Home phone () _____ Work phone () _____

Student's physician _____ Phone () _____

Medical problems, if any _____

In making application for my child, I desire to have him complete the school year _____. It is also my understanding that the academy's policy prevents refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of North Fork Christian Academy. I further agree to indemnify and hold North Fork Christian Academy and First Baptist Church of Hotchkiss harmless for any and all liability that may result from my child attending or participating in all activities of North Fork Christian Academy.

Date ____ / ____ / _____ Parent or guardian's signature _____

Date ____ / ____ / _____ Parent or guardian's signature _____

For office use only

_____ Date enrollment form submitted

_____ Date enrollment fee paid