



# 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 ( ) \_\_\_\_\_    Home 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 \_\_\_\_\_

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### For office use only

\_\_\_\_\_ Date enrollment form submitted

\_\_\_\_\_ Date enrollment fee paid