



STUDENT INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Class Applied For: 3yr Old 3 ½ - 4yr Old Pre-K

Day Care Last Attended: _____ Phone: _____

Address of Day Care: _____

The following information is a necessary part of the enrollment process. Enrollment is not based strictly on your responses. All information provided is held in strictest confidence and is used in order that we may better serve the student and family.

Does the student have any allergies? _____

If yes, please describe: _____

Does the student regularly take medication for any condition? _____

If yes, please describe: _____

Has the student ever received or been referred for student support services in the areas of academics and/or behavior? _____

If yes, please explain: _____

Does the student have any diagnosed learning disabilities? _____

If yes, please explain: _____

Does the student have any mental, emotional, and/or physical disabilities? _____

If yes, please explain how these disabilities may affect their activities or progress:

How did you hear about Cornerstone Christian Academy?

Word of mouth Newspaper Ad Open House Church Other_____

FAMILY INFORMATION

FATHER

Name:_____

Address:_____

City, State, Zip:_____ Email:_____

Cell Phone:_____ Home Phone:_____

Place of Employment:_____ Phone:_____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother:_____ Father:_____ Joint:_____

Name of Stepmother if applicable:_____

Why do you want your child to attend Cornerstone?_____

What are your priorities regarding your child's education?_____

What do you want your child taught about God?_____

Church Attending:_____ Member:_____

Address:_____

City, State, Zip:_____

Pastor:_____

MOTHER

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother: _____ Father: _____ Joint: _____

Name of Stepfather if applicable: _____

Why do you want your child to attend Cornerstone? _____

What are your priorities regarding your child's education? _____

What do you want your child taught about God? _____

Church Attending: _____ Member: _____

Address: _____

City, State, Zip: _____

Pastor: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

