

Indiana Christian **Academy**

Student **Application**

Office Use Only

___ Registration Fee

___ Health Sheets (K5, 6)

___ Signatures

___ Testing/Test Scores

___ Report Card

___ Interview

Student's Full Name _____, _____, _____
Last First Middle

Address _____
Street or Route City State Zip Code

Boy Girl Date of Birth ___/___/___ Birthplace _____
City State

Applying for Grade _____ in 200__ E-Mail Address _____

Home ph. # _____ Father's Cell # _____ Mother's Cell # _____

Father's Name _____ Mother's Name _____

Father's Employment _____ Position _____ Phone # _____ Ext. _____

Mother's Employment _____ Position _____ Phone # _____ Ext. _____

Members of _____ Church in (City) _____

Does your child understand salvation? _____ Is he/she born again? _____

Parents' Marital Status: Married Divorced Spouse Deceased Remarried Single

MEDICAL INFORMATION

IN AN EMERGENCY, WHEN WE ARE UNABLE TO CONTACT YOU AT YOUR HOME OR WORK NUMBER, ARE THERE RELATIVES OR FRIENDS THAT WE MAY CALL?

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

PLEASE LIST THE PHYSICIAN WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY:

Physician's Name _____ City _____ Phone # _____

Insurance Co. _____ Policy # _____

Parent's Signature _____ Soc. Sec. # _____ - _____ - _____ Date _____

For new applicants:

School last attended _____
School Street City State Zip Code

Reason for Changing School _____

ICA was recommended to you by _____

Please attach your child's last report card to this application.