# Applicant Information

Please consider my son/daughter (circle) as a student in *God’s Chosen Elect Academy:*

Start Date:

## Student Information

Date of Tour:

Student Name:

Last First Middle

Student Home Address:

Street City State Zip

Student Home Phone: Date of Birth:

Persons authorized to pick up your child at school:

In case of emergency, list contact name, address and phone number *(list at least two):*

## Family Information

Sponsor’s Name: Relationship To Child: Home Address:

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Home Phone: Pager and/or Cellular Phone: Email Address: Occupation: Job Title: Name of Business: Business Address:

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Business Phone: Drivers License: Social Security Number:

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Does student live on a full time basis with both mother and father *(natural or adopted)?*  Yes  No

If no, please specify *(and, if applicable, provide legal documentation regarding any custody arrangements):*

How were you referred to our school? *(name of source if possible)*

# Applicant Information (continued)

*Other children in family:* Name Date of Birth Current School

## Medical Information

Name of Child’s Physician: Phone Number:

Local Person for Emergency *(Name):*

Relationship: Phone Number:

Please list any medicines or food to which your child is allergic:

## Signatures

Sponsor Date Sponsor Date

## Additional Pertinent Information