



Ekklesia Christian Academy Home School Registration Form

Student's Full Name: _____ Grade Attending: _____

Street Address: _____ City: _____, State _____

Country: _____

Phone #: (_____) _____ Date of Birth: ____/____/____ Age (as of Sept. 30, 2011): _____

Male ___ Female ___

Student lives with (check one):

Both parents ___ Mother only ___ Father only ___ Someone other than parent ___

If your family is new to ECA, recommended by: _____

Reason for Applying: _____

Information that could be helpful to our faculty in working with your child: _____

Previous School Attended: _____ City _____ State _____ Zip _____

Country: _____

Siblings attending Ekklesia Christian Academy in the 2009-10 school year: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parents or Guardians

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Home Address (if different): _____ City: _____ State _____

Home Phone (if different): _____ Work Phone: _____ Cell Phone : _____

E-mail: _____

Signature of Parent or Guardian.

Date