

Onward Christian Academy

Enrollment Form

Student Name: _____ Date: _____

Parent or Guardian: _____

Parent / Guardian e-mail address: _____

Address: _____

Home Phone _____ Cell Phone: _____

Name and Phone Number of relative or close friend that we have permission to call:

Email address: _____ Age: _____ Grade: _____

Birth Date: _____ Church attending: _____

Name and Phone Number of Church leader that we have permission to contact

Name, Address and phone number of last school attended: _____

State the grade level you feel student should be assigned in each subject area:

Language Arts: _____ Math: _____ Science: _____ Social Studies: _____

If in high school how many credits has student earned? _____

How much time each day will student devote to his/her studies? _____

Is student involved in regular physical exercise? _____ Hours / Week? _____

Please select a user name and password for student, both case sensitive.

Please record here: User name: _____ Password: _____

The send feature (see send button below) may not work on some browsers. However, you may also save the form to your computer and email as an attachment to deanofstudents (at privacyabroad.com)

***Note: Please send official transcript if student has earned high school credit.**