



# Onward Christian Academy

## Enrollment Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell \_\_\_\_\_

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

Email address: \_\_\_\_\_ Students Grade Level: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Name of last school attended: \_\_\_\_\_

State the grade level you feel student should be assigned in each subject area:  
Language Arts: \_\_\_\_\_ Math: \_\_\_\_\_ Science: \_\_\_\_\_ Social Studies: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Notes of Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_