



Student Admission Forms

Christian Academy Schools, Inc.
2151 W. Russell Rd. ♦ Sidney, OH. 45365
Phone (937) 492-7556 ♦ FAX (937) 492-5399

Home Phone _____

Student's full legal name _____ Name student goes by _____ Date of birth _____ Grade _____

Student's Social Security Number _____

Father/Guardian LAST NAME/First Name/M.I. _____

Mother/Guardian LAST NAME/First Name/M.I. _____

Is this child living with his/her natural father? Yes ♦ No ♦ or with his/her natural mother? Yes ♦ No ♦

If you answered "NO" to either, please explain: _____

Has this student ever been suspended? _____ Expelled? _____ Asked to withdraw from school? _____

If the answer is "Yes" to any of the above, please explain (include name of school and principal's name):

Has this student ever been retained? _____ Grade(s) _____

Has this student ever received counseling or psychological testing? _____

Has this student ever had an Individualized Educational Plan (IEP) written? _____

Has this student experienced any physical, emotional, mental or social problems within the past two years? If your answer is "Yes" please explain: _____

Please list all schools attended in the past three years. (if home-schooled, give the name of supervising school district)

School year, Grade	School Attended	Address	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe this student's extra-curricular interests and abilities: _____

This form must be returned to the office with the following items before the Superintendent can schedule an interview with you and your child.

- ♦ A copy of the applying student's birth certificate.
- ♦ Most recent photograph.
- ♦ 9th Grade Proficiency Test Scores. If results are not received, CAS will retest your student.
- ♦ Student health record with a copy of the immunization record.
- ♦ Copy of custody papers, if applicable.

Please print names in black ink, from oldest to youngest, of students entering Christian Academy Schools, Inc.

Full Legal Name of Student	Name Student Goes By	Date of Birth	Grade Entering
1.			
2.			
3.			
4.			

This information needs to be completed by the custodial parent (duplicate entries are unnecessary).

 Father/Guardian **Last Name**/First Name/M.I.

Title _____ Home Phone _____
 Mr./Mrs./Dr./etc. Mr./Mrs./Dr./etc.

SSN _____

Address _____

City/State/Zip _____

Occupation _____

Employer _____

Business Phone _____

Father's Church _____

Address _____

City/State/Zip _____

 Mother/Guardian **Last Name**/First Name/M.I.

Title _____ Home Phone _____
 Mr./Mrs./Dr./etc. Mr./Mrs./Dr./etc.

SSN _____

Address _____

City/State/Zip _____

Occupation _____

Employer _____

Business Phone _____

Father's Church _____

Address _____

City/State/Zip _____

1. Is either parent a graduate of Christian Academy Schools? Father _____ Year _____ Mother _____ Year _____
2. Have any of these students or their siblings previously attended CAS? No _____ Yes _____ Year _____
3. Name of public school district (i.e. Sidney City Schools, etc.) in which you reside _____

Please list all other children living in the home:

_____ / _____ / _____			
Name	Date of Birth	Grade	School Attending
_____ / _____ / _____			
Name	Date of Birth	Grade	School Attending
_____ / _____ / _____			
Name	Date of Birth	Grade	School Attending