



Family Application

Father

Name: _____

Address: _____

Cell phone and/or Home phone: _____

Email: _____

Mother

Name: _____

Address: _____

Cell phone and/or Home phone: _____

Email: _____

Church affiliation: _____

Please list all children in your household.

Name	DOB	Rising Grade	Applying?	
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N

(List any more children on a separate sheet of paper.)

We certify that all the information provided on this form is complete and correct and authorize Concordia Classical Academy to contact the applicant's previous school(s) and teachers to obtain records and opinions regarding the applicant(s).

Parent signatures: _____ Date: _____

_____ Date: _____



Student Application

(Make as many copies as necessary for your family.)

Applicant's name: _____ Applying for grade: _____

Current school: _____ Applying for year: _____

Applicant's current or completed grade: _____

Please submit a non-family, adult recommendation with your application.

Also include a non-refundable \$60 assessment fee for each applicant up to \$120 for lower school and \$120.00 for upper school by May 1st.

Describe the applicant's previous education history. (previous schools, classes, curriculum)

Describe the applicant's extracurricular interests and/or achievements.

Has the applicant been tutored?	Y	N
Has the applicant been subject to disciplinary action?	Y	N
Has the applicant skipped or repeated a grade?	Y	N
Has the applicant any learning disabilities?	Y	N
Has the applicant any behavioral problems?	Y	N
Does the applicant have any illnesses or physical disabilities?	Y	N
Are you aware of any issues that may affect the applicant's behavior or Academics?	Y	N

If yes to any questions, please provide a complete explanation on attached second pages.