

App Fee _____

CHRISTIAN LIFE ACADEMY

P.O. Box 207 Seneca, PA 16346
814-676-9360 Fax: 814-676-2908

APPLICATION FOR ENROLLMENT

This application must be filled out completely accompanied by: 1) a transcript, 2) a recent report card, 3) the most recent standardized testing (if available), and 4) the application fee of \$75 per applicant. This fee will be returned if the student is not admitted. When these are received a family interview will be scheduled.

STUDENT INFORMATION

Full (legal) Name: _____ Goes By: _____

Grade Entering: _____ Last Grade Attended: _____ Any grade repeated? N Y Please list: _____

Birth Date: _____ Sex: _____ Age: _____ Home Tel. Number: _____

Home Address: _____ City: _____ Zip: _____

School District Residing In: _____

Our Child By (check one): Birth/Adoption _____ Previous Marriage _____ Other _____

Siblings/Age/Grade: _____

Name/Address of school last attended: _____ Has student had previous academic problems? _____ If yes, briefly explain: _____

Has this student ever had disciplinary problems in school? Yes No

If yes, please explain: _____

Has student ever had psychological testing? _____ If so, please explain: _____

Does this student have emotional or physical disabilities? _____ If yes, briefly explain: _____

List any special abilities or interests this student possesses (athletic, artistic, musical, academic, etc.): _____

Are there any unusual factors in this student's life that we should be aware of? (For example: recent separation or divorce, death in the family, adoption, etc.): _____

Explain your reasons for wanting to enter this student in Christian Life Academy: _____

FAMILY INFORMATION

Father: 1st Marriage _____ Widower _____ Sep. _____ Div. _____ Remarried _____ Deceased _____
Mother: 1st Marriage _____ Widow _____ Sep. _____ Div. _____ Remarried _____ Deceased _____

Father's Name: _____ Occupation: _____ Place of
Employment: _____ Cell Number: _____ Email: _____
Mother's Name: _____ Occupation: _____ Place of
Employment: _____ Cell Number: _____ Email: _____ List any immediate family
members that your child should NOT leave school with: _____

CHURCH OR DENOMINATIONAL AFFILIATION

Church Attending: _____ Pastor: _____
Attendance: Regular _____ Frequent _____ Seldom _____
(45 wks.+) (20-44 wks.) (less than 20 wks.)

Personal profession of faith in Jesus Christ: (answer yes or no)

Father _____ Mother _____ Student _____

Briefly give your testimony regarding your personal relationship to Jesus Christ.

Father: _____

Mother: _____

CHOICE OF TUITION PAYMENT PLAN - See Tuition Information Sheet For Explanation of Plans

Plan A _____ Plan B _____ Plan C _____ Plan C-12 _____

Christian Life Academy admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities generally made available to students at CLA. It does not discriminate on the basis of race, color, nationality or ethnic origin.

Signature of Parents or Guardians _____ **Date:** _____

_____ **Date:** _____

The purpose of Christian Life Academy is to provide high quality academic training in an environment where the Lord Jesus Christ has pre-eminence in all things.

Revised June 11, 2009

YOUR CHILD MAY NOT BEGIN CLASSES UNTIL THE FOLLOWING HAVE BEEN RECEIVED:

- 1. Current Immunizations**
- 2. The Emergency Medical Consent Form**
- 3. Pastor's Letter**
- 4. Application Fee and the First Tuition Payment**
- 5. Parental Agreement Form**