

# CHRISTIAN LIFE ACADEMY

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

## APPLICATION FOR PART TIME STUDENTS and ATHLETES

### STUDENT INFORMATION

Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Full (legal) Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email(s) for Schedule Changes \_\_\_\_\_ School District: \_\_\_\_\_

Birth/Adoption \_\_\_\_\_ Previous Marriage \_\_\_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_

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

List any outstanding abilities this student possesses (physical, mental, artistic, musical, social, 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: 1<sup>st</sup> Marriage \_\_\_\_\_ Widower \_\_\_\_\_ Sep. \_\_\_\_\_ Div. \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_

Mother: 1<sup>st</sup> Marriage \_\_\_\_\_ Widow \_\_\_\_\_ Sep. \_\_\_\_\_ Div. \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

List any immediate family members that your child should not leave school with: \_\_\_\_\_

### CHURCH OR DENOMINATIONAL AFFILIATION

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

Attendance: Regular \_\_\_\_\_ Frequent \_\_\_\_\_ Seldom \_\_\_\_\_

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

Father \_\_\_\_\_ Mother \_\_\_\_\_ Student \_\_\_\_\_



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

Father: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

**In case of serious illness or injury at school, whom shall we call if you cannot be reached?**

**FIRST CHOICE**

**SECOND CHOICE**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

If no answer at above numbers, may we call your family physician listed below? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CHOICE OF TUITION PAYMENT PLAN** Quarterly \_\_\_\_\_ Annual \_\_\_\_\_

Christian Life Academy, Inc. admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its admission and educational policies, scholarship programs, athletic, and other school-administered programs.

*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.*