GRACE VALLEY
CHRISTIAN ACADEMY

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PRELIMINARY ENROLLMENT APPLICATION

Answer all questions in this application completely. You may attach additional pages if necessary.

PARENT/GUARDIAN INFORMATION		
Father's Name (Last)	(First)	(Middle)
Marital Status: ☐ Married ☐ Separated ☐ Remarried ☐ Deceased ☐ Other, explain below		
Home Address:		
City	State	Zip Code
Home Phone:	Business Phone:	Mobile Phone:
Father's Employer	Father's Email	
Mother's Name (Last)	(First)	(Middle)
Marital Status: ☐ Married ☐ Separated ☐ Remarried ☐ Deceased ☐ Other, explain below		
Home Address:		
City	State	Zip Code
Home Phone:	Business Phone:	Mobile Phone:
Mother's Employer	Mother's Email	

CHURCH INFORMATION		
Name of Church		Pastor
Address:		
City	State	Zip Code

STUDENT INFORMATION		
Number of Children in Family:	List Ages:	
1. NAME		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		S.S. #
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		
2. NAME		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		S.S. #
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		
3. NAME		
DOB	Sex	Grade Entering
Place of Birth (City, State, Country)		S.S. #
School Last Attended		Dates
Special Needs or disabilities (please specify)		
Areas of difficulty		
Student's interests or skills		