

**Charis Woods Academy**  
**ADMISSION APPLICATION**  
*(Please Complete Forms in Detail)*

Please type or print clearly.

Date: \_\_\_\_\_

Person filling out this form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Applicant Information**

Name of Child: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_\_

Gender: \_\_\_\_ Ethnicity: \_\_\_\_\_ Natural Child? \_\_\_\_ Adopted? \_\_\_\_ When? \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

**Parent Information** (If deceased, please note date and cause)

**Father's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If divorced, who has custody of this child? \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

**Stepfather's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

**Stepmother's Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Religious Affiliation (*Denomination*): \_\_\_\_\_

Please give the following information for each member of your family who lives in your home and/or immediate family members:

NAME	AGE	RELATION	CURRENTLY LIVING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Person to Notify in case of an emergency** (*other than parents*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social History** (*Please describe the personality of your child in the following phases*)

Birth to six years old: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Six to Twelve: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Twelve to present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's special needs and strengths in each of the following areas:

**PHYSICAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILIAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCHOLOGICAL**

Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL HISTORY

Please describe your child's school performance (*grades, relationship with teachers, classroom behavior*):

Kindergarten to 6<sup>th</sup> grade: \_\_\_\_\_

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Junior High School (7<sup>th</sup> and 8<sup>th</sup> grade): \_\_\_\_\_

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High School (9<sup>th</sup> – 12<sup>th</sup> grades): \_\_\_\_\_

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Has your child had difficulties in school? \_\_\_\_\_ If yes, what? \_\_\_\_\_

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Has your child ever received any type of remedial instruction? \_\_\_\_\_ If yes, which grades and classes, explain: \_\_\_\_\_

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Current Grade: \_\_\_\_\_ Still Attending? \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Name of Current School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Counselor: \_\_\_\_\_

What do you perceive as your child's current academic needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach transcript and home schools graduation requirements if in High School, otherwise the most current grade card.**



**Charis Woods Academy  
Medical Information Form**

Child's Name \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency whom do we contact if unable to reach the parents?

(List two)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact your doctor or dentist in an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all medical conditions so that Charis Woods Academy can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration of the acceptance of my child as a student in Charis Woods Academy, the undersigned agrees to indemnify Charis Woods Academy, its directors, and employees against any claims and demands made by or on behalf of:

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature