



Date _____
Admin _____

**2025-2026**

**Admissions Application**

**Please return with copies of all previous testing and the \$200 application fee.**

**Student's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_ **Current Grade:** \_\_\_\_\_ **Current School:** \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone #:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone #:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Previous School/Schools: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Testing/Evaluations: \_\_\_\_\_ Date: \_\_\_\_\_ Results or Diagnosis: \_\_\_\_\_

List any health problems: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*\* Returning admission application and payment of application fee does not guarantee acceptance to Churchill Academy.**