



2026-27

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 ___ 2025-26 Grade Level: _____ 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.**