



**CHURCHILL  
ACADEMY**

**2025-2026 Admissions Application**

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

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

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

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

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

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

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

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

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

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

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

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

Please list any health problems:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**\*\*\* Returning Admission Application and payment of Application Fee does not guarantee acceptance to Churchill Academy.**