

MARSHALL CHRISTIAN ACADEMY

Student Application Form

2009-10

Date Submitted : _____ Phone: _____ 2nd Phone _____

Students Legal Name _____ Sex: _____ Grade: _____

Birthdate: _____ Age: _____ Social Security #: _____

Address: _____

Place of birth: _____ School District: _____

Last School Attended: _____ Year: _____

Does your child require special services? Check all that apply. Speech _____

Learning Disabilities: List Areas _____ Emotional Impairment _____

Other _____

Ethnic Background: Anglo _____ Hispanic _____ African American _____

Other _____

Student Lives With: Both Parents _____ Mother Only _____ Father Only _____

Mother and Stepfather _____ Father and Stepmother _____ Guardian _____

Grandparents _____ Other _____

Mother's Name: _____ Place of Employment _____

Cell Phone: _____ Business Phone: _____ Fax: _____

Email Address: _____

Father's Name: _____ Place of Employment: _____

Cell Phone: _____ Business Phone: _____ Fax: _____

Email Address: _____

Person Responsible for Payment: _____

If other than parent please complete:

Address _____ Phone _____