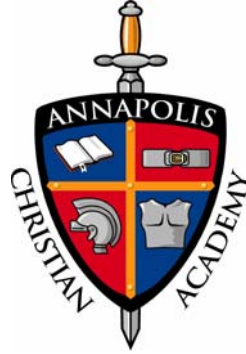


ANNAPOLIS CHRISTIAN ACADEMY

4420 S. Staples St., Corpus Christi, TX 78411

(361) 991-6004



APPLICATION FOR ENROLLMENT

I. Student Information

Name _____
(First) (Middle) (Last)

Address _____ ZIP _____

Home phone _____ Date of Birth _____ Grade Applying for _____

II. Parent Information

Father's Name _____ Mother's Name _____

Address _____ Address _____

Place of employment _____ Place of employment _____

Work phone# _____ Cell # _____ Work phone# _____ Cell# _____

E-Mail _____ E-Mail _____

Why would you like your child(ren) to attend ACA?

III. Education Information:

List all schools attended, prior to ACA:

Name of School	Address	Phone #	Grades
<u>Attended</u>			

HAS YOUR CHILD....

Yes___No___1. Ever been diagnosed as having a learning disability or physical problem that affects his/her academic achievement? *(If yes, please explain.)*

Yes___No___2. Ever received special tutoring? *(If so, please indicate subjects)*

Yes___No___3. Ever repeated a grade? *(If yes, what grade?_____)*

Yes___No___4. Ever had any scholastic difficulty? *(If yes, please explain.)*

Yes___No___5. Ever had any discipline problems? *(If yes, please explain.)*

Yes___No___6. Ever been suspended from school? *(If yes, please explain on separate paper.)*