

APPLICATION FOR ADMISSION -- PRINCE OF PEACE ACADEMY

Grade _____ School Year _____

Full Name of Student _____ Male _____ Female _____

Address _____ School District _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

Last School Attended/Location (City) _____ Years Attended _____

Has Student ever been Dismissed or Suspended from School? _____ When? _____

Does Student have any Special Needs? _____

List any Dietary Restrictions or Allergies _____

Father's Name _____ Occupation _____

Employer (Name, Address, Phone) _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Occupation _____

Employer (Name/Address/Phone) _____

Home Phone _____ Cell Phone _____

Email Address _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Student Lives With: Both Parents _____ Mother _____ Father _____ Step-Parent _____

Other Arrangements _____

Second Address/Contact Information if Student Does not Reside with Both Parents:

Name/Phone Family Physician/Dentist in the Event of an Emergency:

Health Insurance Company _____

Church Affiliation (LCMS South School District Data) _____

| Other Children in Family | Date of Birth | Grade |
|--------------------------|---------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In case the school is unable to contact emergency numbers, the school is authorized to secure medical care for student.

I am interested in my child studying the Bible daily. If accepted, we will abide by all rules and regulations of the school current and future. We have read and do understand all costs relating to tuition and fees.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Name/Contact Information of Friends/Relatives who may have an interest in Prince of Peace Academy:

