

OPEN DOOR CHRISTIAN ACADEMY ELEMENTARY AND MIDDLE SCHOOL

Student Application for Grades 1 - 8

1260 Fort Washington Avenue – Fort Washington, PA 19034 215-542-9795

Date of Application: _____ Child's Social Security # (required) _____ Sex: M F

Child's Name: _____ Phone: _____
(Last) (First) (M.I.)

E-Mail Address: _____ Birth Date: _____

Street Address: _____ Birthplace: _____

_____ (Zip Code) Birth Cert. #: _____

Church Attended: _____ School District: _____

Church Address (street/city/zip): _____

PLEASE NOTE: First grade students must be 6 years old by **OCTOBER 1.**

Grade to be entered: _____ Date to be entered: _____

Has this child repeated a grade? _____ If so, which grade? _____

LIST ALL PREVIOUS SCHOOLS ATTENDED AND ATTACH RECENT COPIES OF REPORT CARDS/TEST RESULTS/ETC.

NAME OF SCHOOL ADDRESS YEAR GRADE PRINCIPAL

Has your child ever received any educational and/or psychological testing? Yes or No (Circle One)
Have any special needs been professionally identified concerning your child? Yes or No (Circle One)
Has your child had any history of a physical condition or a learning disability which could require professional attention which ODCA may or may not be equipped to accommodate? Yes or No (Circle One)
If you have answered "yes" to any of the above questions, use back of this paper to explain. (If this information is confidential, please indicate that you would like to speak directly with the Headmaster concerning this issue.)

In making this application, I understand that:
An application fee must accompany this completed form. This fee is not refundable and is not deductible from tuition payments. An Agreement clarifying options available for tuition payments will be sent for your consideration and signature. Financial obligations must be kept current until such time as the school is notified, *in writing*, of a child's withdrawal from the school.

Signature of person completing application Relationship to applicant

Name of Father (please print) Name of Mother (please print)

<p><u>For Official Use Only:</u></p> <p>Application Fee Paid _____ Applicant Interviewed _____ Applicant Tested _____ Transcript Requested _____ Transcript Received _____ Pastoral Reference Requested _____ Pastoral Reference Received _____ Medical Records Received _____ Transportation _____</p>	<p>NOTICE OF NONDISCRIMINATORY POLICY</p> <p>Open Door Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.</p>
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Father: Mr., Dr., Rev. _____

Address: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Position: _____

Work Address: _____

Work Phone: _____

Education: High School: _____ years

College: _____ years

Married _____ Single _____

Widowed _____ Separated _____

Divorced _____ Remarried _____

Have you personally received Jesus Christ as your Savior and Lord? _____

Names of all children:

Mother: Mrs., Dr., Ms. _____

Address: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Position: _____

Work Address: _____

Work Phone: _____

Education: High School: _____ years

College: _____ years

Married _____ Single _____

Widowed _____ Separated _____

Divorced _____ Remarried _____

Have you personally received Jesus Christ as your Savior and Lord? _____

Date of Birth: _____ Present or highest grade in school: _____

Are you applying for the admission of all your school-age children? If not, please state reason:

Why do you want your child(ren) to attend Open Door Christian Academy? _____
