



401 W. Poplar St.
Elizabethtown, KY 42701 (270) 234-8174

Office Use
Date:
Grade:
Received \$
Cash Check

All information must be provided for this application to be considered.

Applying for Grade: for year: Date of Application

Name of Student Name child to be called

Age as of Oct 1st, 2010 Sex Race Birth date SS#

1. Natural Father's Name & Address

Street City State Zip

Telephone: Home: Business: Cell:

Occupation: Company Position or Title:

Nature of Business

Address of Business

2. Natural Mother's Name & Address

Street City State Zip

Telephone: Home: Business: Cell:

Occupation: Company Position or Title:

Nature of Business

Address of Business

3. E-mail address (to be used for ECA communication only):

4. Emergency Contacts: (other than parents)

Name Relationship Phone

5. Pick Up: (In addition to those listed above, list others who have permission to pick up your child. They must have proper ID.)

Name Relationship Phone

The Elizabethtown Christian Academy, Inc., its agency, subsidiaries, and institutions shall offer all programs and services without regard to race, color, national or ethnic origin, gender, or age and shall not discriminate on any of these bases in the administration of educational policies or admissions.

Marital Relationships (check all that apply)

6. Natural parents are: _____ together at home _____ separated _____ legally divorced
_____ natural mother deceased _____ natural father deceased

7. If parents are divorced or separated, who has legal custody of the child?

8. Is either parent forbidden by court from having equal access to the child or the school records? _____
(Written documentation is required prior to enrollment.)

9. Name of legal guardian if other than parent:

10. Are both parents aware of this application? _____ Yes _____ No

11. If students does not live with both the natural father and mother, student lives with:
_____ Natural mother only _____ Natural mother & stepfather _____ Guardian
_____ Natural father only _____ Natural father & stepmother _____ Other

Stepparent's name _____ Occupation: _____
Business Address: _____ City _____ Zip _____ Phone _____

12. Church attending: _____ Phone _____
Address: _____ Pastor: _____

School History:

If this is your child's first school experience, please check here. _____

List all schools previously attended:

13. School	Full Address & Zip	Dates	Grades	Type of School*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Type of school , please list Public, Private, Home, etc.

14. Has your child ever been suspended? _____ expelled _____ or asked to withdraw? _____
(If yes, please give details on a separate sheet of paper with the principal's name & address of the school.)

Please circle answer

15. Has your child ever been diagnosed with any type of learning difficulty? Yes No

16. Has your child ever been recommended for tutoring or referred to a resource teacher? Yes No

17. Is your child presently taking medication for any medical or learning problem? Yes No

18. Has your child ever repeated a grade? _____ If so, state what grade and the date: _____

19. If your child has previously been in school, why is he/she withdrawing from his/her present school?

20. Why have you selected Elizabethtown Christian Academy for your child's education?

21. Where did you receive information about Elizabethtown Christian Academy? _____ Church _____ Friend _____ Radio
_____ Newspaper _____ Phone Book _____ Television _____ Internet _____ Other _____

Were you referred to ECA? _____ Yes _____ No. If so, please list the name or names of who referred you:

Complete health records must be received as a part of the application. A recent physical exam & vision screening are also required for all Kindergarten students and all new students to the state of KY. If you are a KY resident, an original from your doctor or a photocopy from school records is acceptable.

22. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____
Applicant's Physician _____ Phone _____

23. A non-refundable registration fee of \$100 must accompany this application to reserve a position at ECA. If not accepted, \$75 will be refunded. All students are on a 90-day social and academic probation from their entrance date.