



APPLICATION FOR ADMISSION

Please include with this application a non-refundable fee of \$75 made payable to Mays-Woodson Christian Academy.

(Please print clearly)

Application for: **Grade** _____ for the school year beginning in the Fall of _____ (year)

Full legal name of applicant _____

Applicant's Social Security # _____

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

School currently attending _____

Address of School _____

Parent or Guardian _____

Mr. Mrs. Ms. Dr. Other _____

Address _____

City, State, Zip Code _____

Home Phone Number _____

E-mail address: _____

Position/Occupation _____

Employer _____

Business phone _____

Cell phone _____

Parent or Guardian _____

Mr. Mrs. Ms. Dr. Other _____

Address _____

City, State, Zip Code _____

Home Phone Number _____

E-mail address: _____

Position/Occupation _____

Employer _____

Business phone _____

Cell phone _____

With whom does this applicant reside? Please check all that apply.

Both of above _____ Father _____ Mother _____ Guardian(s) _____

Grandparents(s) _____ Step Parent(s) _____ Other _____

Religious affiliation of parent _____ of applicant _____

Other children in the family

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Signature of Parent or Guardian _____ Date _____