

Excel Christian School

Motivating students to find joy in the pursuit of spiritual, moral, relational, and academic excellence.

Admission Application

Student		
Applying for Grade: _____	School Year: _____	Application Date: ____/____/____
Student's Legal Name: _____	First	Middle Last
Preferred Name: _____	Age: _____	Date of Birth: ____/____/____ Gender: _____
Address: _____	Street	City State Zip Code
Student's Phones	Home: (____) _____	Cell: (____) _____
Parents' marital status: _____	Student lives with: _____	Name Relationship
Church currently attending: _____		
How did you hear about Excel Christian School? _____	Website	Friend/Relative Yellow Pages Other
Parent / Guardian		
Name: _____	First	Middle Initial Last
Address: _____	Street	City State Zip Code
Phones: Home: (____) _____	Work: (____) _____	Cell: (____) _____
Relationship to student: _____	Email: _____	
Occupation: _____	Employer: _____	
Other Parent / Guardian		
Name: _____	First	Middle Initial Last
Address: _____	Street	City State Zip Code
Phones: Home: (____) _____	Work: (____) _____	Cell: (____) _____
Relationship to student: _____	Email: _____	
Occupation: _____	Employer: _____	
Pick Up Authorization		
The following people (not listed as guardians) are authorized to pick up my child:		
_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship
Send all official school correspondence to address of: _____Student _____Parent/Guardian _____Other Parent/Guardian		