

Kerr Legacy Christian Academy Application
(Child is not enrolled until book fee is paid)

Child's Name : _____ Birth Date : _____ Male () Female ()

Home Address : _____ Home Phone : _____

City/State of Birth : _____ S.S.# : _____

Previous School: _____ Grade Completed : _____

Father/Step/Guardian's Name : _____ Cell Phone : _____

Employer : _____ Business Phone : _____

Mother/Step/Guardian's Name : _____ Cell Phone : _____

Employer : _____ Business Phone : _____

Other Children & Ages in the Family : _____

Does your child have problems with vision, hearing or speech or any learning or behavioral problems?
Please explain ; _____

Are there any handicaps, impediments, allergies (including milk), illness, conditions, previous serious illness or injuries, hospitalizations in the past 12 months, long term or continuous use of medications, special problems or needs etc. that have troubled your child and which we need to be aware or concerned for your child's best interest? Please briefly explain : _____

Does your child have any indications of ADD/ADAH, tantrums, "out of control" behavior requiring medications for any of these conditions? _____

Further comments you feel might be helpful : _____

Doctor's Name, address and phone number : _____

Date of Admission _____ Date of Book Fee Paid _____

Signature Parent/Guardian

Date