



Servant Leaders  
Christian Academy  
**Student Enrollment Form**

<b>I. STUDENT INFORMATION</b>			
<b>1.</b> Last name:	First:	Middle	
<b>2.</b> Birthdate:	<b>3.</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>4.</b> Student email address (optional):	<b>5.</b> Student phone (optional):		
<b>6.</b> Household address:	City, State:	ZIP Code:	
<b>7.</b> Mailing address (if different from household):	City, State:	ZIP Code:	
<b>8.</b> Primary phone:	<b>9.</b> City, State, Country of birth:		
<b>10.</b> Current Caregiver (check one): <input type="checkbox"/> Parent/legal guardian <input type="checkbox"/> Other adult (not legal guardian, requires Caregiver Affidavit)			
<b>11.</b> Foster Living Situation: Check one if applicable: <input type="checkbox"/> Family Home (FFH) <input type="checkbox"/> Group Home (FGH) (FFA) <input type="checkbox"/> Formal Kinship Care (including NREFM)	<b>12.</b> Temporary/inadequate residence due to financial hardship: Check all that apply: <input type="checkbox"/> Living with someone/Doubling up <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered <input type="checkbox"/> Runaway Youth		
<b>13.</b> Other Living Situation: <input type="checkbox"/> International Exchange <input type="checkbox"/> Residential facility <input type="checkbox"/> Hospital (not state hospital)			

<b>II. CONTACT INFORMATION</b>			
	<b>18. Parent/Guardian/Contact</b>	<b>19. Parent/Guardian/Contact</b>	<b>20. Emergency Contacts (other than already listed)</b>
Full name			
Home Phone			
Cell Phone			
Work Phone			
Email address			
Live with a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide address here:  <input type="checkbox"/> OK to release student