



Covenant Academy

Exists to inspire and equip
authentic leaders for Christ

Application Form

Please Print All Information

Date of Application: _____

Gender: Male / Female

Applicant's Name: _____ Name Used: _____
Last First

Home Address: _____ SSN: _____

City, State, Zip Code: _____ Home Telephone: _____

Date of Birth: _____ Current Grade: _____

Ethnicity of Student: African American Anglo Hispanic Other _____

Age on September First: _____ First Language Spoken at Home: _____

Grade Applying For: _____ Semester: Fall Spring Year: _____

RELATIONS

Mother's Name: _____

Home Address: _____ SSN: _____

City, State, Zip Code: _____ Home Telephone: _____

Place of Employment: _____ Title: _____

Business Address: _____ Business Telephone: _____

Contact Information: cell phone: _____ other number(s): _____

e-mail address: _____

Marital Status: _____

Legal Custody: _____

Father's Name: _____

Home Address: _____ SSN: _____

City, State, Zip Code: _____ Home Telephone: _____

Place of Employment: _____ Title: _____

Business Address: _____ Business Telephone: _____

Contact Information: cell phone: _____ other number(s): _____

e-mail address: _____

Marital Status: _____ Legal Custody: _____

Step-Parent/Guardian Information:

Full Name: _____

Home Address: _____ SSN: _____

City, State, Zip Code: _____ Home Telephone: _____

Place of Employment: _____ Title: _____

Business Address: _____ Business Telephone: _____

Contact Information: cell phone: _____ other number(s): _____

e-mail address: _____

Does the student live at home? Yes No If not, where? _____

Applicant lives with (check all that apply):

___ Father ___ Stepfather ___ Legal Guardian

___ Mother ___ Stepmother ___ Other

Applicant's (check any that apply):

___ Father is deceased ___ Parents are divorced

___ Mother is deceased ___ Parents are separated

If parents are divorced, to whom should correspondence and billing be sent? Name: _____

LAST SCHOOL ATTENDED: _____ District (if applicable) _____

Address: _____

City, State, Zip Code: _____

Principal or Head of School: _____ Telephone: _____

Describe any special circumstances that have affected candidate's performance in school. (i.e. illness, physical requirement):

Other Schools attended:

NAME OF SCHOOL	LOCATION	GRADES	DATES
----------------	----------	--------	-------

What special abilities does your child have (i.e. athletic, musical, or academic, etc.)? _____

Check special program(s) your child was enrolled in: Bilingual Gifted and Talented
 English Second Language Special Education Chapter I Migrant Speech Therapy

Non-family References with permission to contact if needed:

Name: _____ telephone: _____

Address with city, state, zip: _____

e-mail address: _____

Name: _____ telephone: _____

Address with city, state, zip: _____

e-mail address: _____

Other person(s) who may pick up your child, or to notify in case of emergency:

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Please list other adults and children living in the household, indicate the relationship to the enrolling student.

Name: _____ Age: _____ Relationship: _____ School Attending: _____

Name: _____ Age: _____ Relationship: _____ School Attending: _____

Name: _____ Age: _____ Relationship: _____ School Attending: _____

MEDICAL INFORMATION

In case of emergency, the school is authorized to seek medical attention: yes no

Physician Name: _____ Telephone: _____

Preferred Hospital: _____ Telephone: _____

Insurance company: _____ Policy/Group: _____

(Please check any of the following conditions that apply to your child.)

___ Convulsive Disorder ___ Diabetes ___ Visual Problem ___ ADD or ADHD
___ Orthopedic Disability ___ Asthma ___ Hearing Problem ___ Other _____

Has the candidate had other health problems: Physical Emotional If yes, comment: _____

My child is allergic to: _____ What type of reaction? _____

Does your child take medication on a regular basis? Yes No If yes, explain: _____

Church Attendance:

Name of church student attends: _____ telephone: _____

Name of church family attends (if different): _____ telephone: _____

Family denominational preference: _____

How did you learn about Covenant Academy: (check all that apply)

___ website
___ newspaper
___ radio
___ banner advertisement
___ church if so, name of church _____
___ referred by _____

_____ other _____

1. Has candidate ever been evaluated and/or counseled for learning disabilities? If so, describe the results and any accommodations required. Please attach any documentation available. _____

2. Has candidate ever been evaluated and/or counseled for emotional/social disorders? If so, describe the results and any accommodations required. Please attach any documentation available. _____

3. Describe any physical health issues that require some attention or accommodations of the teacher.

4. Has candidate ever been suspended or expelled from school? Please explain. _____

5. List candidate's scheduled extra curricular activities. e.g. music lessons, scouting, Sunday school, etc.

Which of these does s/he especially enjoy? _____

6. How does candidate choose to spend free time? _____

7. What subject(s) would you identify as the candidate's academic strengths? _____

8. What might be his/her weaknesses? _____

9. List any subject and in what grade candidate has received tutoring. Describe the results. _____

10. What is the candidate's bedtime? _____ What time does the candidate wake up? _____

11. Does the candidate eat well? _____ Are there any eating habits we should be aware of (slow eater, picky eater, etc.)? _____

12. Does candidate have any fears or phobias? _____

13. What methods of discipline are used at home? _____

Are they effective? _____

14. What expectations do you have for the candidate this school year? (academic, social, etc.) _____

15. Please give your reasons for choosing Covenant Academy. (Attach an additional sheet if necessary)

Are you interested in an afterschool program provided by the school? yes no

Has any immediate family member ever been convicted of a felony? _____

Has any immediate family member ever been placed on adult probation? _____

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I AM ENCLOSING THE NON-REFUNDABLE APPLICATION FEE OF \$250.00. (If application is *denied*, \$200 will be refunded.)

SIGNATURE

DATE

Please attach the following information to complete this application:

_____ Release of Records (to last school) signed by parent

_____ Shot Records

_____ Birth Certificate

_____ Last Report Card (if applicable)

_____ Application Fee of \$250.00

_____ Copy of Child's Social Security Card

_____ Code of Conduct (6-8 grades only)

_____ Student Questionnaire and Essay (6-8 grades only)

_____ Computer and Internet Agreement (6-8 grades only)

Please Return Application to:

Covenant Academy

Office of Admissions

P.O. Box 290046

Kerrville, Texas 78029

Office (830) 777-6114

NOTICE OF NON-DISCRIMINATORY POLICY

Covenant Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, athletic, and other school-administered programs.