



Covenant Academy

Exists to inspire and equip
authentic leaders for Christ

“Little Knights” Pre-School 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: _____

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

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: _____

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

6. Does candidate have any fears or phobias? _____

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

Are they effective? _____

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 \$50.00

SIGNATURE

DATE

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.