

GENESIS ACADEMY
REGISTRATION FORM

APPLICATION/REGISTRATION DATE: _____ ENTRY DATE: _____

Student's Name: _____ M _____ F _____
Last first middle

Date of Birth: _____ Place of Birth _____
Day Mo Yr

Home Address: _____

Telephone # (H) _____ (C) _____ E-mail address: _____

Last School attended: _____

Mother's Name _____ Occupation _____

Employer _____ Work Tel#: _____

Father's Name: _____ Occupation: _____

Father's Address (if different from above): _____

Father's
Employer _____ Work Tel#: _____

Student lives with: _____ Mother _____ Father _____ Other
(please state whom)

Other children in the family:

Name _____ Age _____ Name _____ Age _____

Has the student ever been suspended or expelled from any school or refused admission
to any school? _____ Yes _____ No

If Yes, explain _____

MEDICAL INFORMATION

Details of any Medical Condition/s: _____

Doctor's Name & Tel. # _____

INSTRUCTIONS IN CASE OF AN EMERGENCY WHICH MAY REQUIRE MEDICAL
ATTENTION: _____

RELIGIOUS INFORMATION

Church Affiliation: _____

Church Address: _____

Pastor's Name _____ Tel. #. _____

SCHOOL INFORMATION

What is the nature of your child's learning difficulties?: _____

Does your child have any behavioural difficulties?: _____ Yes _____ No

If yes, please describe. Be specific. _____

Has your child ever had: Special Tutoring _____ Speech Therapy _____

Psychological Evaluation _____

OTHER INFORMATION

Briefly describe your child's character, personality and interests: _____

State the reason why you want your child to attend Genesis Academy:

Parent's/Guardian's Signature _____

Date: _____

Form Checked By: _____	Signature: _____
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