

Application for Admissions

Application for Grade _____

Applicants Name: First, Middle, Last

DOB

Address

City

State

Zip

Phone Number

Alt. Phone

Email Address

| | | | |
|--|--|--|--|
| Father Name | | Mother Name | |
| Address (if different from child) | | Address (if different from child) | |
| City, State, Zip | | City, State, Zip | |
| Phone (if different from child) | | Phone (if different from child) | |
| Place of Employment | | Place of Employment | |
| Position | | Position | |
| Business City/State | | Business City/State | |
| Business Phone | | Business Phone | |
| Cellular Phone | | Cellular Phone | |

Parents are:

Married Separated Divorced Single *Joint custody

Father deceased Mother deceased Father remarried Mother remarried

*Sole custody

*Documentation of custody agreement is required.

If parent is remarried:

Name

Address

Applicant lives with

Person responsible for tuition and fees

Other children in the family:

Name:

Relationship:

Present grade in school:

Relatives or friends who are attending or have attended Springing Up CDC or The Cornerstone Academy:

Cornerstone Academy does not discriminate against any person on the basis of race, color, gender, national origin, disability, religion, veteran status, or age.