



## STUDENT ENROLLMENT APPLICATION

*Completion of this application does not guarantee acceptance*

### Please provide the following with this application:

- \$100.00 (non-refundable) application fee per student
- A copy of the student's most recent report card, achievement test, and if applicable, behavioral/psychological evaluations
- A copy of the student's immunization records
- Birth Certificate
- Social Security Card

### APPLYING FOR

#### KCA Enrollment:

- Five Full Days (KCA)
- Four Full Days (Friday – work-at-home)
- Pre-K3/4

#### Homeschool Partnership:

- Four Mornings (Friday – work-at-home)
- Four Afternoons (Monday-Thursday)
- Enrichment Class (How many\_\_\_\_)

### REQUESTED START DATE

August

Other \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
*(Used only for census and statistical reporting.)*

Current Grade: \_\_\_\_\_ Grade for which the Student is Applying: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Current School: \_\_\_\_\_  
(Name) (Street) (City) (State) (Zip Code)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Has your child ever been suspended, expelled, or asked to withdraw from any school?  Yes  No  
If "yes" please explain on a separate sheet of paper, and include the school's contact information.

### **SPECIAL LEARNING NEEDS**

Has your child ever needed special attention for behavior or academic issues at home or in a school setting?

Yes  No If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever repeated a grade?  Yes  No If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been in a gifted or accelerated program?  Yes  No If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been recommended for any of the following? (Please check all that apply.)

Individual Education Plan  Diagnosis of Learning Difference  English Language Learner  504 Plan

If your child has an IEP, please include the IEP and Educational Psychological Evaluation.

### **PARENT/GUARDIAN(S)**

Marital status of student's parents:  Married  Separated  Divorced  Single  Other: \_\_\_\_\_

Student resides with:  Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

#### **Father/Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\* Email will be used in response to this application. It will not be sold or shared with others.

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

#### **Mother/Guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\* Email will be used in response to this application. It will not be sold or shared with others.

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

**Non-custodial Parent(s):**  Father  Mother

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Is there a court order on file:  Yes  No

If "yes," please provide a copy and explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the non-custodial parent assisting with tuition?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Information the non-custodial parent should receive:

School news  Report card/academic progress reports  Attend conferences  Other: \_\_\_\_\_

School information via email

## **OTHER FAMILY MEMBERS**

Please list the names and grades of the student's siblings: \_\_\_\_\_

\_\_\_\_\_

# REASONS FOR CHOOSING KEYSTONE CHRISTIAN ACADEMY – YORK

(Use separate sheet if necessary)

Parent Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Response (If entering grades 5-8): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHURCH BACKGROUND

Church attendance is not required for enrollment to KCA, however it is helpful for us to know the spiritual background from which our students come.

Do you attend church?  Yes  No  Occasionally

Denomination/Religion: \_\_\_\_\_

Local Church Name (e.g., St. Rose of Lima, Calvary Baptist, St. John's Lutheran, etc.): \_\_\_\_\_

\_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Telephone: \_\_\_\_\_

Church Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Is there any other significant information, not mentioned earlier of which you would like to make us aware?

Yes  No If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

## Signature of Parents' Agreement

I am familiar with the parent/ student handbook of Keystone Christian Academy and I am in agreement with its mission, both spiritually and academically. I will support the administration and the faculty in carrying out these policies and procedures.

I understand that paying my tuition only covers a portion of the cost of my child being educated at KCA. I will pay my tuition promptly and encourage others to support the school as well.

The information given in this application is true to the best of my knowledge and I understand that misrepresentation or omission could result in dismissal.

### *Notice of Nondiscriminatory Policy*

Keystone Christian Academy practices a Biblical philosophy of admissions, not discriminating on the basis of race, color, national or ethnic origin, or economic factors in administration of its educational policies, admission policies, scholarship programs, athletic, and other school-directed programs.

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**KEYSTONE**  
CHRISTIAN ACADEMY  
ACT JUSTLY LOVE KINDNESS WALK HUMBLY WITH GOD

717.850.0943  
705 South Ogontz Street  
York, PA 17403

### RECORDS RELEASE

TO: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Student's Current School

FROM: Keystone Christian Academy Fax Number: 717.850.0944

RE: Records for \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name D.O.B.: \_\_\_\_\_

KEYSTONE CHRISTIAN ACADEMY ADMINISTRATION USE ONLY

- Requesting **COPIES OF records** for preliminary use. Student has not yet been accepted: Please send most recent report card, most recent achievement tests, discipline notices, behavior and psychological reports.
- Requesting **ORIGINALS of student** records as student has been accepted and enrolled at Keystone Christian Academy beginning \_\_\_\_\_. Please send most recent report card, most recent achievement tests, discipline notices, behavior and psychological reports.

Please call 717.850.0943 or email Mrs. Pat Eger at peger.kca@gmail.com with questions regarding the information being requested.

**As the parent and/or legal guardian, I give my permission for the school listed above to release records to Keystone Christian Academy, 705 South Ogontz Street, York, PA 17403.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_