

Date ____/____/____
For School Year

ENROLLMENT FORM
Open Door Christian Academy

OFFICE USE ONLY
 Paid Full FACTS
Homeroom: _____

Re-enrollment New Enrollment

*Student Name (Last, First, Middle)

Called By

*Grade to Enter

*Mailing Address (Street, City, State, Zip)

*Email Address

Asian Black Hispanic
 White Other _____

*Home Phone

Male/Female

*Gender

*Birth Date

*Race

*Father's Name

Father's Cell Phone

*Mother's Name

*Mother's Cell Phone

*Father's Employer

Father's Work Phone

*Mother's Employer

*Mother's Work Phone

*Father's Driver's License #

*Mother's Driver's License #

*Father's Emergency Phone/Email

*Mother's Emergency Phone/Email

Please list an emergency number and email to advise you of changes due to extreme weather or other emergencies that may arise.

Child's Primary Residence: Both Parents Mother Father Other _____

*Responsible Adult to Contact if Primary Contact Cannot Be Reached

*Contact Information

(continued on other side)

Date ____/____/____
For School Year

ENROLLMENT FORM
Open Door Christian Academy

OFFICE USE ONLY
 Paid Full FACTS
Homeroom: _____

Re-enrollment New Enrollment

*Student Name (Last, First, Middle)

Called By

*Grade to Enter

*Mailing Address (Street, City, State, Zip)

*Email Address

Asian Black Hispanic
 White Other _____

*Home Phone

Male/Female

*Gender

*Birth Date

*Race

*Father's Name

Father's Cell Phone

*Mother's Name

*Mother's Cell Phone

*Father's Employer

Father's Work Phone

*Mother's Employer

*Mother's Work Phone

*Father's Driver's License #

*Mother's Driver's License #

*Father's Emergency Phone/Email

*Mother's Emergency Phone/Email

Please list an emergency number and email to advise you of changes due to extreme weather or other emergencies that may arise.

Child's Primary Residence: Both Parents Mother Father Other _____

*Responsible Adult to Contact if Primary Contact Cannot Be Reached

*Contact Information

(continued on other side)

Name of Person(s) Authorized to Take Child (other than parents) Relationship Phone
Name of Person(s) Authorized to Take Child (other than parents) Relationship Phone
*Physician's Name *Physician's Number

Health Problems (if any)

*School Attended Last Year City/State Phone

*Has this student previously attended Open Door Christian Academy? Yes No
If yes, circle grades K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Give names of members of student's immediate family who have attended ODCA and their relationship to the student.

Reason for attending: I attended ODCA Referred Academics Other _____
How did you hear about ODCA? Website Facebook Mailer Other _____

*Church you now attend City/State

VERIFY THAT ALL () FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW, AND THEN SIGN*
*Statement of Cooperation

In making application for my child, I desire to have him complete this school year * ____ - ____ . It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of Open Door Christian Academy. I further agree to indemnify and hold Open Door Christian Academy harmless for any and all liability that may result from my child's attending or participating in all activities of Open Door Christian Academy.

*Parent Signature _____ Date _____

Name of Person(s) Authorized to Take Child (other than parents) Relationship Phone
Name of Person(s) Authorized to Take Child (other than parents) Relationship Phone
*Physician's Name *Physician's Number

Health Problems (if any)

*School Attended Last Year City/State Phone

*Has this student previously attended Open Door Christian Academy? Yes No
If yes, circle grades K3 K4 K5 1 2 3 4 5 6 7 8 9 10 11 12

Give names of members of student's immediate family who have attended ODCA and their relationship to the student.

Reason for attending: I attended ODCA Referred Academics Other _____
How did you hear about ODCA? Website Facebook Mailer Other _____

*Church you now attend City/State

VERIFY THAT ALL () FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW, AND THEN SIGN*
*Statement of Cooperation

In making application for my child, I desire to have him complete this school year * ____ - ____ . It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of Open Door Christian Academy. I further agree to indemnify and hold Open Door Christian Academy harmless for any and all liability that may result from my child's attending or participating in all activities of Open Door Christian Academy.

*Parent Signature _____ Date _____