

# Coastal Academy

## Admission Application

COMPLETE ONE APPLICATION PER STUDENT

Student's Full Name \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell #1 ( ) \_\_\_\_\_ Cell #2 ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

I  do  do not give permission for my email address to be published in the school directory

Student's Date of Birth \_\_\_\_\_ Student's Present Age \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Is your child functioning at two or more levels below the age appropriate grade in any subject or currently following an Individualized Education Program (IEP)? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe any learning disabilities or other special needs which this student has \_\_\_\_\_

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Describe any special skills or interests which the parent/guardian is willing to share with the Academy \_\_\_\_\_

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Current Church Affiliation \_\_\_\_\_

*As the parent/guardian of the above named child, I hereby certify that I heartily affirm and agree with the Statement of Faith and Educational Philosophy of Coastal Academy, as stated in the Coastal Academy Handbook.*

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_