



Asbury Christian School Application Form

***Please note this does not guarantee your
enrollment at Asbury Christian School**

Student Information

School Year 2023-2024

Today's Date: ____/____/____

Last Name: _____ First Name: _____ Middle Name:

Date of Birth: ____/____/____

Grade Level: _____

Gender Male: ____ Female: ____

Parent/Home Information (Where Student Lives)

Gender Male: ____ Female: ____

Title (circle): Mr. Mrs. Ms. Miss.

Marital Status (Circle): Married Single Separated Divorced Widow Step-Parent
Guardian

Parents First Name: _____ Last Name: _____

Relationship to student: _____

Occupation: _____

Street Address: _____ City: _____ State: _____

Zipcode: _____

Cellphone: _____

Email: _____

Parent Spouse/Other Adult (Living at the Above Address)

Gender Male: ____ Female: ____

Title(circle): Mr. Mrs. Ms. Miss.

Marital Status(Circle): Married Single Separated Divorced Widow Step-Parent
Guardian

First name:_____ Last Name:_____

Relationship to Student:_____

Occupation:_____

Cellphone:_____

Email:_____

Parent (Not Living with Student)

Gender Male:_____ Female:_____

Title(circle): Mr. Mrs. Ms. Miss

Marital Status(Circle): Married Single Separated Divorced Widow Step-Parent
Guardian

Parents First Name:_____ Last Name:_____

Relationship to Student:_____

Street address:_____ City:_____ State:_____

Zipcode:_____

Occupation:_____

Cellphone:_____

Email:_____

Who has legal custody of child?_____ (Legal documentation must
be provided for a court ordered custody)

Additional Student Information

Please list your child's two previous
schools:_____/_____

Has the student failed a class (D or below)? Yes_____ No_____ If yes, which class?

Has the student failed a grade? Yes _____ No _____ If yes which
grade(s):_____

Has the student failed a subject? Yes _____ No _____ If yes which subject(s) _____

Has the student ever been dismissed from a school? Yes _____ No _____ If yes please explain _____

Does the student have any disciplinary actions in his/her previous school? Yes _____ No _____ if yes please explain _____ (proof required)

Does the Student have any Unique Abilities? Yes _____ No _____ if yes please explain _____

Does the student have a therapist? Yes _____ No _____ If yes please explain _____

Will the therapist accompany the student on campus during school hours? _____

Parent Signature: _____

OFFICE USE ONLY: Approve: _____ Deny: _____

Principal Signature: _____ **Date:** _____

Notes: