

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.