

OSBY CHRISTIAN ACADEMY
APPLICATION

Entrance Date: _____ Withdrawal Date: _____

Date of Application: _____ **School Year:** _____

Student's Name: _____
(First) (Middle) (Last)

Date of Birth _____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Guardian Information

With whom does the child reside? Mother / Father / Both Parents / Legal Guardian
Marital Status: Single Married Divorced Separated Widowed

Mother/Guardian's Name: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Mother/Guardian's Employer: _____

Employer's Address: _____

Work Phone: _____

Father/Guardian's Name: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Father/Guardian's Employer: _____

Employer's Address: _____

Work Phone: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

My child may be released to the following person(s):

Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

Relationship to Parent(s)/Guardian(s): _____

Name: _____ Address: _____

Phone Number: _____ Relationship to Child: _____

Relationship to Parent(s)/Guardian(s): _____

Child's Physician or Clinic Name: _____

Phone Number: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at OCA: _____

My child is currently on medication(s) prescribed for long-term continuous use and /or has the following pre-existing illness, allergies, disabilities, or health concerns: _____

Church Information

Name of Church: _____

Pastor's Name: _____

Pastor/Church's Phone Number: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of emergency involving my child, and if OSBY Christian Academy is unable to contact me (us) immediately: I (We) hereby authorize any needed emergency medical attention and care. I (We) shall assume responsibility for all medical expenses incurred during the treatment of my child.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____