

**Round Grove Christian Academy**  
**Application for Admission/Enrollment**

PARENTS' NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ DAYTIME TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Names and Birthdates (Month/Day/Year) of children wishing to enroll at Round Grove:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>MALE/FEMALE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why do you wish to enroll your child(ren) at Round Grove Christian Academy?

Please list three character/academic references that you have known for at least three years who are not related to you.

<u>NAME</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any school(s) that your child(ren) have attended as well as locations

\*\*Please return this completed application to Round Grove Christian Academy, 877 HWY UU, Miller, MO 65707. Please enclose a deposit of: