



Covenant Christian Academy
a ministry of Covenant Community Church

Application Date: _____

School Year: _____

Membership Application

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail: _____

Please list all children living at home:

Name	DOB	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- ❖ Is the primary home educator working outside the home? _____ *If yes, use back to explain children's supervisory arrangements.*
- ❖ Does your family attend church regularly? If so, where? _____
- ❖ Number of years, if any, your family has home educated? _____
- ❖ List other home education support groups your family belongs to: _____
- ❖ Major curriculum to be used this year: _____
- ❖ What areas would you most like to see developed in your child(ren) this year? _____

- ❖ What areas will need the most help in educating your child(ren) this year? _____

- ❖ What concerns do you have about educating your child(ren) this year? _____

- ❖ List any interests of your family members, e.g. Dad-computers, mom-sculpting, etc. _____
- ❖ How did you hear about Covenant Christian Academy? _____

Covenant Christian Academy admits students of any race, color, and national or ethnic origin.