



7432 SR 50 Suite 109 Groveland, Florida 34736

(352) 429-4402

Website: www.IntegrityChristianAcademyFL.com



APPLICATION FOR ADMISSION

STUDENT INFORMATION

Name: _____ Age: _____ Sex: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Birthdate: _____ Birthplace: _____
(Home)

Grade last attended: _____ Any grade repeated: _____ Grade to Enter _____

School last attended: _____

City: _____ State: _____ Zip: _____

Has applicant ever been expelled or suspended from school? _____ When? _____

Why? _____

Does applicant have any physical or mental disabilities? (Diabetes, epilepsy, etc.) _____

FAMILY INFORMATION:

	FATHER	MOTHER
Name:	_____	_____
Home Address:	_____ _____ _____	_____ _____ _____
Phone (Home & Cell):	_____	_____
Email Address:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Work Address/Phone:	_____ _____ _____	_____ _____ _____
Marital Status:	_____	_____
Religious Affiliation:	_____	_____
Family Church:	_____	_____

Father's Signature

Mother's Signature

Date

PLEASE RETURN THIS FORM WITH REQUIRED \$100.00 NON-REFUNDABLE APPLICATION FEE.

***THE REMAINDER OF APPLICATION WILL BE GIVEN AT TIME OF REGISTRATION
PLEASE CALL (352) 429-4402 TO REQUEST AN APPOINTMENT***