

The King's Academy 2020-21 Enrollment Form Preschool, Pre-K, Kindergarten, Grades 1-8

NLSA Accredited, Missouri Non-Public School Accredited

	v you heard about u	is: Commercial	NewsprintFriend	dOther
Re-Enrollment			Date:	
Student's Name (Last)	(First)		(Commonly Called)	
Student lives with: (please check all	l that apply)			
Mother Father	_ Step-Mother	Step-Father _	Grandparent	
Student's Birth date				
Mother's name (Last)	(First)		Home Phone	
Address		City	Zip	
Home E-Mail		Cell I	Phone	
Employer		Work	Phone	
Father's name (Last)				
Address		City	Zip	
Home E-Mail			Phone	
Employer			Phone	
Does this child have any food or oth	her allergies? Yes_	No: If yes	, what?	
School District in which you reside				
Parent's Church Affiliation:		(plea	se list your home churc	h)
This form and payment of \$50 (Pre registration fee will secure a place	in The King's Aca	,	, , ,	*
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