

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:

NAME	BIRTHDATE	MALE/FEMALE

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.

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

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: