

Koinonia Academy
Application for Admission: 2007-2008 School Year

Full name of applicant _____

Male ____ Female ____ Date of Birth _____

Home Address _____

Parental Information:

Father's full name _____

Mother's full name _____

Home Address—if different than the child's address _____

Home telephone number _____

Cell phone number (optional) _____

E-mail address (optional) _____

Applicant's background:

<u>Sacraments</u>		<u>Date</u>	<u>Parish/Diocese</u>
Baptism	Yes ____ No ____	_____	_____

First Confession	Yes ____ No ____	_____	_____
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First Communion	Yes ____ No ____	_____	_____
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Confirmation	Yes ____ No ____	_____	_____
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<u>Schools Attended</u>		<u>Dates</u>	<u>Type of School, including Home-schooling</u>
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Pre-school	Yes ____ No ____	_____	_____
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Elementary	Yes ____ No ____	_____	_____
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Junior High	Yes ____ No ____	_____	_____
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Senior High	Yes ____ No ____	_____	_____
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Highest grade completed? _____

Has your child ever been asked to leave a school? Yes ____ No ____

Please explain _____

Health History

Glasses? Yes ____ No ____ Date of last eye exam _____

Does your child sometimes cover one eye or tilt his/her head to one side while reading or watching television? Yes ____ No ____

Does your child complain of vision problems or report frequent headaches?
Yes ____ No ____

Has your child had any hearing difficulties? Yes ____ No ____

If so, what is the nature of the difficulty? _____

Does your child have any health problems that interfere with his/her academic endeavors?
Yes ____ No ____

Please explain. _____

Does your child have any learning issues or disabilities that interfere with his/her academic endeavors? Yes ____ No ____

Please explain. _____

Behavior, Attitudes, and Interests

Does your child enjoy learning? Yes ____ No ____

Please explain _____

Does your child value and practice his/her faith? Yes ____ No ____

Please explain _____

Does your child have any special interests—academic or otherwise? Yes ____ No ____

Please explain _____

Parental Information

Why do you want to enroll your child in Koinonia Academy? (Please be as specific as possible.)

Does your child want to attend Koinonia Academy? (Please be honest and explain the situation as specifically as possible.)

Do you have any questions or concerns for us? _____

What are the best days of the week and times of day for you and your child to complete the required assessment/placement testing and to participate in the required interview prior to acceptance into Koinonia Academy? (Please be as specific as you can be.)

Thank you for completing this application. Please return this form along with the \$50.00 application fee to the address given below. If your child enrolls in Koinonia Academy, the application fee will be applied to his/her tuition. Also, note that all information provided in this application will be considered confidential.

Return to: Dr. Leroy Spiller
 Director
 Koinonia Academy
 1201 South Euclid Avenue
 Bay City, MI 48706