

# Point of Grace

## Christian Academy

3610 SW 48th Avenue  
Hollywood, FL 33023  
954-649-0145



## Enrollment Form

---

### Student Information

---

Student's Legal Name \_\_\_\_\_  
Last first Middle Initial Preferred Name

Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Sex Male Female

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Is the student a United States Citizen? yes \_\_\_\_\_ No \_\_\_\_\_ Scholarship: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

---

### Family Information

---

Father/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

Home Address (if other than student's) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

Home Address(if other than student's) \_\_\_\_\_

Family/Marital relationships (check all that apply): Natural Parents are:

Together at home  Separated  Legally Divorced  Natural Mother deceased  Natural Father deceased

If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_

Is either parent forbidden by court order from having equal access to the child or the school records? \_\_\_\_\_  
**(Attach a copy of court documents.)**

---

## Academic/School History

---

School presently attending or last attended \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address

City

State

Zip

Reason for changing schools \_\_\_\_\_

Has student ever repeated a grade? \_\_\_ Yes \_\_\_ No If yes, state grade and date. \_\_\_\_\_

Has student ever failed an academic subject? \_\_\_ Yes \_\_\_ No If yes, state subject \_\_\_\_\_

Has student ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs) \_\_\_\_\_

Has student ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Has student ever had disciplinary difficulty at school? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Does student have a juvenile or arrest record? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Please indicate academic level of student's previous work \_\_\_\_\_

---

## Medical

---

Child's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List any unusual home conditions that may have affected the child:(Family deaths, frequent moving, etc) \_\_\_\_\_

Student has difficulty in: \_\_\_ Speech \_\_\_ Vision \_\_\_ Hearing \_\_\_ ADD \_\_\_ ADHD \_\_\_ Other

Does student have any allergies? \_\_\_\_\_

Does student have a current DH 3040 Student Health Examination? \_\_\_\_\_

Does student have a current DH 680 Florida Certificate of Immunization? \_\_\_\_\_

Emergency Contact information (other than parents).

_____	_____ (____)	_____ (____)	_____
Name	Relationship	Home #	Work #
_____	_____ (____)	_____ (____)	_____
Name	Relationship	Home #	Work #
_____	_____ (____)	_____ (____)	_____
Name	Relationship	Home #	Work #
_____	_____ (____)	_____ (____)	_____
Name	Relationship	Home #	Work #
_____	_____ (____)	_____ (____)	_____
Name	Relationship	Home #	Work #

---

### Spiritual

---

Do you attend church?  Yes  No Church Name \_\_\_\_\_ Pastor Name \_\_\_\_\_

Do you desire a biblical, Christ-centered education for your child? \_\_\_\_\_

Have you read our Educational Philosophy?  Yes  No

Do you desire your student to receive training according to the principles outlined in our Educational Philosophy and do you support the school in its endeavors to encourage and to guide your student in applying these to life?  Yes  No

---

Parent/Guardian Name

Parent/Guardian Signature

---

Date