

KING'S ACADEMY
 131 East Main Street
 Wrightstown, NJ 08562
 (609) 723-8216

For Office Use Only	
SS#	_____
Grade	_____
Test Date	_____
Acceptance	
Yes	<input type="checkbox"/> No <input type="checkbox"/> Conditional <input type="checkbox"/>
Date of Application	_____
Test Fee \$25.00	
Paid	_____ Due _____

A Ministry of New Life Assembly

STUDENT INFORMATION

Student's Name (Last, First, Middle)		Age	
Street Address			
City	State	Zip	
Phone Number	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate _____
School Last Attended	Grade to Enter	Phone Number	
Address	City	State	Zip
Has student been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes		What Grade? _____	Has student been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION

S S #:		
Father's Name	Employer	Work Number
S.S. #:		
Mother's Name	Employer	Work Number
Guardian	Employer	Work Number
Student Lives With	Relationship	

Other children living with the family

Name	Age	School Attending
Name	Age	School Attending
Name	Age	School Attending

CHURCH ATTENDANCE

Church Currently Attending
Name of Pastor or Chaplain
Attendance _____ Weekly _____ Monthly _____ Less