

APPLICATION FOR ENROLLMENT

Website www.myLogos.org

Phone (847) 647-9456

Address Logos Christian Academy
7280 N. Caldwell Ave., Niles, IL 60714

Checks payable to Logos Christian Academy

For Office Use Only:

Date Received _____

Fee Included \$ _____

Credit Rating Code _____

Date Interviewed _____

Date Approved _____

By Whom _____



LOGOS
CHRISTIAN
ACADEMY

STUDENT INFORMATION

Student's Name _____ Birth Date _____ School year _____ Grade _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

Father's (Guardian's) Name _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Position _____

Social Security Number _____ Driver's License Number _____

Mother's Name _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Position _____

Social Security Number _____ Driver's License Number _____

What church do you attend? _____ Are you a member? _____

How long have you been a member? _____ Which most accurately describes your church attendance?

Active in church Attend occasionally The children attend Sunday School Do not attend often

MEDICAL AND EMERGENCY INFORMATION

Friend/relative to notify in case of emergency _____ Relationship _____

Phone _____ Address _____ City _____ State _____

Does your child have any physical or emotional problem, Learning Disability, Attention Deficit Disorder, Speech, Vision, or Hearing Disorder which requires special medication or attention? _____ If **yes**, please give a brief explanation and attach copies of supporting documents (if any): _____

By signing this application I certify that I allow Logos Christian Academy to access and verify my credit history as permitted by law and as it pertains to securing the tuition for the education of the student applied for.

Signature and printed name

Date