

# Christian Institute of Arts & Sciences

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## STUDENT ENROLLMENT FORM

School Year: 20\_\_-20\_\_

Student's Full Name \_\_\_\_\_ Nick Name (if any) \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male ☐ Female ☐

Ethnicity/Race: (Check all that apply) Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian ☐  
Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Mixed ☐

E-mail address \_\_\_\_\_

Number of siblings \_\_\_\_\_ Birth Order \_\_\_\_\_ Spiritual Gift \_\_\_\_\_

Special interests or hobbies \_\_\_\_\_

Last Grade completed \_\_\_\_\_ When? \_\_\_\_\_

Has student always been home schooled? Yes ☐ No ☐

If not, list name of last school attended \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Contact person \_\_\_\_\_

Does student plan to earn High School Diploma from CIAS? Yes ☐ No ☐ Maybe ☐

Is student just taking summer courses with CIAS? Yes ☐ No ☐

Please list other information regarding the student's past history that may be of assistance to CIAS:

Is the student on any medication? Yes ☐ No ☐

If so, please specify medical information that CIAS should be aware of:

Does the school office have a copy of the following for each student's file?

Birth Certificate: Yes ☐ No ☐

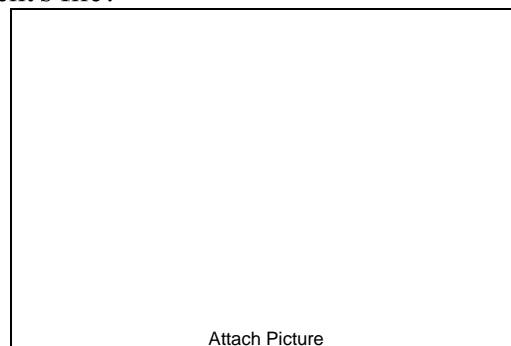
Social Security card: Yes ☐ No ☐

Physical Examination: Yes ☐ No ☐

Immunization Record: Yes ☐ No ☐

Cumulative Records: Yes ☐ No ☐

Current Student Photo: Yes ☐ No ☐



Attach Picture