## Application for Enrollment 2023-2024

Please attach a student photo and a \$125 application fee.



## Christ-centered teaching focused on a Biblical World View.

Child's Full Name:		Nickname:	Today's Date:		
Present Grade:	Grade Applying for:	Birthdate:	Child lives with:		
PARENT/ GUARDIAN		PARI	PARENT/ GUARDIAN		
Name:		Name	Name:		
Relationship to Child:		Relat	Relationship to Child:		
Home Address:		Ноте	Home Address:		
City: Zip:		City:	City: Zip:		
Home Phone:		Ноте	Home Phone:		
E-mail:		E-ma	E-mail:		
Occupation:		Occuj	Occupation:		
Employer:		Empl	Employer:		
Business Phone:		_ Busin	Business Phone:		
Cell Phone:		Cell F	Phone:		
SCHOOLS YOUR CH	ILD HAS ATTENDED (Most R	lecent)			
School:		School	School:		
Dates Attended:		Dates	Dates Attended:		
Address:		_ Addr	Address:		
City:	Zip :	City:	Zip :		
Telephone:		_ Telep	Telephone:		
Teacher:		Teach	her:		



2600 US1 S #1, St. Augustine, FL 32086 904.824.8114 (office) 904.824.8115 (fax) www.apexchristian.com mark@rhinosfl.com Please include:

\*Photo copy of birth certificate

\*Photo copy of SS card



Please list siblings a	nd schools they attend:			
Name:	DOB:	Grade:	School:	
Name:	DOB:	Grade:	School:	
Name:	DOB:	Grade:	School:	
Name:	DOB:	Grade:	School:	
		If so, which one?		
-	nild's interests, after school			
Describe three st	trengths and three strugglo	es of your child:		
How would you	expect to be involved in th	e Apex community?		
Please make any	comments that would hel	p us become better acquaint	ed with your child:	
Signature		Dat	re	

## For Parent:

Why do you want your child to attend Apex Christian Academy?				
For Student:				
Why do you want to attend Apex Christian Academy?				