



Christian Education Alliance

Parent Contact Information

Parents' Names _____ Date _____

Address _____ City _____ Zip _____

Email _____ (preferably, one that you check most often)

Home Phone _____ Cell Phone (Dad) _____ (Mom) _____

How did you hear about CEA or who referred you to CEA? _____

What church do you attend? _____ Are you active? Yes _____ No _____

Father's employer _____ Hours per week _____

Mother's employer _____ Hours per week _____

Child #1 (prospective student): **Name** _____ **Age** _____

Date of Birth _____ **Grade Next Year** _____ **Gender (please circle) M / F**

Child's Educational Background: Grades Homeschooled _____ Public _____ Private _____

Describe child's academic readiness, any concerns, learning challenges, spiritual maturity, etc. _____

Child #2 (prospective student): **Name** _____ **Age** _____

Date of Birth _____ **Grade Next Year** _____ **Gender (please circle) M / F**

Child's Educational Background: Grades Homeschooled _____ Public _____ Private _____

Curriculum used _____

Child #3 (prospective student): **Name** _____ **Age** _____

Date of Birth _____ **Grade Next Year** _____ **Gender (please circle) M / F**

Child's Educational Background: Grades Homeschooled _____ Public _____ Private _____

Describe child's academic readiness, any concerns, learning challenges, spiritual maturity, etc. _____

Names and ages of other children (1) _____ (2) _____

(3) _____ (4) _____ (5) _____