



**APPLICATION FOR ADMISSION**  
**Christian Leadership Academy**  
 3668-B Livernois  
 Troy, Michigan 48083  
 Phone 248/457-1510  
 Fax 248/457-1520

<b>For office use only:</b> Application Fee _____ Ck. # _____ Ck. Date _____ Account Number _____		
Parent/Student Form _____	Transcripts _____	Health Forms _____
Pastor Form: _____	Report Card _____	Waiver _____
Student Form (7-12): _____	Emergency Form _____	
Interview Date: _____	Interviewed by: _____	ENROLLMENT DATE: _____

**Student Information**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 School Last Attended \_\_\_\_\_ School District \_\_\_\_\_

With whom does child reside? \_\_\_\_\_ Are there any custodial difficulties? \_\_\_\_\_

List any unusual factors in the child's life. (Absence of parent, stepparent or grandparents in home, unusual accidents or serious illness, adoption, etc.) \_\_\_\_\_

Has this student:

Repeated a grade?	yes _____	no _____
Been referred for testing or placement in a special program?	yes _____	no _____
Received any special help or tutoring?	yes _____	no _____
Received any scholastic awards or honors for achievement?	yes _____	no _____
Ever been suspended or expelled from school?	yes _____	no _____
Seen a doctor/counselor/psychiatrist for social, mental or physical reasons?	yes _____	no _____
Ever been involved in legal problems or arrested?	yes _____	no _____

If you answered yes to any of the above, please explain \_\_\_\_\_

**Parent Information**

Father	Mother
Name _____	Name _____
Occupation _____	Occupation _____
Employer _____	Employer _____
Employer's address _____	Employer's Address _____
Employer's phone (____) _____	Employer's Phone _____
Cell phone: (____) _____	Cell Phone: (____) _____
E-Mail address: _____	E-Mail address: _____

Billing Information	Church Information
Name _____	Pastor's Name _____
Address _____	Church _____
City, State Zip _____	Address _____
	City, State, Zip _____

Describe your relationship with Jesus Christ:

Father \_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

Describe your involvement in your church. \_\_\_\_\_

What practices do you follow daily to provide spiritual growth for you and your children? \_\_\_\_\_

\_\_\_\_\_

Names and ages of brothers and sisters and list any schools that they attend. \_\_\_\_\_

\_\_\_\_\_

In your view, what is the purpose of Christian Education? \_\_\_\_\_

\_\_\_\_\_

State your reasons for desiring a Christian education for your child. \_\_\_\_\_

\_\_\_\_\_

What is your child's attitude toward attending CLA? \_\_\_\_\_

\_\_\_\_\_

Please share any differences you have with the school's Doctrinal Statement and /or objectives.

\_\_\_\_\_

How did you learn about Christian Leadership Academy?

\_\_\_\_\_

I understand that the application and book fees are not refundable unless the student is not accepted.

(Parent Signature) \_\_\_\_\_