



4925 Hwy 52 N, Rochester, MN 55901  
(507) 206-6633  
www.seedsofwisdom.net

"Wisdom is the principal thing; therefore get wisdom: and with all thy getting get understanding". ~ Prov. 4:7

## STUDENT ENROLLMENT APPLICATION

### STUDENT INFORMATION

Student's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

City State Zip

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Gender F M

Month/Day/Year City State

Name of school or other educational setting student attended last school year:

Have you applied to Seeds of Wisdom Christian Academy before? \_\_\_\_\_ NO \_\_\_\_\_ YES

Grade applying for: \_\_\_\_\_

### FAMILY INFORMATION

#### FATHER

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

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

Address if different from applicant's

\_\_\_\_\_

\_\_\_\_\_

#### MOTHER

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

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

Address if different from applicant's

\_\_\_\_\_

\_\_\_\_\_

Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (explain) \_\_\_\_\_

Please list the names, ages, grade, and school of other children in the family.

|      | First | Last | Age | Sex | Grade/School |
|------|-------|------|-----|-----|--------------|
| NAME |       |      |     |     |              |
| NAME |       |      |     |     |              |
| NAME |       |      |     |     |              |
| NAME |       |      |     |     |              |

Name and address of parent(s) or guardian(s) to whom grade reports and financial statements are to be sent.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

Name and address of the congregation you attend if applicable \_\_\_\_\_

Clergy's Name \_\_\_\_\_

Please provide a brief statement of why you chose Seeds of Wisdom Christian Academy for your student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                           |
|---------------------------|
| <b>EMERGENCY CONTACTS</b> |
|---------------------------|

In case of an emergency, illness, or accident related to the student, please list two additional contacts in the event that either the parent/guardian cannot be reached.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship to Student \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship to Student \_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any serious allergies or medical conditions? YES NO

If yes, please explain:

---

---

---

Does your child have any dietary concerns that we should know about? YES NO

If yes, please explain:

---

---

---

Does your student receive services for special needs or have an IEP? YES NO

If yes, please explain:

---

---

---

Has your child ever received special education services at previous schools or child care facilities?  
YES NO

If yes, please explain:

---

---

---

Share any other information that will help us better know your student:

---

---

---

I certify that the information on this application is correct and authorize the processing of this application for \_\_\_\_\_ (student's name).

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_