

APPLICATION FOR ADMISSIONS



Back Creek Christian Academy

1827 Back Creek Church Road
Charlotte, North Carolina 28213
(704)549-4101

Student Name: _____
Phone: _____
Email: _____
Grade: _____
Date: _____ Requested entry date: _____

Mission Statement

Back Creek Christian Academy strives to prepare students to use their unique gifts to serve God in an ever-changing world by providing an excellent academic education founded on the unchanging principles and perspectives of the Bible and presented in a structured and yet nurturing environment.

Nondiscriminatory Policy as to Students

Back Creek Christian Academy admits students of any race, color, and national ethnic origin to all the rights, privileges, programs and activities made available to students at the School. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies

STUDENT:

Student's Name: _____
Last First Middle Preferred name Grade

Address: _____ Male/Female DOB ___/___/___

_____ Soc. Sec. # _____
city state zip code

Home phone: (_____) _____ - _____ Email address: _____

Name of previous school: _____

Address: _____ Phone number: _____

Give the range of recent grades: _____ Student expelled? ___yes ___no

Student diagnosed with: ___special needs ___Learning disability ___ Psychiatric needs

Does your family attend Back Creek Presbyterian Church? _____ If not, what church do you attend? _____

Why are you choosing a private Christian School? _____

Is there other information which would be beneficial to us in working with your student?

FAMILY:

Father's Name: _____ Employer and Title: _____

Address: _____ Work Phone: _____ Cell phone: _____

Mother's Name: _____ Employer and Title : _____

Address: _____ Work phone: _____ Cell phone: _____

Family marital status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single

Student lives with: _____ Is Student adopted: _____

Sibling/Name: _____ Age: ___ School: _____

Sibling/Name: _____ Age: ___ School: _____

Sibling/Name: _____ Age: ___ School: _____

FINANCES:

Party who is financially responsible for the student: _____

Address if different from above: _____ Phone: _____

Email address: _____

