

Sully Christian School
 Application for Admission
 12629 South 92nd Avenue East, Sully IA 50251

Name of Child _____ **Grade** _____

Address _____

Telephone _____ **Age** _____ **Male** _____ **Female** _____

Date of Birth _____ **Place of Birth** _____

Social Security Number _____

Father's Name _____

Address _____

Occupation _____

Mother's Name _____

Address (if different) _____

Occupation _____

Marital Status of Parents (Circle one) **Married** **Divorced** **Separated**

Email Address(s) _____

List Child's handicaps and special needs, if any.

Names of Brothers and /or Sisters

Name	Age	Grade	Where Enrolled

