

Compass Point Academy

Family Information

Father's Name:	Name:Mother'sName					
	City:	State:	Zip			
E-man Address		_				
Place of Employment: Father		Years employed				
	Mother	Years employed				
Marital Status:	Married Divorced SeparatedLiving together					
Work Phone ()	Cell: (Father) (Mother)	_				
E-mail Address						
	Student Information					
		Sex: (M, F)				
Grade to enter:	ny learning difficulties? If so, please descri	ibe those difficulties.				
Previous School Atto Previous Grade Com	ended npleted When?					
School Address:	State:Zip:					
Phone: () Fax: ()	-					
Contact Person:						

Has the student had behavioral difficulties in schoo	1? Yes/No
If yes, what areas of difficulty were experienced? Drugs Rebellion Smoking Homework Incomplete Inappropriate sexual behavior Other	Alcohol
How was the difficulty dealt with? Detention Suspension	_Expulsion
Does the family attend church on a weekly basis? Services attended weekly:Morning Worship	
Does the student attend church on a weekly basis? Services attended weekly: Morning Worship Evening Service Youth Service Sunday School Missionettes/Rang Awana	
We, the undersigned, have read through the Compa all policies as stated in the handbook and support the privilege for our child to attend this school.	
Father:	Date:
Mother:	Date:
Guardian	Date: