

Application Form

KCA partners with churches and families to provide a solid Bible-based education in a creative and flexible environment.



How did you hear about KCA? _____

Contact/Demographic Information		
Father's Name: _____	Mother's Name: _____	
Email: _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Employer: _____	Occupation: _____	
Employer: _____	Occupation: _____	
How many hours are in your workweek? Father: _____ Mother: _____		
Church you regularly attend: _____		Pastor's Name: _____

Student/s to be Enrolled: Please complete the Parent Questionnaire for each child.

Name	Age	Grade	DOB	Gender	Comment

Family Context:

1. What motivates you to want to enroll your child/ren at this time? _____

2. How would you describe your spiritual home life? _____

3. What are some values that are important to you as a family? _____

Admission Policy: KCA admits students of any race, color, national or ethnic origin to all the responsibilities, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national or ethnic origin, or physical disability in administration of its educational policies, admissions policies, and scholarship programs. However, KCA is a small school, which must consider its capability and capacity to handle a student's need within the context of the

4. What impact does your church have on your family life? _____

5. What do you hope to gain from Christian education? _____

6. What are your long-term goals for the education of your child/ren? _____

7. I give permission to KCA to talk to my pastor and/or present school to discuss any situation of concern with my child, which could impact enrollment.

Parent Signature: _____

Date: _____