



Christian Institute of Arts & Sciences

2007 North 61st Avenue * Pensacola, FL 32506 * Fax 850-458-5132 * Phone 850-457-4058



2013-2014 Student Enrollment Form

Student's Full Name _____ Nick Name (if any) _____
Last First Middle

Birthdate ____/____/____ Social Security # ____-____-____ Gender: Male Female

Ethnicity/Race: (Check all that apply) Hispanic/Latino American Indian/Alaska Native Asian
Black/African American Native Hawaiian/Pacific Islander White/Caucasian Mixed

E-mail address _____ Cell Phone (____) _____

Number of siblings _____ Birth Order _____ Spiritual Gift _____

Special interests or hobbies _____

Last Grade completed _____ When? _____ Home schooled before? Yes No

If not, list name of last school attended _____

School Address _____ City _____ ST ____ Zip _____

Phone (____) _____ Fax (____) _____ Contact person _____

Does student plan to earn High School Diploma from CIAS? Yes No Maybe

Is student just taking summer courses with CIAS? Yes No

Please list other information regarding the student's past history that may be of assistance to CIAS:

Is the student on any medication? Yes No

If so, please specify medical information that CIAS should be aware of:

Does the school office have a copy of the following for each student's file?

Birth Certificate: Yes No
Social Security card: Yes No
Physical Examination: Yes No
Immunization Record: Yes No
Cumulative Records: Yes No
Current Student Photo: Yes No

