



# **GENERATIONS**

## **ACADEMY**

**Enrollment Application Packet  
2025 - 2026 Academic School Year**

# 2025-2026 Application for Enrollment

## Student Information

Full Name: \_\_\_\_\_  
(Last, First, Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: ☐ Male ☐ Female

Last Grade Completed: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

## Parent/Guardian Information

### Primary Parent/Guardian

Full Name: \_\_\_\_\_  
(Last, First, Middle)

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Secondary Parent/Guardian (if applicable)

Full Name: \_\_\_\_\_  
(Last, First, Middle)

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Student lives with (circle one)    Mother    Father    Both    Other: \_\_\_\_\_

Person responsible for tuition \_\_\_\_\_

(Individual, not scholarship)

Phone number: \_\_\_\_\_

If Scholarship, recipient circle type:    Step Up    McKay    AAA    Gardiner

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### Medical Information

Does the student have any allergies or medical conditions? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does the student have any physical or emotional Disabilities or special needs? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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### Academic Background

Previous School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Has the student received any special education services, IEP, or 504 Plan? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the student ever failed an academic subject in school? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please indicate academic level of student's previous work:

☐ Excellent    ☐ Good    ☐ Average    ☐ Poor

Has the student ever had disciplinary difficulty at school? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the student ever been expelled, dismissed, suspended, or refused admission to another school?

☐ Yes ☐ No

If yes, please give the school name and the reason for the dismissal:

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## Church Information

Church Membership: ☐ Yes ☐ No Attendance (Circle One): Weekly Frequent Infrequent

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Father: Christian? ☐ Yes ☐ No Mother: Christian? ☐ Yes ☐ No Applicant: Christian? ☐ Yes ☐ No

\_\_\_\_\_

## Additional Information

Does student have a juvenile or arrest record? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the student ever been involved with alcohol, drugs, tobacco products, or sexual immorality?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

*Failure to disclose any of the above information may result in denial of the student's application.*

## Enrollment Agreement

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge.

I understand that Generations Academy is a Christian organization as put forth in its Statement of Faith.

I understand that submission of this application does not guarantee enrollment and that additional documentation may be required.

I \_\_\_\_\_ am hereby formally requesting that the above mentioned child be considered for acceptance as a student at GENERATIONS ACADEMY for the upcoming academic year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Office Use Only

Application Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pastoral recommendation Received: ☐ Yes ☐ No Reviewed: ☐ Yes ☐ No

Fees Paid: ☐ Yes ☐ No

Accepted: ☐ Yes ☐ No

Administrator Signature: \_\_\_\_\_



5735 W Gulf to Lake Hwy  
Crystal River, FL 34429

## PASTORAL RECOMMENDATION

1. TO THE APPLICANT: Please complete and sign this section of the form. Once you have completed this section, present it to your pastor for completion. Please read the following:

1. By my signature, I am authorizing the release of the following information to be considered in my application for admission to GENERATIONS ACADEMY.
2. I also understand that all information will be held in confidence and will not be released to myself or any other party.
3. I understand this recommendation will be sent directly to GENERATIONS ACADEMY.

Applicant Name (print)	Applicant Signature	Date
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2. TO THE PASTOR: Your comments will be given serious attention and will be held in confidence by GENERATIONS ACADEMY.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Personal Contact (phone/e-mail) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How frequently does the applicant attend services? \_\_\_\_\_

Does the applicant serve in any capacity at church? \_\_\_\_\_ If yes, please explain:

Do you have any reservations recommending the applicant for enrollment? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I certify that all opinions and observations given on this form are my own.

Pastor Sign and Date

Please complete this form and return it directly to GENERATIONS ACADEMY within one (1) week of receipt as this document is necessary to the completion of the application process for any student requesting acceptance to GENERATIONS ACADEMY. Do not return to the applicant. You may email, [gunterc@mygenerations.academy](mailto:gunterc@mygenerations.academy), or mail this form directly to:

**Generations Academy, 5735 W Gulf to Lake Hwy, Crystal River, FL 34429**