



**GENERATIONS**  
ACADEMY

**Pre-Enrollment Application**  
2026 – 2027 Academic School Year

# 2026-2027 Pre-Enrollment Application

## 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

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: \_\_\_\_\_