

**Greenleaf Friends Academy**  
**APPLICATION FOR ADMISSION**

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Church Affiliation \_\_\_\_\_

School Last Attended \_\_\_\_\_

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

Last Grade Completed \_\_\_\_\_ Does applicant plan to graduate from GFA? \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Children living in the family under 18 years old:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

How would you rate applicant as a reader? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Not Sure \_\_\_\_\_

Does applicant have a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you aware of the Christian training your child will receive at GFA? Yes \_\_\_\_\_ No \_\_\_\_\_

Any information about home and family background that might be helpful in understanding applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*"Greenleaf Friends Academy exists to provide quality Christian education which equips each student spiritually, academically, socially, and physically to be effective ambassadors for Christ." –GFA Mission Statement*