Golden Branch Christian Academy

5167 Mariner Blvd, Spring Hill FL 34609 - 352-556-5226

Application Form: You will be contacted to schedule an initial interview with you an your child.

Student Name:_____ _____ _____
First Middle Last

Mailing Address: _____

_____

Date of Birth: ____/____/____ Age:_____ Last Grade Completed:____

Does the Student have an Individual Education Plan (IEP)? Yes____ No____
If yes, student's diagnosis: _____

Mckay Scholarship: Yes____ No____ Step Up Scholarship: Yes____ No____

Medication:_____

Student Strengths:_____

Problems in School:_____

Last School Attended:_____

Name of Person Enrolling Student:_____

Relationship to Student: _____
Parent, Grandparents, Step Parent, Foster Parent, Legal Guardian, Case Worker

Work Phone( )_____ Home( )_____ Cell( )_____

Address if different from Student:_____

Where did you hear about Golden Branch Christian? Check all that apply

___Newspaper ___Website/Online ___Friend or Relative ___ Television

___ Referral ___ Student ___Other:_____

Golden Branch Christian Academy admits students of any race, color, national origin, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship, loan programs,athletic and other school- administered programs.