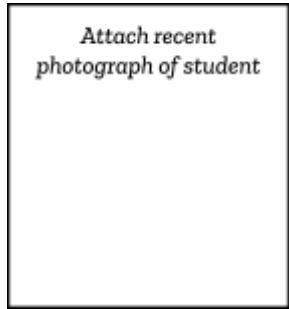




**Unity Christian Academy**  
 1501 Haw Branch Road | Chocowinity, NC 27817  
 252.946.5083  
 Email: [admissions@ucawarriors.com](mailto:admissions@ucawarriors.com)  
 www.ucawarriors.com



**GENERAL STUDENT INFORMATION**

Applicant's Full Name: \_\_\_\_\_  
Last First Middle Nickname  
 Currently in Grade: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Applying for School Year: \_\_\_\_\_ / \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Student lives with: \_\_\_\_\_  
(name and relationship to student)

**PARENT/GUARDIAN INFORMATION**

Father's/Guardian's full name: \_\_\_\_\_  
Last First Middle  
 Home address: \_\_\_\_\_  
Street City State Zip  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Position/Title  
 Marital Status:  Married  Separated  Divorced  Widowed

Mother's/Guardian's full name: \_\_\_\_\_  
Last First Middle  
 Home address: \_\_\_\_\_  
Street City State Zip  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Position/Title  
 Marital Status:  Married  Separated  Divorced  Widowed

**Please list applicants siblings:**

Name	Current Grade	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

## STUDENT'S ACADEMIC HISTORY

List all of the schools your child has attended, beginning with the most recent:

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

List any other schools:

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever had to repeat a grade(s)? \_\_\_\_\_ If yes, which grade(s)? \_\_\_\_\_

Please state the reason for the retention. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever skipped a grade(s)? \_\_\_\_\_ If yes, please indicate the grade(s) skipped and reason.

\_\_\_\_\_  
\_\_\_\_\_

Has your child been tested for any learning disabilities? \_\_\_\_\_ If yes, please give the date and the general results of the test.

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been suspended or expelled from school for any reason? \_\_\_\_\_

If yes, please give the year of the suspension or expulsion and the reason(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the applicant's extracurricular interests, abilities, and achievements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT HEALTH HISTORY

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Practice: \_\_\_\_\_  
Street City State Zip

List any health conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PARENTS'/GUARDIANS' CHRISTIAN EXPERIENCE**

Father/Guardian: Are you a Christian? \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian: Are you a Christian? \_\_\_\_\_

On what do you base your answer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State your reason(s) for wanting your child to attend Unity Christian Academy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Church you now attend: \_\_\_\_\_

Minister's name: \_\_\_\_\_ Office phone: \_\_\_\_\_

Church address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Are you a member of this church? \_\_\_\_\_ Do you regularly attend worship services? \_\_\_\_\_

In what church ministries are you currently serving? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **REFERENCES**

Minister Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Youth Minister Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Principal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Teacher Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

*This application must be completed in full and submitted before your child will be considered for admission. The non-refundable application fee of \$50 must accompany this application.*

*Unity Christian Academy does not discriminate based on race or ethnic origin in the admission of students and hiring of faculty and administrative staff.*

---

Father/Guardian's Signature

---

Date

---

Mother/Guardian's Signature

---

Date

---

Student's Signature

---

Date