

**Canaan Academy**  
207 North Central Avenue  
Urbana, Illinois 61801  
Bus 217-367-6590  
Fax 217-367-5130

**For Office Use Only**

Application Rcv'd \_\_\_\_\_ Grade Applied \_\_\_\_\_  
Term Applied \_\_\_\_\_ Waiting List \_\_\_\_\_  
Testing \_\_\_\_\_ Interview \_\_\_\_\_  
Records Req. \_\_\_\_\_ Records Rev'd \_\_\_\_\_

**APPLICATION FOR ADMISSION**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Place of Birth (city & state) \_\_\_\_\_

Last Grade Attended \_\_\_\_\_ Grade Applied For \_\_\_\_\_ Any Grade Repeated \_\_\_\_\_

**PARENT INFORMATION**

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

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

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

Driver's License # \_\_\_\_\_

Driver's License # \_\_\_\_\_

In emergencies when parents cannot be reached, who should be contacted?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

What are your thoughts on Christian Living? \_\_\_\_\_

How do you promote Christian Living in your home? \_\_\_\_\_

Does the applicant have a Church affiliation? If yes, where? \_\_\_\_\_

If no, please indicate the Church the parents attend \_\_\_\_\_

Can applicant's parents provide transportation? \_\_\_\_\_