

Emerald Coast Christian School 119 St. Mary Avenue SW, Fort Walton Beach, Florida 32548 Phone: 850.243.1910

Application for Admission

School Year:		Date Submitted:				
Student Information:						
Student's Name:		Age:	Date of Birth:			
Physical and Mailing Address:						
City:	State:		Zip:			
Email:		Home Phone:				
Father's Name:						
Physical Address (if different):						
City:	State:		Zlp:			
Home Phone:	Mobile Phone:		Work Phone:			
Preferred Email:						
Father's place of Employment:						
Mother's Name:						

Physical Address (if different	rent):	
City:	State:	Zlp:
Home Phone:	Mobile Phone:	Work Phone:
Preferred Email:		
Mother's place of Employment:		
Guardian's Name:		
Physical Address (if different	rent):	
City:	State:	Zlp:
Home Phone:	Mobile Phone:	Work Phone:
Preferred Email:		
Guardian's place of		
We, the parents/guardial information on this form Emerald Coast Christian privilege to be a student rules and regulations as Coast Christian School I	ns of is complete and accurate and here School, pledging our cooperation at Emerald Coast Christian School published or announced by the tea Board.	certify that the by submit application for admission to and loyalty. Recognizing that it is a l, we promise to support and respect the achers and members of the Emerald
also pledge my coopera	Coast Christian School, Ition and will do my best in my class spiritual life along with my fellow st	ss work, to be faithful in my attendance,
Signature of Student:		Date:
Signature of Parent:		Date:
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Statement of Purpose:

Parents of student in grades K-4: Please explain why you wish to send you child(ren) to Emerald Coast Christian School. Students in grades 5-9: please explain why you wish to attend Emerald Coast Christian School. Use additional paper if needed.
