Springvale Christian Academy

1700 Clark Drive

Telephone (513) 575-9104 Fax (513) 239-8114

Loveland, Ohio 45140

Email @ Springvale.christian@gmail.com

New Student Enrollment Application

Student's First Name	Student's Middle Name		Student's Last Name		
Student Goes by					
		☐ Male ☐ F	Female Bi	rth Date / /	
Address					
City		Zip			
lome Phone:	School District Live	i In·			
Grade to Enter: Check One	Tanada Dioxide Elvoe				
Preschool (3 and 4):	1st Grad	4th Grade	■ 7th Grade		
☐ 5 Half Days☐ 5 Full Days					
	2nd Grade	5th Grade	8th Grade	11th Grade	
Kindergarten:			_		
☐ Half Day ☐ Full Day	3rd Grade	€ 6th Grade	■ 9th Grade	12th Grade	
			()	
Father's Name: First		Last		Father's Cell Phone	
			⊔ Yes ⊔		
Father's Email			Employe	ed?	
Mother's Name: First		Last		() Mother's Cell Phone	
would 3 Name. First		Last			
Mother's Email				Yes No Employed?	
			Employ	'ea?	
☐ Yes ☐ No Separated or Divorced?					
Financial Payment Information - Tuit Pay in full by the first day of sch 10 Month Plan Monthly Paym Correspondence:	nool				
Communication regarding financial is address to receive information in the					
Email information			Date	SCA 10-	