



**ST. CHRISTOPHER ACADEMY**  
 4141-41<sup>ST</sup> Ave. S.W  
 Seattle, WA 98116  
 206-246-9751

Established 1982

**STUDENT APPLICATION FOR ADMISSION**

*"Where all students can succeed"*

**TO THE STUDENT & PARENT:**

- ◇ Complete the information on this form along with the \$50 non-refundable application fee and return to the St. Christopher Academy Office.
- ◇ Request that your current school send a transcript with grades, test scores and any psychological evaluation to the Director of St. Christopher Academy.
- ◇ Acceptance in to St. Christopher Academy is based upon successful completion of the eighth grade and review of student's application, previous records and interview by the Director.

Applying for grade (please circle) 9 10 11 12

**Please print legibly or type**

Student's Name: \_\_\_\_\_ Gender M F Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student Resides with: \_\_\_ Parents \_\_\_ Guardian (relationship) \_\_\_\_\_

Current School: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Stepfather's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Please list your student's learning disabilities and special needs:

\_\_\_\_\_

What diagnostic testing has your student had to document his/her learning disability?

\_\_\_\_\_

Why is your child academically at risk?

\_\_\_\_\_

What medication(s) is your student currently taking?

\_\_\_\_\_

Has your student ever repeated a grade? (If yes, what grade and why?) \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

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