



Russell Christian Academy

1844-D Highway 11 & 80, Meridian, MS, 39301-8960, (601)484-5888 Office

Parent Questionnaire

Applicant's Name _____ Current Grade _____
Last First Middle

We appreciate your interest in enrolling your child at Russell Christian Academy. We view ourselves as partners with you in providing a strong Kingdom Education within a Christian community. Please complete this questionnaire and return it to us with the application.

Attach additional sheets if necessary.

1. Please write a brief testimony of your salvation and personal relationship with the Lord and the difference He makes in your life. If more space is needed, use the back of this form or attach a separate sheet.

2. Please describe the ways in which you integrate your faith into your family's daily life.

3. Family's Church Name _____

Address _____ Number of Years Attending _____

Please Check the appropriate boxes:

Applicant

- Member
 Attends church regularly
 Belongs to youth group
 Does not attend

Parent(s)

- Member
 Attends church regularly
 Belongs to Small Group or Sunday School Class or Bible Fellowship
 Does not attend

4. What are your reasons for seeking admission to Russell Christian Academy? Please include your reason for transfer from your current school. _____

Printed Name of Parent/Guardian completing questionnaire _____ Relation to applicant _____

Signature _____ Date _____

Non-Discriminatory Policy

Russell Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.