



Faith-inspired learning for LIFE
www.freemanacademy.org

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Early Education Application

PERSONAL INFORMATION

SCHOOL YEAR: 2019 TO 2020 **CIRCLE: KINDERGARTEN PRESCHOOL**

Student Name: _____ Date of Birth: _____

Nickname: _____ Age: _____

Mailing Address: _____

City: _____ State/Zip: _____

FATHER/GUARDIAN MOTHER/GUARDIAN

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

Email: _____ Email: _____

HELPFUL HEALTH INFORMATION

HELP US GET TO KNOW YOUR FAMILY – SIBLINGS

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

OVER

GETTING TO KNOW YOUR CHILD

Briefly describe their personality:

Please list three of their favorite activities. Example: Ben spends hours with Legos. He colors or looks at books once in a while and prefers to be in the backyard sandbox instead of inside if the weather is nice.

Comments to help us best understand your child:

STUDENTS AT FREEMAN ACADEMY AGREE TO:

1. Do their best in the classroom and in extra-curricular activities of their choice.
2. Participate in acts of Christian discipleship and community service.
3. Practice Christian self-discipline.
4. Accept responsibility for their behavior, attitude, and overall conduct.
5. Respect the school's authority and show respect to peers and individuals with different opinions.

Mother's Signature:

Father's Signature:

Date:
