



CHILDREN'S VILLAGE ACADEMY

701 N. ADKIN ST.

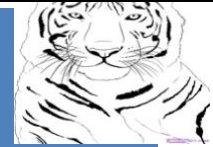
KINSTON, NC 28501

PHONE: 252.520.4536 (K-5)

FAX: 252.520.4542

PHONE: 252.939.1958 (6-8)

FAX: 252.208-0194



INITIAL APPLICATION FORM

Grades K-8

Date: _____ Applying for Grade: _____ School Year: _____

Is this new student a sibling of a currently enrolled student? YES _____ NO _____

If you checked yes, please give name and current grade of sibling: _____

Student's Present School: _____

NEW STUDENT INFORMATION

Student's Legal Name: _____ Male: _____ Female: _____

Date of Birth: ___/___/_____ (ex. 02/15/2006) Age: _____

Parent/Guardian Name: _____

Street Address: _____

Mailing Address **if different from above:** _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Number: _____

Resident County: _____

Parent Email Address: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

***Please mail, fax, or hand deliver completed forms to:**

**Admissions Office
Children's Village Academy
404 Dixon Street
Kinston, NC 28501**

Fax: (252) 520-4542 or (252) 208-2142