

Elim Academy
15 Centre Street
Bath, Maine 04530

ENROLLMENT FORM

This form is for students wishing to attend Elim Academy. Please fill out this form and return to a school official as soon as possible to help us update our records.

Name of student: _____
(First) (Middle) (Last)

Sex: _____ Age: _____ Birth date: _____

Address: _____

City: _____ Zip: _____

Home phone: _____

Father's Name: _____ Business phone: _____

Employment: _____ Position: _____

Mother's Name: _____ Business phone: _____

Employment: _____ Position: _____

Name of Physician: _____ Phone: _____

Address: _____

Any health problems that we should be aware of: _____

