



KNOX ACADEMY

A Classical Christian

2024-2025 New Student Enrollment Application

All new students seeking to attend Knox Academy must complete this Application. New families to Knox should return this Application to the Knox Office along with a \$50 Application Fee. The Application Fee is waived for families with siblings currently enrolled. Upon receipt of this Application, all new families will be contacted to schedule an interview with our Headmaster.

Student Information

Student's Name: _____ DOB: _____

Grade Entering: _____ Male Female

Father's Name: _____ Father's Work/Cell Phone: _____

Mother's Name: _____ Mother's Work/Cell Phone: _____

Email Address: _____ Home Phone: _____

Home Address: _____ City/State/Zip _____

Family's Church: _____ Pastor's Name: _____

Previous School Information

Last School attended (if applicable)* _____ Teacher's Name: _____

School Address: _____ City/State/Zip: _____

School Email: _____ School Phone _____

*Attach a copy of student's latest report card. If student was homeschooled please provide a description of coursework in lieu of a report card.

Please complete the following:

1. Why do you want your child to attend Knox? _____

2. Do you affirm Knox's Statement of Faith and agree to have your child taught in accordance with it? Yes ___ No ___

Comments: _____

3. Are you willing to commit to Knox's parental volunteer hour requirements (25 hrs per family/year)? Yes ___ No ___

Comments: _____

4. Are you willing to adhere to Knox's student dress code requirements? Yes _____ No _____

Comments: _____

5. Does your family regularly eat meals together? Yes _____ No _____

Comments: _____

6. Do you regularly read to your children? Yes _____ No _____

What is the last book that you read to them? _____

7. Have you read and do you affirm Knox Academy's Statement of Faith? Yes _____ No _____

Comments: _____

Note: Knox Classical Academy is not staffed to handle students with severe learning disabilities, those who are two or more years behind grade level in reading, writing or arithmetic, or those who have behavior difficulties. For your child's best placement, please be candid when answering the following questions. Further elaboration on your answers may take place during the family interview.

8. Has your child ever been diagnosed by a counselor/doctor/psychiatrist with a learning disability such as dyslexia, hyperactivity, or attention deficit disorder? If so, please explain.

9. Has your child ever seen a counselor/doctor/psychiatrist/pastor for any type of social, mental or behavioral problem? If so, please explain.

I certify that the information provided in this Application form is correct. I understand that Knox reserves the right to refuse registration for any reason, except what is noted in the non-discrimination policy below.

Parent/Guardian Signature: _____ Date: _____

NON-DISCRIMINATION POLICY: Knox Classical Academy, in her commitment to the gracious God of the Scriptures who rules over all peoples and nations, admits students of any race, color and national or ethnic origin to all of the rights, privileges, programs and activities available to students at the school, and does not discriminate on the basis of race in the administration of its educational policies, admissions policies, and athletic or other school administered programs.

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE ALONG WITH APPLICATION FEE @ \$50 or MAIL TO:
Knox Academy - PO Box 4767, Medford, OR 97501.**