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11431 University City Blvd, Charlotte, NC 28213 · enrollment@cornerstoneadventistacademy.org

## 2024-2025 APPLICATION

Grade applying for \_\_\_\_\_ Date of application \_\_\_\_\_

Gender \_\_\_\_\_

Full legal name of student \_\_\_\_\_  
*Last First Middle*

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_  
*Month Day Year*

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Is this student a baptized member of the Adventist church? Yes  No

If baptized, indicate year \_\_\_\_\_ Church where membership is held \_\_\_\_\_

Has applicant ever been suspended, expelled or asked to leave another school?

Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
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